

Exhibit C

ST. VINCENT'S MEDICAL CENTER

AMOUNT GENERALLY BILLED CALCULATION

Effective as of July 1, 2018

[Use the following language if the hospital is calculating on aggregate AGB percentage.]

St. Vincent's Medical Center calculates one AGB percentage using the "look-back" method and including Medicare fee-for-service and all private health insurers that pay claims to the Organization, all in accordance with IRS Reg. Sec. 1.501(r)-5(b)(3), 1.501(r)-5(b)(3)(ii)(B) and 1.501(r)-5(b)(3)(iii). The details of that calculation and AGB percentage is described below.

The AGB percentage for St. Vincent's Medical Center is as follows:

AGB for hospital facility charges: 35.8%
AGB for physicians' professional fees: 43%

This AGB percentage is calculated by dividing the sum of the amounts of all of the hospital facility's claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility by the sum of the associated gross charges for those claims. The only claims that are utilized for purposes of determining the AGB are those that were allowed by a health insurer during the 12 month period prior to the AGB calculation (rather than those claims that relate to care provided during the prior 12 months).

Notwithstanding the foregoing AGB calculations, St. Vincent's Medical Center has chosen to apply a lower AGB percentage as follows:

AGB for hospital facility charges: 35.8%
AGB for physicians' professional fees: 35.8%