



Financial Assistance Policy – Appendix A

Approved by:	Date Last Approved:	Date of Issue:	Version: 2022-3
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Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Regulatory Requirement/References:

This Policy is in compliance with Internal Revenue Code Section 501(r) and related Treasury Regulations.

Financial Assistance Policy Appendix A

Basis for Calculating Amounts Charged to Patients

Inova Specialty Hospital utilizes the lookback method to determine the “amounts generally billed” (AGB) to individuals who have insurance covering other Medically Necessary Care. The AGB percentage applicable as of 5/23/2023 at our facility is 44.0% of billed charges.

Note: Inova Specialty Hospital leverages the Inova Health System lookback determination which is calculated using all claims allowed by both private pay insurers (including Medicare HMO) and Medicare (traditional) for both inpatient and outpatient services. Payers excluded from the calculation include Medicaid, Medicaid Pending, charity, and self-pay.