

How We Calculate Amounts Generally Billed, or AGB

Updated September 2025

Stanford Medicine Children's Health provides financial help and charity care to patients who qualify for help from our **Financial Assistance Policy**, or **FAP**. If a patient qualifies, the amount they owe will be reduced or waived. The patient or their guarantor is responsible for paying this reduced amount. This amount will never be more than the **amounts generally billed**, or **AGB**, to patients who have Medicare.

To find out if you qualify for financial assistance or if you have questions about payment plans, call the Financial Counseling Team at **(650) 736-2273**.

What is AGB percentage?

Stanford Medicine Children's Health determines AGB based on what patients with Medicare paid for services during the last year. **AGB percentage** is the percentage of the total charge that a qualifying patient will actually need to pay. The AGB percentage may change on September 1st of each year and will remain the same until August 31st of the following year.

As of September 1, 2025, Stanford Medicine Children's Health AGB percentage is 11.67%. This means that patients who qualify will pay 11.67% of the cost of their emergency or medically necessary care. For example, if a service costs \$100, the patient would need to pay \$11.67.

How does the AGB percentage affect how much I pay for care?

The AGB percentage will be applied to any emergency or medically necessary care for patients who qualify for financial assistance under Stanford Medicine Children's Health Financial Assistance Policy. This means that we will multiply the AGB percentage by the total amount you are being charged to determine how much you can be responsible for paying. See the **Patient Discount Chart** below to see the discounts for patients who qualify. After you are approved for financial assistance, we will apply your discount automatically.

Patient Discount Chart

	Family Income	Discount for Medically Necessary Services or Emergency Care
Uninsured or Underinsured Patient	Less than 400% FPL	88.33%
Balance after Insurance Payment	Less than 400% FPL	100% after insurance payment, except non-covered charges
Charity Care	Less than 400% FPL	100%
All Patients with Family Income More than 400% FPL	More than 400% FPL	No Discount

*Note: Charity Care requests are reviewed on a case-by-case basis. Patient must meet Charity Care guidelines and Family Income as percentage of FPL to qualify for Charity Care, section IV.D of the Financial Assistance Policy (FAP).