DCFA SCHEDULE

Hospital Name __MedStar Health Harbor Hospital Center _____
Hospital Number _210034_____

	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) Transworld Systems Inc (TSI)										
(3) Parallon										
(4) none										
(5) none										
(6) Number of liens	0									
(7) Number of Extended Payments Plans	2									
FINANCIAL ASSISTANCE										
(8) Total Number of Patients Who Completed a Financial Assistance Application	40									
(9) Total Number of Patients Who Partially Completed a Financial Assistance Application	2									
(10) Total Number of patients Who Received Free Care	3370									
(11) Total Number of patients Who Received Reduced-Cost Care	4									
		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	3370	0	1029	1278	3	11	0	977	16	56
(13) Number of Male or Male Gender Identity Patients Who Received Finacial Assistance	1322	0	483	635	1	5	0	168	5	25
(14) Number of Female or Female Gender Identity Patients Who Received Finacial Assistance	2048	0	546	643	2	6	0	809	11	31
(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	16	0	8	4	0	0	0	2	0	2
(17) Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance	5	0	1	2	0	0	0	2	0	0
(18) Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance	11	0	7	2	0	0	0	0	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	0
(20) Total Amount of Charges for Hospital Services Provided to Patients Who Received Free Care	$ 3,494,646									
(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	$ 5,311									