DCFA SCHEDULE

Hospital Name __MedStar Health St. Mary's Hospital _____
Hospital Number _210028_____

		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)	Bolder Healthcare (formerly ROI)										
(2)	none										
(3)	none										
(4)	none										
(5)	none										
(6)	Number of liens	0									
(7)	Number of Extended Payments Plans	1									
	FINANCIAL ASSISTANCE										
(8)	Total Number of Patients Who Completed a Financial Assistance Application	49									
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application	4									
(10)	Total Number of patients Who Received Free Care	2208									
(11)	Total Number of patients Who Received Reduced-Cost Care	6									
			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	2208	0	1306	665	5	14	1	188	2	27
(13)	Number of Male or Male Gender Identity Patients Who Received Finacial Assistance	976	0	574	323	1	5	0	63	1	9
(14)	Number of Female or Female Gender Identity Patients Who Received Finacial Assistance	1232	0	732	342	4	9	1	125	1	18
(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	17	0	11	3	0	0	0	1	0	2
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance	10	0	5	2	0	0	0	1	0	2
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance	7	0	6	1	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	$ 3,292,790									
(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	$ 40,646									