DCFA SCHEDULE

Hospital Name __MedStar Health Union Memorial Hospital ______ Hospital Number 210024______

		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)) Transworld Systems Inc (TSI)) Parallon										
(6)) Number of liens	0									
(7)) Number of Extended Payments Plans	16									
(8)) Total Number of Patients Who Completed a Financial Assistance Application	50									
(9)) Total Number of Patients Who Partially Completed a Financial Assistance Application	2									
(10)) Total Number of patients Who Received Free Care	4853									
(11) Total Number of patients Who Received Reduced-Cost Care	9									
	1) Number of Designste Who Descripted Einspecial	4952	Spanish or <u>Hispanic</u>	<u>White</u>	American	American Indian or Alaska Native	<u>Asian</u>	Native Hawaiian or Other Pacific <u>Islander</u>	Other		Unknown or Cannot <u>be Determined</u> 72

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(12) Number of Patients Who Received Financial Assistance by Race or Ethnicity	4853	0	940	3662	7	21	0	147	3	73
(13) Number of Male or Male Gender Identity Patients Who Received Finacial Assistance	2426	0	500	1775	4	10	0	93	0	44
(14) Number of Female or Female Gender Identity Patients Who Received Finacial Assistance	2427	0	440	1887	3	11	0	54	3	29
(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	12	0	7	3	0	1	0	1	0	0
(17) Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance	7	0	4	1	0	1	0	1	0	0
(18) Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance	5	0	3	2	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	0
(20) Total Amount of Charges for Hospital Services Provided to Patients Who Received Free Care	\$ 5,761,180									
(21) Total Amount of Charges for Hospital Services Provided	\$ 15,105									

(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