DCFA SCHEDULE

Hospital Name __MedStar Health Good Samaritan Hospital _____

	Hospital Number _210056										
		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)											
(6)	Number of liens	0									
(7)	Number of Extended Payments Plans	3									
	FINANCIAL ASSISTANCE										
(8)	Total Number of Patients Who Completed a Financial Assistance Application	46									
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application	1									
(10)	Total Number of patients Who Received Free Care	4329									
(11)	Total Number of patients Who Received Reduced-Cost Care	5									
			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>	<u>Other</u>	Declined to Answer	Unknown or Cannot be Determined
(12)	Number of Patients Who Received Financial Assistance by Race or Ethnicity	4329	0	570	3589	4	6	1	125	5	29
(13)	Number of Male or Male Gender Identity Patients Who Received Finacial Assistance	1910	0	286	1559	0	0	1	52	3	9
(14)	Number of Female or Female Gender Identity Patients Who Received Finacial Assistance	2419	0	284	2030	4	6	0	73	2	20
(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	8	0	5	2	2 0	0	0	0	0	1
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance	3	0	3	0	0	0	0	0	0	0
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance	5	0	2	2	2 0	0	0	0	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	0
(20)	Total Amount of Charges for Hospital Services Provided to Patients Who Received Free Care	\$ 5,331,835									
(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	\$ 1,093									