Exhibit 4 – Memorial Medical Center

Explanation of the Amounts Generally Billed to Patients

As of 4/1/2021

Those receiving assistance under the Memorial Health System (MHS) Financial Assistance Policy (FAP) will not be charged more than the amounts generally billed (AGB) to individuals who have insurance coverage. The amount an FAP eligible patient is charged is the amount he or she is personally responsible for paying after all discounts (including discounts available under the FAP) and any insurance payments have been applied. MHS determines AGB by multiplying the patient's gross charges for their emergency or medically necessary healthcare services by the AGB percentage.

The AGB percentage is calculated annually by dividing the sum of the allowed amounts for all the hospital's claims from private health insurers and Medicare during a prior 12-month period by the sum of the associated gross charges for those claims. For these purposes, the allowed amount includes both the amount to be reimbursed by the insurer and the amount (if any) the individual is personally responsible for paying in the form of copayments, coinsurance or deductibles.

Memorial Medical Center's AGB percentage based on calendar year 2020 claims was 26.9%. MHS includes in its FAP a discount for the uninsured. This discount amount has been determined to ensure that the patients are not charged more than the AGB. As of 4/1/21, the uninsured discount was 73%.

For further information regarding the amounts generally billed, see the facility directory for contact information.

Memorial MEDICAL CENTER