Hospital Name _Adventist HealthCare Shady Grove Medical Center_ Hospital Number _21-0057_____

Period __12/31/2021_____

		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 NORTH AMERICAN CREDIT SERVICES (NACS) PARALLON (FORMERLY THE OUTSOURCE GROUP)										
(6)	Number of liens	0									
(7)	Number of Extended Payments Plans	461									
	FINANCIAL ASSISTANCE										
(8)	Total Number of Patients Who Completed a Financial Assistance Application	563									
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application	261									
(10)	Total Number of patients Who Received Free Care	5502									
(11)	Total Number of patients Who Received Reduced-Cost Care	9113									
			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		0	3531	3167	9	24055	32	4540	1370	888
(13)	Number of Male or Male Gender Identity Patients Who Received Finacial Assistance		0	1396	1238	4	23383	10	1555	572	350
(14)	Number of Female or Female Gender Identity Patients Who Received Finacial Assistance		0	2135	1929	5	672	22	2985	798	537
(15)	Number of Patients Who Do Not Identity by Gender Who Received Finacial Assistance		0	0	0	0	0	0	0	0	1
(16)	Number of Patients Who Were Denied Financial Assistance by Race or Ethnicity		0	84	62	0	32	1	103	22	6
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance		0	37	62	0	10	1	43	8	2
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance		0	47	0	0	22	0	60	14	4
(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			\$ 938,862	\$ 1,033,884	\$ 10,061	\$ 325,482	\$ 2,955	\$ 2,068,853	\$ 518,488	\$ 170,549
(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			\$17,317,967	\$ 14,723,062	\$ 43,426	\$ 7,205,624	\$ 114,851	\$ 9,140,781	\$ 2,524,219	\$ 1,216,019