Hospital Number _0039_____

Period _FY2021_____

		<u>c</u>	Column 1	Column 2	<u>C</u>	olumn 3	Column 4	Col	lumn 5	Column 6	Column 7	Column 8	Column 9	Column 10
	CREDIT & COLLECTION													
(1) (2) (3) (4) (5)	Collection Agency Name National Recovery Association Proco/Windham Professionals													
(6)	Number of liens		0											
(7)	Enter on this line the number of extended payment plans exceeding 5 years established with patients during the reported fiscal year		18											
	FINANCIAL ASSISTANCE													
(8)	Total Number of Patients Who Completed a Financial Assistance Application		143											
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application		23											
(10)	Total Number of patients Who Received Free Care		54											
(11)	Total Number of patients Who Received Reduced-Cost Care		25											
				Spanish or <u>Hispanic</u>		White	Black or African American		can Indian ska Native	<u>Asian</u>	Native Hawaiian or Other Pacific Islander	<u>Other</u>	Declined to Answer	Unknown or Cannot be Determined
(12)	Number of Patients Who Received Financial Assistance by Race or Ethnicity				0	64	1	3	0	2	0	C)	0 0
(13)	Number of Male or Male Gender Identity Patients Who Received Finacial Assistance		33		0	30	:	2	0	1	0	0)	0 0
(14)	Number of Female or Female Gender Identity Patients Who Received Finacial Assistance		46		0	34	1		0	1	0	C)	0 0
(15)	Number of Patients Who Do Not Identity by Gender Who Received Finacial Assistance		0		0	0	1)	0	0	0	0)	0 0
(16)	Number of Patients Who Were Denied Financial Assistance by Race or Ethnicity		0		0	0)	0	C	0	C)	0 0
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance		5		0	4)	0	1	0	C)	0 0
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance		7		0	7)	0	C	0	C)	0
(19)	Number of Patients Who Do Not Identity by Gender Who Were Denied Finacial Assistance		0		0	0)	0	C	0	C)	0
(20)	Total Amount of Charges for Hospital Services Provided to Patients Who Received Free Care	\$	497,675											
(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	\$	1,661,646											