DCFA SCHEDULE

Hospital Name: Levindale Hebrew Geriatric Center and Hospital Hospital Number: 210064

Period ____Fiscal Year 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 Healthcare Legal Solutions ROI/Bolder Healthcare										
(6)	Number of liens	0									
(7)	Enter on this line the number of extended payment plans exceeding 5 years established with patients during the reported fiscal year	0									
	FINANCIAL ASSISTANCE										
(8)	Total Number of Patients Who Completed a Financial Assistance Application	16									
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application	0									
(10)	Total Number of patients Who Received Free Care	16									
(11)	Total Number of patients Who Received Reduced-Cost Care	0									
			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	16	0	0	0	0	0	0	0	0	0
(13)	Number of Male or Male Gender Identity Patients Who Received Finacial Assistance	3	3	0	0	0	0	0	0	0	0
(14)	Number of Female or Female Gender Identity Patients Who Received Finacial Assistance	13	0	13	0	0	0	0	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	0
(16)	Number of Patients Who Were Denied Financial Assistance by Race or Ethnicity	0	0	0	0	0	0	0	0	0	0
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance	0	0	0	0	0	0	0	0	0	0
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance	0	0	0	0	0	0	0	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	0
(20)	Total Amount of Charges for Hospital Services Provided to Patients Who Received Free Care	\$ 1,005,586	\$ 145,280 \$	860,306							
(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	-									