DCFA SCHEDULE

Hospital Name Peninsula Regional Medical Center
Hospital Number 210019
Period 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 Bay Area Receivables, Inc (BAR)										
(6)	Number of liens	207									
(7)	Enter on this line the number of extended payment plans exceeding 5 years established with patients during the reported fiscal year	347									
	FINANCIAL ASSISTANCE										
(8)	Total Number of Patients Who Completed a Financial Assistance Application	1524									
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application	117									
(10)	Total Number of patients Who Received Free Care	1295									
(11)	Total Number of patients Who Received Reduced-Cost Care	229									
			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		121	934	423	1	14	3	6	22	0
(13)	Number of Male or Male Gender Identity Patients Who Received Finacial Assistance		47	442	155	0	3	2	3	7	0
(14)	Number of Female or Female Gender Identity Patients Who Received Finacial Assistance		74	492	268	1	11	1	3	15	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		17	87	39	0	0	1	12	1	0
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance		7	39	22	0	0	0	3	0	0
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance		10	48	17	0	0	1	9	1	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	\$ 3,409,844									
(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	\$ 309,589									