

**Dana-Farber Cancer Institute  
Patient Financial Assistance Policy  
AGB Information Sheet**

Patients eligible for Dana-Farber’s Patient Financial Assistance program will not be charged more than amounts generally billed (“AGB”) to individuals who are covered by insurance. Dana-Farber determines AGB on an annual basis using the “look-back method,” described under Treasury Regulation Section 1.501(r)- 5(b)(1).

Specifically, Dana-Farber’s annual AGB percentage is equal to **the sum of amounts paid by third party payers** divided by **the sum of all gross charges for those claims during the prior fiscal year**.

**1. AGB Calculation:**

- Every year, Dana-Farber’s Revenue and Reimbursement department gathers data on every claim for the year that has been fully adjudicated by Dana-Farber (i.e., has a zero balance).
- This data is sorted by date of service / discharge date to only include claims for the current fiscal year.
- Self-Pay claims are excluded.
- The AGB is calculated based on actual payments received for these claims.

**2. Timing and Use of AGB:**

- Dana-Farber Finance Department will determine the current AGB percentage, and Dana-Farber Cancer Institute will begin applying the current AGB percentage, within 120 days of the end of each fiscal year.
- The rate offered in the Patient Financial Assistance Policy will always be set lower than this calculated AGB. If the AGB ever approaches the rate in the Patient Financial Assistance Policy, the Patient Financial Assistance discount rate will be adjusted downward to remain compliant.

3. Effective January 1, 2021, DFCI’s AGB is **30.2%** (based on fiscal year 2020 data).