

Exhibit A: Limitation of Charges/AGB

Hospital	AGB % ^A	Method
Johnson City Medical Center (includes Niswonger Children's Hospital)	20%	1
Franklin Wood Community Hospital	20%	1
Woodridge Psychiatric Hospital	20%	1
Johnston Memorial Hospital	20%	1
Smyth County Community Hospital (includes Francis Marion Manor Health & Rehabilitation)	20%	1
Russell County Medical Center	20%	1
Indian Path Medical Center	20%	1
Norton Community Hospital (includes Norton Community Physicians Services)	20%	1
Sycamore Shoals Hospital	20%	1
Unicoi County Memorial Hospital	20%	1
Dickenson Community Hospital	38%	1
Johnson County Community Hospital	29%	1
Laughlin Memorial Hospital	33%	1
Bristol Regional Medical Center	26%	1
Hancock County Hospital	26%	1
Hawkins County Memorial Hospital	26%	1
Holston Valley Medical Center	26%	1
Takoma Regional Hospital	26%	1
Lonesome Pine Hospital	26%	1
Mountain View Regional Medical Center	26%	1

Note: Ballad Health has calculated AGB for each hospital and implemented the lowest calculated amount for each hospital.

Methods:

1. Under this method all claims paid by Medicare fee-for-service and private health insurers over a twelve month period are used. For these claims, the sum of all allowable reimbursement amounts is divided by the sum of the associated gross charges.
2. Under this method all claims paid by Medicare fee-for-service over a twelve month period are used. For these claims the sum of all allowable reimbursement amounts is divided by the sum of the associated gross charges.
3. Under this method the limitation of charges is calculated prospectively using the billing and coding process as if the eligible individual were a Medicare or Medicaid beneficiary

and the reimbursement amounts are the Medicare of Medicaid allowable amounts for the services provided.

4. "Claims" for purposes of this Exhibit include claims for medical necessary services and claims for emergency services.

How to Apply the 501 Amounts Generally Billed (AGB) Percent

1. 501r is a mandated policy implemented by the Internal Revenue Service that Ballad Health must follow.
2. This percent is subject to review and modifications on an annual basis. For October 1, 2017-September 30, 2018, the AGB percent ranges from 20% to 38% based off of the above table. This percent is the maximum amount of gross charges that are allowed to be billed to patients who qualify for financial assistance, as displayed in the example below.

Gross Charges	\$1,000
AGB Percent	38%
Allowed billable to patient	\$380
Charity	\$620