DEBT COLLECTION / FINANCIAL ASSISTANCE REPORT

Hospital Name: Holy Cross Hospital Period Period FY21 Hospital Number: $\frac{10004}{20004}$

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		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 JP Recovery Services (JPRS) First Credit Parallon (TOG)										
(6)	Number of liens	0									
(7)	Number of Extended Payments Plans	0									
	FINANCIAL ASSISTANCE										
(8)	Total Number of Patients Who Completed a Financial Assistance Application	2120									
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application	1202									
(10)	Total Number of patients Who Received Free Care	1738									
(11)	Total Number of patients Who Received Reduced-Cost Care	207									
			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>	<u>Other</u>	Declined to Answer	Unknown or Cannot be Determined
(12)	Number of Patients Who Received Financial Assistance by Race or Ethnicity	1945	1722	32	132	3	24	3	24	1	4
(13)	Number of Male or Male Gender Identity Patients Who Received Finacial Assistance	376	318	13	27	3	6	0	7	2	0
(14)	Number of Female or Female Gender Identity Patients Who Received Finacial Assistance	1569	1404	20	105	0	18	0	17	1	4
(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	175	136	6	18	0	12	0	2	0	1
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance	46	24	1	10	0	8	0	2	0	1
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance	129	112	5	8	0	4	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 to Patients Who Received Free Care	\$ 24,546,876									
(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	\$ 4,049,872									