DCFA SCHEDULE

	Hospital Name: Carroll Hospital Hospital Number: 210033									Period: FY2021	1
		Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10
	CREDIT & COLLECTION										
(1) (2) (3) (4)	Collection Agency Name Cognizant Revenue Cycle Management Solutions formerly Receivab State Collection Service, Inc. Blibaum Law John Lindner, Attorney at Law	oles Outsourci	ing, Inc.								
(6)	Number of liens	(ens being placed on					
(7)	Enter on this line the number of extended payment plans exceeding 5 years established with patients during the reported fiscal year	(and/or guarantor real property. As a rule, Sinai Hospital does not pursue post- judgment liens on real property in any jurisdiction. 0								
	FINANCIAL ASSISTANCE										
(8)	Total Number of Patients Who Completed a Financial Assistance Application	490)								
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application	()								
(10)	Total Number of patients Who Received Free Care	121	1								
(11)	Total Number of patients Who Received Reduced-Cost Care	()								
			Spanish or <u>Hispanic</u>	White	Black or African <u>American</u>	American Indian <u>or Alaska Native</u>	Asian	Native Hawaiian or Other Pacific <u>Islander</u>	Other	Declined to Answer	Unknown or Cannot be Determined
(12)	Number of Patients Who Received Financial Assistance by Race or Ethnicity		5	90	23	0	1	2	0	0	0
(13)	Number of Male or Male Gender Identity Patients Who Received Finacial Assistance		3	46	12	0	1	1	0	0	0
(14)	Number of Female or Female Gender Identity Patients Who Received Finacial Assistance		3	43	11	0	1	1	0	0	0
(15)	Number of Patients Who Do Not Identity by Gender Who Received Finacial Assistance		0	0	0	0	0	0	0	0	0
(16)	Number of Patients Who Were Denied Financial Assistance by Race or Ethnicity		15	273	70	0	4	7	0	0	0
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance		8	138	36	0	2	4	0	0	0
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance		8	132	35	0	2	4	0	0	0
(19)	Number of Patients Who Do Not Identity by Gender Who Were Denied Finacial Assistance		0	0	0	0	0	0	0	0	0
(20)	Total Amount of Charges for Hospital Services Provided to Patients Who Received Free Care	\$ 537,737									
(21)	Total Amount of Charges for Hospital Services Provided to Patients Who Received Reduced-Cost Care Whether Coursed by Einspeid Accietance or Billed to the Patient	\$ -									

Covered by Financial Assistance or Billed to the Patient