Hospital Name _Adventist HealthCare White Oak Medical Center_ Hospital Number _21-0016_____

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	215									
	FINANCIAL ASSISTANCE										
(8)	Total Number of Patients Who Completed a Financial Assistance Application	391									
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application	130									
(10)	Total Number of patients Who Received Free Care	3562									
(11)	Total Number of patients Who Received Reduced-Cost Care	6358									
			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>	Other	Declined to Answer	Unknown or Cannot be Determined
(12)	Number of Patients Who Received Financial Assistance by Race or Ethnicity		0	1123	3843	3	446	15	4071	41	379
(13)	Number of Male or Male Gender Identity Patients Who Received Finacial Assistance		0	468	1553	1	187	15	1513	12	147
(14)	Number of Female or Female Gender Identity Patients Who Received Finacial Assistance		0	655	2290	2	259	0	2558	29	232
(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		0	16	72	1	20	0	90	0	2
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance		0	7	34	1	14	0	36	0	0
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance		0	9	38	0	6	0	54	0	2
(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			\$ 280,228	\$ 905,881		\$ 67,213	\$ 11,216	\$ 2,441,066	\$ 10,230	\$ 92,750
(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			\$ 8,032,106	\$ 21,987,655	\$ 6,859	\$ 4,182,797	\$ 244,980	\$14,327,369	\$ 106,807	\$ 391,910