



## BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS

Cottage Health uses the look-back method to determine the amounts generally billed (AGB) to individuals who have insurance covering emergency or other medically necessary care delivered at its hospitals. The AGB percentages for each of our hospital facilities are listed below.

The AGB percentages were calculated using all claims allowed by both private pay insurers, including Medicare Advantage, and traditional Medicare, for inpatient and outpatient services from January 1, 2017 through December 31, 2017. Total expected payment from allowed claims during this timeframe was divided by the total billed charges for the same claims. The AGB percentages will be updated annually.

Patients determined to be eligible for financial assistance will not be charged more than AGB for emergency or other medically necessary care. Cottage Health’s financial assistance policy can be found online at [cottagehealth.org/FAP](http://cottagehealth.org/FAP). Eligible patients with insurance coverage will not be personally responsible to pay more than AGB after all payments by the health insurer have been applied.

### AGB Percentage By Hospital Facility

<i>Facility</i>	<i>Percentage</i>
Santa Barbara Cottage Hospital .....	42.2%
Goleta Valley Cottage Hospital .....	42.0%
Santa Ynez Valley Cottage Hospital .....	47.6%