DEBT COLLECTION / FINANCIAL ASSISTANCE REPORT

Hospital Name: UM SMC at Chestertown Period FY21

Hospital Number: 210030 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) Bloom & Associates, P.A. MAMI (2) (3) Receivables Outsourcing, Inc. (4) ProCo LLC (5) Number of liens (6) (7) Number of Extended Payments Plans 18 FINANCIAL ASSISTANCE (8) Total Number of Patients Who Completed a Financial Assistance Application Total Number of Patients Who Partially Completed (9) 23 a Financial Assistance Application 58 Total Number of patients Who Received Free Care (10)(11)Total Number of patients Who Received Reduced-Cost Care 2 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 60 0 43 0 0 0 Assistance by Race or Ethnicity (13)Number of Male or Male Gender Identity Patients Who 21 0 13 5 0 0 0 0 0 Received Finacial Assistance (14)Number of Female or Female Gender Identity Patients 39 0 30 2 0 0 0 0 Who Received Finacial Assistance Number of Patients Who Do Not Identity by Gender 0 0 0 (15)0 0 0 0 0 0 0 Who Received Finacial Assistance Number of Patients Who Were Denied Financial 34 0 0 0 (16)26 4 0 0 0 Assistance by Race or Ethnicity (17) Number of Male or Male Gender Identity Patients Who 19 0 12 3 0 0 0 0 0 Were Denied Finacial Assistance (18)Number of Female or Female Gender Identity Patients 15 0 14 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 (19)0 0 0 0 0 Who Were Denied Finacial Assistance (20)Total Amount of Charges for Hospital Services Provided \$ 379,596 to Patients Who Received Free Care (21) Total Amount of Charges for Hospital Services Provided 9,682 \$ to Patients Who Received Reduced-Cost Care Whether

Covered by Financial Assistance or Billed to the Patient