DCFA SCHEDULE

| Hospital NameMedStar Montgomery Medical Center | |
|--|--|
| Hospital Number 210018 | |

| | | 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) NCC none none none | | | | | | | | | | |
| (6) | Number of liens | 2 | | | | | | | | | |
| (7) | Number of Extended Payments Plans | 0 | | | | | | | | | |
| | FINANCIAL ASSISTANCE | | | | | | | | | | |
| (8) | Total Number of Patients Who Completed a Financial Assistance Application | 56 | | | | | | | | | |
| (9) | Total Number of Patients Who Partially Completed a Financial Assistance Application | 2 | | | | | | | | | |
| (10) | Total Number of patients Who Received Free Care | 1188 | | | | | | | | | |
| (11) | Total Number of patients Who Received Reduced-Cost Care | 8 | | | | | | | | | |
| | | | Spanish or <u>Hispanic</u> | <u>White</u> | 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 | 1188 | 0 | 391 | 439 | 4 | 52 | 0 | 282 | 0 | 20 |
| (13) | Number of Male or Male Gender Identity Patients Who Received Finacial Assistance | 520 | 0 | 180 | 176 | 0 | 27 | 0 | 130 | 0 | 7 |
| (14) | Number of Female or Female Gender Identity Patients Who Received Finacial Assistance | 668 | 0 | 211 | 263 | 4 | 25 | 0 | 152 | 0 | 13 |
| (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 | 16 | 0 | 7 | 1 | 1 | 2 | 0 | 3 | 0 | 2 |
| (17) | Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance | 8 | 0 | 6 | 0 | 0 | 1 | 0 | 1 | 0 | 0 |
| (18) | Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance | 8 | 0 | 1 | 1 | 1 | 1 | 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 | \$ 3,212,740 | | | | | | | | | |
| (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 | \$ 7,986 | | | | | | | | | |