## DCFA SCHEDULE

Hospital Name \_\_MedStar Health Southern Maryland Medical Center \_\_\_\_\_ Hospital Number 210062

		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) none none none none										
(6)	Number of liens	0									
(7)	Number of Extended Payments Plans	2									
	FINANCIAL ASSISTANCE										
(8)	Total Number of Patients Who Completed a Financial Assistance Application	70									
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application	9									
(10)	Total Number of patients Who Received Free Care	2866									
(11)	Total Number of patients Who Received Reduced-Cost Care	7									
			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	2866	0	238	2422	6	10	0	154	1	35
(13)	Number of Male or Male Gender Identity Patients Who Received Finacial Assistance	1314	0	110	1105	5	5	0	70	1	18
(14)	Number of Female or Female Gender Identity Patients Who Received Finacial Assistance	1552	0	128	1317	1	5	0	84	0	17
(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	24	0	5	14	0	0	0	4	0	1
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance	10	0	3	3	0	0	0	3	0	1
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance	14	0	2	11	0	0	0	1	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	0
(20)	Total Amount of Charges for Hospital Services Provided to Patients Who Received Free Care	\$ 5,249,821									
(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	\$ 29,286									