DEBT COLLECTION / FINANCIAL ASSISTANCE REPORT

Hospital Name: Hospital Number:	UM Capital Region PGHC 210003	_							Period	FY21	
		Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10
	CREDIT & COLLECTION										
(1)	Collection Agency Name Bloom & Associates, P.A.										
(2)	MAMI										
(3)	Receivables Outsourcing, Inc.										
(4)	ProCo LLC										
(5)											
(6)	Number of liens										
(7)	Number of Extended Payments Plans	75									
	FINANCIAL ASSISTANCE										
(8)	Total Number of Patients Who Completed a Financial Assistance Application	183									
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application	14									
(10)	Total Number of patients Who Received Free Care	109									
(11)	Total Number of patients Who Received Reduced-Cost Care	11									
			Spanish or <u>Hispanic</u>	White	Black or African <u>American</u>	American Indian <u>or Alaska Native</u>	Asian	Native Hawaiian or Other Pacific <u>Islander</u>	Other	Declined to Answer	Unknown or Cannot be Determined
(12)	Number of Patients Who Received Financial Assistance by Race or Ethnicity	120	36	19	9 56	0	2	2 0		0	0
(13)	Number of Male or Male Gender Identity Patients Who Received Finacial Assistance	46	12	10) 22	0	1	0	:	0	0
(14)	Number of Female or Female Gender Identity Patients Who Received Finacial Assistance	74	24	ç	34	0	1	0		5 0	0
(15)	Number of Patients Who Do Not Identity by Gender Who Received Finacial Assistance	0	0	() 0	0	() 0	() 0	0
(16)	Number of Patients Who Were Denied Financial Assistance by Race or Ethnicity	63	18	7	31	0	2	2 0	:	5 0	0
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance	28	6	4	4 12	0	2	2 0	4	• 0	0
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance	35	12	3	3 19	0	() 0	:	0	0
(19)	Number of Patients Who Do Not Identity by Gender Who Were Denied Finacial Assistance	0	0	() ()	0	() 0	() 0	0
(20)	Total Amount of Charges for Hospital Services Provided to Patients Who Received Free Care	\$ 824,045									
(21)	Total Amount of Charges for Hospital Services Provided to Patients Who Received Reduced-Cost Care Whether	\$ 126,048									

Covered by Financial Assistance or Billed to the Patient