DEBT COLLECTION / FINANCIAL ASSISTANCE REPORT

 Hospital Name:
 UM SMC at Easton
 Period
 FY21

 Hospital Number:
 210037
 FY21

iospitai Number:	210037	_									
		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 Bloom & Associates, P.A. MAMI Receivables Outsourcing, Inc. ProCo LLC										
(6)	Number of liens										
(7)	Number of Extended Payments Plans	129									
	FINANCIAL ASSISTANCE										
(8)	Total Number of Patients Who Completed a Financial Assistance Application	355									
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application	88									
(10)	Total Number of patients Who Received Free Care	207									
(11)	Total Number of patients Who Received Reduced-Cost Care	24									
			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	231	1	127	45	1	2	0	54	0	1
(13)	Number of Male or Male Gender Identity Patients Who Received Finacial Assistance	73	0	42	18	0	2	0	11	0	0
(14)	Number of Female or Female Gender Identity Patients Who Received Finacial Assistance	158	1	85	27	1	0	0	43	0	1
(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	122	0	71	22	2	3	0	22	0	2
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance	35	0	15	5	2	3	0	10	0	0
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance	87	0	56	17	0	0	0	12	0	2
(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 to Patients Who Received Free Care	\$ 5,042,188									
(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	\$ 552,831									