**Financial Assistance Policy**

**(GL-2555)**

**Appendix 4**

**Amounts Generally Billed (AGB) Percentage**

The amount generally billed is the expected payment for emergency or medically necessary services from patients, and/or a patient's guarantor. For qualifying uninsured patients, this amount will not exceed a rate that will be determined utilizing a Look Back Method described in §1.50(r)-5(b) (3) of the Internal Revenue Service Code. The Look Back Method will be based on Medicare fee-for-services together with all private health insurers paying claims. The claims to be included in the AGB calculation will be claims allowed during the prior twelve-month period calendar year. The amounts for co-insurance, co-payments and deductibles will be included in the numerator along with the Medicare fee-for-service together with all allowed claims from private health insurers paying claims. The gross charges for said claims will be included in the denominator. The AGB will be calculated no less frequently than annually by the 45th day following the close of the prior calendar year and implemented by the 120th day following the close of the calendar year. Effective date will be April 1st, 2026.

| Service Area | Percentage |
|---|---|
| Emplify by Gundersen Boscobel | 48.5% |
| Emplify by Gundersen Health | 60.0% |
| Emplify by Gundersen Moundview | 49.2% |
| Emplify by Gundersen Palmer | 40.6% |
| Emplify by Gundersen St. Elizabeth's | 39.1% |
| Emplify by Gundersen St. Joseph's | 47.4% |
| Emplify by Gundersen Tri-County Memorial | 36.6% |
| Emplify by Bellin Health | 53.7% |