## DCFA SCHEDULE

Period: FY2021

Hospital Name: Northwest Hospital Hospital Number: 210040, 215291

		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) (5) (6)	Collection Agency Name Credit Collection Services Herbert A. Thaler, Jr., Attorney at Law Transworld System Inc. formerly NCO Financial Systems, Inc. Cognizant Revenue Cycle Management Solutions formerly Receivab United Collection Bureau, Inc. State Collection Service, Inc. John Lindner, Attorney at Law	oles Outsourcin	g, Inc.									
(6)	Number of liens	ns 0 * Baltimore City judgments result in 'automatic' liens being placed on patient and/or guarantor real property. As a rule, Sinai Hospital does not pursue post-										
(7)	Enter on this line the number of extended payment plans exceeding 5 years established with patients during the reported fiscal year	0			y in any jurisdictio		ursue post-					
	FINANCIAL ASSISTANCE											
(8)	Total Number of Patients Who Completed a Financial Assistance Application	605										
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application	0										
(10)	Total Number of patients Who Received Free Care	602										
(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		18	218	314	6	29	12	0	5	0	
(13)	Number of Male or Male Gender Identity Patients Who Received Finacial Assistance		8	96	138	3	13	5	0	2	0	
(14)	Number of Female or Female Gender Identity Patients Who Received Finacial Assistance		10	123	177	4	17	6	0	3	0	
(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		1	1	1	0	0	0	0	0	0	
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance		0	2	0	0	0	0	0	0	0	
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance		0	1	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	
(20)	Total Amount of Charges for Hospital Services Provided to Patients Who Received Free Care	\$ 1,207,028										
(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	\$ -										