

## NORTON HEALTHCARE

### Amount Generally Billed Calculation

Norton Healthcare (including substantially related entities) does not charge FAP-eligible patients more for emergency and other medically necessary care than amounts generally billed (“AGB”) to those who have insurance covering such care. Rather, Norton Healthcare provides emergency or other medically necessary care free of charge to any patients who meet the eligibility criteria for financial assistance under the FAP. Norton Healthcare uses the look-back method and calculates an AGB percentage for each hospital facility by dividing the sum of all of the amounts of its claims for emergency and other medically necessary care that have been allowed by Medicaid (including Medicaid managed care organizations and Medicaid fee-for-service) during the preceding 12-month calendar year, by the sum of the associated gross charges for those claims. AGB is determined by multiplying the gross charges for all care provided to the FAP-eligible patient/guarantor, including emergency and other medically necessary care, by the applicable AGB percentage in the following table<sup>1</sup>:

Norton Audubon Hospital	18%
<i>Includes:</i> <i>Norton Cardiovascular Center - Springs</i>	
Norton Brownsboro Hospital	18%
<i>Includes:</i> <i>Norton Diagnostic Center - Dupont</i> <i>Norton Diagnostic Center - Fern Creek</i> <i>Norton Diagnostic Center - St. Matthews</i>	
Norton Hospital	20%
Norton Women’s and Children’s Hospital	21%
Norton Children’s Hospital	18%
<i>Includes:</i> <i>Norton Children’s Medical Center</i>	

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<sup>1</sup> Care provided by Norton Cancer Institute is allocated to the hospital facility where it was provided and is reflected in that hospital’s AGB percentage