

DCEA SCHEDULE

Hospital Name Meritus Medical Center
 Hospital Number 210001

Period 07/01/20-06/30/21

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

- (1) Progressive Management Systems
- (2) Nationwide Credit Corporation
- (3) Credit Management Company
- (4) Valley Credit Services, Inc. (Contract Ended 7/1/12)
- (5) Credit Bureau Collection Services

(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	12

FINANCIAL ASSISTANCE

(8) Total Number of Patients Who Completed a Financial Assistance Application	1745
(9) Total Number of Patients Who Partially Completed a Financial Assistance Application	580
(10) Total Number of patients Who Received Free Care	1630
(11) Total Number of patients Who Received Reduced-Cost Care	369

	<u>Spanish or Hispanic</u>	<u>White</u>	<u>Black or African American</u>	<u>American Indian or Alaska Native</u>	<u>Asian</u>	<u>Native Hawaiian or Other Pacific Islander</u>	<u>Other</u>	<u>Declined to Answer</u>	<u>Unknown or Cannot be Determined</u>
(12) Number of Patients Who Received Financial Assistance by Race or Ethnicity	130	1555	260	4	14	2	21	1	12
(13) Number of Male or Male Gender Identity Patients Who Received Financial Assistance	41	662	122	1	4	1	8	1	8
(14) Number of Female or Female Gender Identity Patients Who Received Financial Assistance	89	893	138	3	10	1	13	0	4
(15) Number of Patients Who Do Not Identify by Gender Who Received Financial Assistance	0	0	0	0	0	0	0	0	0
(16) Number of Patients Who Were Denied Financial Assistance by Race or Ethnicity	54	448	66	3	6	1	10	3	0
(17) Number of Male or Male Gender Identity Patients Who Were Denied Financial Assistance	21	143	32	1	2	0	6	1	0
(18) Number of Female or Female Gender Identity Patients Who Were Denied Financial Assistance	33	305	34	2	4	1	4	2	0
(19) Number of Patients Who Do Not Identify by Gender Who Were Denied Financial 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	\$ 862,370	\$ 15,426,091	\$ 2,438,550	\$ 17,118	\$ 147,946	\$ 5,010	\$ 104,936	\$ 4,937	\$ 25,966
(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	\$ 74,011	\$ 3,679,526	\$ 280,495	\$ -	\$ 37,927	\$ -	\$ 15,956	\$ -	\$ -