DEBT COLLECTION / FINANCIAL ASSISTANCE REPORT

Hospital Name: UM SMC at Dorchester Period FY21 Hospital Number: 210010 Column 6 Column 1 Column 2 Column 3 Column 4 Column 5 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 39 FINANCIAL ASSISTANCE (8) Total Number of Patients Who Completed 104 a Financial Assistance Application Total Number of Patients Who Partially Completed (9) 15 a Financial Assistance Application 79 Total Number of patients Who Received Free Care (10)(11)Total Number of patients Who Received Reduced-Cost Care Native Hawaiian Unknown Black or African American Indian or Other Pacific or Cannot Spanish or Declined to or Alaska Native Hispanic White American Islander Other Answer be Determined Asian (12)Number of Patients Who Received Financial 84 0 47 27 0 0 0 Assistance by Race or Ethnicity (13)Number of Male or Male Gender Identity Patients Who 35 0 25 10 0 0 0 0 0 Received Finacial Assistance (14)Number of Female or Female Gender Identity Patients 49 0 22 17 0 0 0 0 Who Received Finacial Assistance Number of Patients Who Do Not Identity by Gender 0 0 0 0 (15)0 0 0 0 0 0 Who Received Finacial Assistance Number of Patients Who Were Denied Financial 0 13 5 0 0 0 (16)20 0 0 2 Assistance by Race or Ethnicity (17) Number of Male or Male Gender Identity Patients Who 0 0 0 0 0 0 0 Were Denied Finacial Assistance (18)Number of Female or Female Gender Identity Patients 0 4 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 \$ 490,491 to Patients Who Received Free Care

9,495

\$

(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