DCFA SCHEDULE

Hospital Name Garrett County Memorial Hospital
Hospital Number ___210017_____

Period ___06/30/21_____

		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)	Debt Collection Partners	0									
(2)											
(3)											
(4)											
(5)											
(6)	Number of liens	0									
(7)	Number of Extended Payments Plans	7									
	FINANCIAL ASSISTANCE										
(8)	Total Number of Patients Who Completed a Financial Assistance Application	1010									
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application	25									
(10)	Total Number of patients Who Received Free Care	600									
(11)	Total Number of patients Who Received Reduced-Cost Care	240									
			Spanish or Hispanic	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	Other	Declined to Answer	Unknown or Cannot be Determined
(12)	Number of Patients Who Received Financial Assistance by Race or Ethnicity	840	3	823	5	0	0	0	3	0	6
(13)	Number of Male or Male Gender Identity Patients Who Received Finacial Assistance	388	2	379	2	0	0	0	3	0	2
(14)	Number of Female or Female Gender Identity Patients Who Received Finacial Assistance	450	1	444	3	0	0	0	0	0	2
(15)	Number of Patients Who Do Not Identity by Gender Who Received Finacial Assistance	2	0	0	0	0	0	0	0	0	2
(16)	Number of Patients Who Were Denied Financial Assistance by Race or Ethnicity	170	0	168	0	0	0	0	0	0	2
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance	83	0	83	0	0	0	0	0	0	0
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance	85	0	85	0	0	0	0	0	0	0
(19)	Number of Patients Who Do Not Identity by Gender Who Were Denied Finacial Assistance	2	0	0	0	0	0	0	0	0	2
(20)	Total Amount of Charges for Hospital Services Provided to Patients Who Received Free Care	$ 660,594									
(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	$ 271,768									