

UM Health Amount Generally Billed (AGB) Calculation

(Please note that if the patient is eligible and qualifies for financial assistance under the Financial Assistance Policy (FAP), then this AGB calculation should not apply.)

UM Health uses the “look-back” method to calculate the amount generally billed (AGB) as required by federal law. The AGB is the **maximum** amount we will collect from a patient who is eligible for MSupport financial assistance.

The AGB percentage is calculated by adding the claims allowed by Medicare and private health insurers over a 12-month period and dividing by the total gross charges for those claims.

The period used for calculating the AGB by UM Health begins July 1 and ends June 30, and the AGB is calculated no later than September 30 of each year.

For the period July 1, 2022 to June 30, 2023, UM Health billed \$7,179,260,751 in facility gross charges to Medicare and private health insurers, of which \$2,740,649,594 in claims were allowed. **This makes the FY2024 UM Health AGB 38.2%.**

If you have any questions about the AGB, please contact UM Health financial counselors by phone at (855) 855-0863 or (734) 615-0863, Monday-Friday, 8 am-4 pm, or by email at PFC-Counselors@med.umich.edu.

Reference: U-M Health Financial Assistance Policy, a copy of which is available on the [MSupport Website](#)