

DCFA SCHEDULE

Hospital Name Suburban Hospital
 Hospital Number _____

Period FY end June 30, 2021 _____

Column 1 Column 2 Column 3 Column 4 Column 5 Column 6 Column 7 Column 8 Column 9 Column 10

CREDIT & COLLECTION

Collection Agency Name

- (1) Nationwide Credit Corporation
- (2) Cognizant - former Receivables Outsourcing Inc.
- (3) National Recovery Agency
- (4) UCB Intelligent Solutions
- (5)

(6) Number of liens 0

(7) Number of Extended Payments Plans 147

FINANCIAL ASSISTANCE

(8) Total Number of Patients Who Completed a Financial Assistance Application 339

(9) Total Number of Patients Who Partially Completed a Financial Assistance Application

(10) Total Number of patients Who Received Free Care 190

(11) Total Number of patients Who Received Reduced-Cost Care

	Spanish or <u>Hispanic</u>	<u>White</u>	Black or African <u>American</u>	American Indian <u>or Alaska Native</u>	<u>Asian</u>	Native Hawaiian or Other Pacific <u>Islander</u>	<u>Other</u>	Declined to <u>Answer</u>	Unknown or Cannot <u>be Determined</u>
(12) Number of Patients Who Received Financial Assistance by Race or Ethnicity	0	37	30	0	26	0	96	0	1
(13) Number of Male or Male Gender Identity Patients Who Received Financial Assistance	0	16	12	0	14	0	45	0	0
(14) Number of Female or Female Gender Identity Patients Who Received Financial Assistance	0	21	18	0	12	0	51	0	1
(15) Number of Patients Who Do Not Identify by Gender Who Received Financial Assistance	0	0	0	0	0	0	0	0	0
(16) Number of Patients Who Were Denied Financial Assistance by Race or Ethnicity	0	31	22	0	16	0	78	0	2
(17) Number of Male or Male Gender Identity Patients Who Were Denied Financial Assistance	0	22	13	0	7	0	43	0	2
(18) Number of Female or Female Gender Identity Patients Who Were Denied Financial Assistance	0	9	9	0	9	0	35	0	0
(19) Number of Patients Who Do Not Identify by Gender Who Were Denied Financial 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		\$ 350,339	\$ 36,108		\$ 299,436		\$ 782,314		
(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		\$ 651,017	\$ 385,204		\$ 871,424		\$ 1,277,310		\$ 18,968