Hospital Name <u>Luminis Health Anne Arundel Medical Center, Inc.</u>   Period _____ <u>7/1/20-6/30/21</u>_____

Hospital Number __210023_____

	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) State Collection Services
(2) Alacrity Collections Corporation
(3)
(4)
(5)

(6) Number of liens — 0

(7) Number of Extended Payments Plans — 757

FINANCIAL ASSISTANCE

(8) Total Number of Patients Who Completed a Financial Assistance Application — 694

(9) Total Number of Patients Who Partially Completed a Financial Assistance Application — 22

(10) Total Number of patients Who Received Free Care — 628

(11) Total Number of patients Who Received Reduced-Cost Care — 60

	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	986	1,331	384	4	39	0	542	108	
(13) Number of Male or Male Gender Identity Patients Who Received Finacial Assistance	238	317	113	1	12	0	140	22	
(14) Number of Female or Female Gender Identity Patients Who Received Finacial Assistance	748	1,014	271	3	27	0	402	86	
(15) Number of Patients Who Do Not Identity by Gender Who Received Finacial Assistance	0	0	0	0	0	0	0	0	
(16) Number of Patients Who Were Denied Financial Assistance by Race or Ethnicity	2	4	0	0	1	0	1	0	
(17) Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance	1	1	0	0	0	0	0	0	
(18) Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance	1	3	0	0	1	0	1	0	
(19) Number of Patients Who Do Not Identity by Gender Who Were Denied Finacial Assistance	0	0	0	0	0	0	0	0	

(20) Total Amount of Charges for Hospital Services Provided to Patients Who Received Free Care — $ 3,935,609

(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 — $ 341,649