DEBT COLLECTION / FINANCIAL ASSISTANCE REPORT

Hospital Name: UM Capital Region Bowie Period FY21 Hospital Number: 210003 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 Bloom & Associates, P.A. (1) MAMI (2) (3) Receivables Outsourcing, Inc. (4) ProCo LLC (5) Number of liens (6) (7) Number of Extended Payments Plans FINANCIAL ASSISTANCE (8) Total Number of Patients Who Completed 25 a Financial Assistance Application Total Number of Patients Who Partially Completed (9) 4 a Financial Assistance Application Total Number of patients Who Received Free Care 15 (10)(11)Total Number of patients Who Received Reduced-Cost Care 3 Native Hawaiian Unknown or Other Pacific or Cannot Spanish or Black or African American Indian Declined to or Alaska Native Hispanic White American Islander Other Answer be Determined Asian (12)Number of Patients Who Received Financial 18 11 0 0 0 Assistance by Race or Ethnicity (13) Number of Male or Male Gender Identity Patients Who 5 0 3 0 0 0 0 0 Received Finacial Assistance (14)Number of Female or Female Gender Identity Patients 13 0 0 0 0 Who Received Finacial Assistance Number of Patients Who Do Not Identity by Gender 0 (15)0 0 0 0 0 0 0 0 0 Who Received Finacial Assistance Number of Patients Who Were Denied Financial 7 0 0 0 (16)6 0 0 0 0 Assistance by Race or Ethnicity (17) Number of Male or Male Gender Identity Patients Who 3 0 3 0 0 0 0 0 0 Were Denied Finacial Assistance (18)Number of Female or Female Gender Identity Patients 0 3 0 0 0 0 0 0 Who Were Denied Finacial Assistance Number of Patients Who Do Not Identity by Gender 0 0 0 0 0 0 (19)0 0 0 0 Who Were Denied Finacial Assistance (20)Total Amount of Charges for Hospital Services Provided 12,090 to Patients Who Received Free Care

2,004

\$

(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