

DCFA SCHEDULE

Hospital Name: Grace Medical Center  
Hospital Number: 210013

Period: FY2021

	<u>Column 1</u>	<u>Column 2</u>	<u>Column 3</u>	<u>Column 4</u>	<u>Column 5</u>	<u>Column 6</u>	<u>Column 7</u>	<u>Column 8</u>	<u>Column 9</u>	<u>Column 10</u>
<b><u>CREDIT &amp; COLLECTION</u></b>										
Collection Agency Name										
(1)	DCM Services, LLC									
(2)	Shafer Law Firm									
(3)	BCC Financial Management Services									
(4)	Cognizant Revenue Cycle Management Solutions formerly Receivables Outsourcing, Inc.									
(5)	Global Recovery Alliance AG									
(6)	Amcol									
(7)	Frost Arnett									
(8)	CBE									
(9)	Paragon									
(6)	Number of liens	0 * Baltimore City judgments result in 'automatic' liens being placed on patient and/or guarantor real property. As a rule, Sinai Hospital does not pursue post-judgment liens on real property in any jurisdiction.								
(7)	Enter on this line the number of extended payment plans exceeding 5 years established with patients during the reported fiscal year	0								
<b><u>FINANCIAL ASSISTANCE</u></b>										
(8)	Total Number of Patients Who Completed a Financial Assistance Application	218								
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application	0								
(10)	Total Number of patients Who Received Free Care	64								
(11)	Total Number of patients Who Received Reduced-Cost Care	0								
		<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	3	20	41	0	0	0	0	0	0
(13)	Number of Male or Male Gender Identity Patients Who Received Financial Assistance	2	11	23	0	0	0	0	0	0
(14)	Number of Female or Female Gender Identity Patients Who Received Financial Assistance	1	9	18	0	0	0	0	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	6	48	100	0	0	0	0	0	0
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Financial Assistance	3	27	56	0	0	0	0	0	0
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Financial Assistance	2	21	45	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	\$	57,098							
(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	\$	-							