## DEBT COLLECTION / FINANCIAL ASSISTANCE REPORT

Hospital Name: Hospital Number:	ChristianaCare, Union 210032	-							Period	FY21	
x		Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10
	CREDIT & COLLECTION										
(1) (2) (3) (4) (5)	Collection Agency Name Pro Co, a Windham Professionals	ProCo, Windha	m Professionals	i							
(6)	Number of liens										
(7)	Number of Extended Payments Plans										
	FINANCIAL ASSISTANCE										
(8)	Total Number of Patients Who Completed a Financial Assistance Application	243									
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application	66									
(10)	Total Number of patients Who Received Free Care	196									
(11)	Total Number of patients Who Received Reduced-Cost Care	e 47									
(12)	Number of Dariants Wite Descrind Firms int	242	Spanish or <u>Hispanic</u>	<u>White</u>	American	American Indian or Alaska Native	<u>Asian</u>	Native Hawaiian or Other Pacific <u>Islander</u>	<u>Other</u>	Declined to Answer	Unknown or Cannot be Determined

(12)	Number of Patients Who Received Financial Assistance by Race or Ethnicity	243	4	216	18	0	1	0	4	0	0
(13)	Number of Male or Male Gender Identity Patients Who Received Finacial Assistance	89	1	77	6	0	1	0	4	0	0
(14)	Number of Female or Female Gender Identity Patients Who Received Finacial Assistance	154	3	139	12	0	0	0	0	0	0
(15)	Number of Patients Who Do Not Identity by Gender Who Received Finacial Assistance	0	0	0	0	0	0	0	0	0	0
(16)	Number of Patients Who Were Denied Financial Assistance by Race or Ethnicity	69	3	61	3	0	2	0	0	0	0
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance	26	2	23	1	0	0	0	0	0	0
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance	43	1	38	2	0	2	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	0	0	0	0

(20) Total Amount of Charges for Hospital Services Provided \$ 882,312 to Patients Who Received Free Care

(21) Total Amount of Charges for Hospital Services Provided \$ 121,123 to Patients Who Received Reduced-Cost Care Whether Covered by Financial Assistance or Billed to the Patient