DEBT COLLECTION / FINANCIAL ASSISTANCE REPORT

 Hospital Name:
 UM CRMC
 Period
 FY21

 Hospital Number:
 210035
 FY21

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	CREDIT & COLLECTION	Column 1	Column 2	Column 5	Column 4	<u>Column 5</u>	<u>Column o</u>	Column 7	<u>Column o</u>	Column 7	Column 10
(1) (2) (3) (4) (5)	Collection Agency Name Bloom & Associates, P.A. MAMI Receivables Outsourcing, Inc. ProCo LLC										
(6)	Number of liens										
(7)	Number of Extended Payments Plans	88									
	FINANCIAL ASSISTANCE										
(8)	Total Number of Patients Who Completed a Financial Assistance Application	185									
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application	64									
(10)	Total Number of patients Who Received Free Care	68									
(11)	Total Number of patients Who Received Reduced-Cost Care	16									
			Spanish or <u>Hispanic</u>	White	Black or African American	American Indian or Alaska Native	<u>Asian</u>	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	84	0	29	39	0	2	. 0	14	0	0
(13)	Number of Male or Male Gender Identity Patients Who Received Finacial Assistance	33	0	12	16	0	(0	5	0	0
(14)	Number of Female or Female Gender Identity Patients Who Received Finacial Assistance	51	0	17	23	0	2	. 0	9	0	0
(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	98	0	35	38	0	4	0	21	0	0
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance	44	0	14	19	0	2	0	9	0	0
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance	54	0	21	. 19	0	2	0	12	0	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	\$ 787,487									
(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	\$ 87,053									