DCFA SCHEDULE

 $\label{thm:model} \begin{tabular}{ll} Hospital Name Luminis Health Doctors Community Medical Center \\ Hospital Number $\underline{$21$-}0051$ \\ \hline \end{tabular}$

Period July 2020 - June 2021

		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) (5)	Collection Agency Name Accounts Receivable Clearing House, LLC State Collection Services										
(6)	Number of liens	0									
(7)	Number of Extended Payments Plans	78									
	FINANCIAL ASSISTANCE										
(8)	Total Number of Patients Who Completed a Financial Assistance Application	677									
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application	133									
(10)	Total Number of patients Who Received Free Care	678									
(11)	Total Number of patients Who Received Reduced-Cost Care	28									
			Spanish or <u>Hispanic</u>	White	Black or African American	American Indian or Alaska Native	<u>Asian</u>	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		0	375	5507	6	46	3	1546	7	32
(13)	Number of Male or Male Gender Identity Patients Who Received Finacial Assistance		0	175	2604	5	19	3	729	3	16
(14)	Number of Female or Female Gender Identity Patients Who Received Finacial Assistance		0	200	2903	1	27	0	817	4	16
(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		0	7	97	0	4	0	0	0	3
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance		0	2	9	0	0	0	5	0	0
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance		0	0	12	0	0	0	3	0	1
(19)	Number of Patients Who Do Not Identify 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	;	\$ 6,753,668								
(21)	Total Amount of Charges for Hospital Services Provided to Patients Who Received Reduced-Cost Care Whether Covered by Financial Assistance or Billed to the Patient		\$ 44,889								