

DCFA SCHEDULE

Hospital Name _Adventist HealthCare Fort Washington Medical Center_
 Hospital Number _21-0060_

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

Collection Agency Name

- (1) UNITED CONSUMERS COLLECTIONS
- (2)
- (3)
- (4)
- (5)

(6) Number of liens

(7) Number of Extended Payments Plans 17

FINANCIAL ASSISTANCE

(8) Total Number of Patients Who Completed a Financial Assistance Application 113

(9) Total Number of Patients Who Partially Completed a Financial Assistance Application 4

(10) Total Number of patients Who Received Free Care 114

(11) Total Number of patients Who Received Reduced-Cost Care 11

	<u>Spanish or Hispanic</u>	<u>White</u>	<u>Black or African American</u>	<u>American Indian or Alaska Native</u>	<u>Asian</u>	<u>Native Hawaiian or Other Pacific Islander</u>	<u>Other</u>	<u>Declined to Answer</u>	<u>Unknown or Cannot be Determined</u>
(12) Number of Patients Who Received Financial Assistance by Race or Ethnicity	14	9	95	0	5	0	2	0	0
(13) Number of Male or Male Gender Identity Patients Who Received Financial Assistance	3	3	35	0	2	0	1	0	0
(14) Number of Female or Female Gender Identity Patients Who Received Financial Assistance	11	6	60	0	3	0	1	0	0
(15) Number of Patients Who Do Not Identify by Gender Who Received Financial Assistance	0	0	0	0	0	0	0	0	0
(16) Number of Patients Who Were Denied Financial Assistance by Race or Ethnicity	0	0	0	0	0	0	0	0	0
(17) Number of Male or Male Gender Identity Patients Who Were Denied Financial Assistance	0	0	0	0	0	0	0	0	0
(18) Number of Female or Female Gender Identity Patients Who Were Denied Financial Assistance	0	0	0	0	0	0	0	0	0
(19) Number of Patients Who Do Not Identify by Gender Who Were Denied Financial 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	\$ 25,031	\$ 8,105	\$ 64,984		\$ 23,642				
(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		\$ 19,440	\$ 43,432				\$ 7,077		