DCFA SCHEDULE

Hospital Name __MedStar Health Franklin Square Medical Center ______ Hospital Number __210015______

		Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10
	CREDIT & COLLECTION										
(2) (3) (4)	Collection Agency Name Bolder Healthcare (formerly ROI) Transworld Systems Inc (TSI) Parallon none none										
(6)	Number of liens	0									
(7)	Number of Extended Payments Plans	22									
	FINANCIAL ASSISTANCE										
(8)	Total Number of Patients Who Completed a Financial Assistance Application	186									
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application	7									
(10)	Total Number of patients Who Received Free Care	5801									
(11)	Total Number of patients Who Received Reduced-Cost Care	22									
			Spanish or <u>Hispanic</u>	White	Black or African American	American Indian or Alaska Native	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	5801	0	3031	2233	11	27	1	392	8	98
(13)	Number of Male or Male Gender Identity Patients Who Received Finacial Assistance	2650	0	1414	987	7	15	1	183	2	41
(14)	Number of Female or Female Gender Identity Patients Who Received Finacial Assistance	3151	0	1617	1246	4	12	0	209	6	57
(15)	Number of Patients Who Do Not Identity by Gender Who Received Finacial Assistance	0	0	0	0	0	0	0	0	0	0
(16)	Number of Patients Who Were Denied Financial Assistance by Race or Ethnicity	46	0	18	15	0	2	0	7	1	3
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance	23	0	5	9	0	2	0	5	1	1
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance	23	0	13	6	0	0	0	2	0	2
(19)	Number of Patients Who Do Not Identity by Gender Who Were Denied Finacial Assistance	0	0	0	0	0	0	0	0	0	0
(20)	Total Amount of Charges for Hospital Services Provided to Patients Who Received Free Care	\$ 9,611,112									
(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	\$ 67,703									