



2124 14TH STREET  
MERIDIAN, MS 39301  
(601) 553-6000

## **Appendix A - Glossary of Policy Terms**

**Amounts Generally Billed** – for purposes of this financial assistance policy, are the amounts that would be the total expected payment amount for services rendered by the facility if the patient had third party coverage. The amounts generally billed percentage is determined by taking the sum of the total amounts allowed by insurers and Medicare and divided it by the sum of the associated gross charges for those claims over a 12-month period.

**Financial Assistance** – is the cost of providing free or discounted care to individuals who cannot afford to pay, and for which ARMC ultimately does not expect payment. ARMC Clinic may determine inability to pay before or after medically necessary services are provided. This also referred to as Charity Care.

**Bad Debt** – is the cost of providing care to persons who are able but unwilling to pay all or some portion of the medical bills for which they are responsible.

**Facility Services** – Services provided by, or at the location of, the acute-care facility, that are billed as part of the facility bill. This does not include “professional services”.

**Medically Necessary Services** – Services required to:

- Diagnose or prevent an illness, injury, or condition
- To keep a condition from getting worse
- Lessen pain or severity of a condition
- Help improve a condition, or
- Restore lost skills (rehabilitation).

**Non-Medically Necessary Services** – Services that are elective in nature, that are not necessarily required to:

- Diagnose or prevent an illness, injury, or condition
- To keep a condition from getting worse
- Lessen pain or severity of a condition
- Help improve a condition, or
- Restore lost skills (rehabilitation).



2124 14TH STREET  
MERIDIAN, MS 39301  
(601) 553-6000

## **Appendix A - Glossary of Policy Terms – Page 2**

***Affordable Balance*** – The affordable Balance is the patient-responsible balance for an uninsured patient that Anderson has determined through established criteria and analysis that the patient should be able to pay.

***Household Size*** – The number of dependents (based on IRS guidelines) living in the same house or apartment as the patient and has their financial needs met by either the patient or guarantor.

***Household Income*** – is “gross income” not considering tax withholding. Household Income includes income from all sources including but not limited to: employment, disability, unemployment, Social Security, self-employment, rental income, pensions, royalties, alimony, sales of assets, etc., including illegal income not reported to taxing authorities.

***Managed Care*** – Third-party payors who have a formalized contract with Anderson Regional Medical Center.