Hospital Name _Adventist HealthCare Germantown Emergency Center_ Hospital Number _21-0087_____

Period __12/31/2021_____

		Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10
	CREDIT & COLLECTION										
	Collection Agency Name NORTH AMERICAN CREDIT SERVICES (NACS) PARALLON (FORMERLY THE OUTSOURCE GROUP)										
(6)	Number of liens	0									
(7)	Number of Extended Payments Plans	81									
	FINANCIAL ASSISTANCE										
(8)	Total Number of Patients Who Completed a Financial Assistance Application	80									
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application	43									
(10)	Total Number of patients Who Received Free Care	621									
(11)	Total Number of patients Who Received Reduced-Cost Care	2755									
			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	895	1654	4	117	3	602	37	64
(13)	Number of Male or Male Gender Identity Patients Who Received Finacial Assistance		0	331	649	1	38	1	228	23	34
(14)	Number of Female or Female Gender Identity Patients Who Received Finacial Assistance		0	564	1005	3	79	2	374	14	30
(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	13	18	1	3	0	25	0	1
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance		0	6	6	0	2	0	8	0	0
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance		0	7	12	1	1	0	17	0	1
(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		:	\$ 101,799	\$ 208,056		\$ 4,956	\$ 426	\$ 101,091	\$ 7,839	\$ 9,961
(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		:	\$ 594,382	\$ 930,374	\$ 6,102	\$ 96,958	\$ 1,238	\$ 344,624	\$ 16,800	\$ 41,616