## DEBT COLLECTION / FINANCIAL ASSISTANCE REPORT

 Hospital Name:
 UM HMH
 Period
 FY21

 Hospital Number:
 210006
 FY21

Hospital Number:	210006	<del>-</del>									
		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	45									
	FINANCIAL ASSISTANCE										
(8)	Total Number of Patients Who Completed a Financial Assistance Application	145									
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application	18									
(10)	Total Number of patients Who Received Free Care	94									
(11)	Total Number of patients Who Received Reduced-Cost Care	18									
			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	112	0	86	19	0	3	0	4	0	0
(13)	Number of Male or Male Gender Identity Patients Who Received Finacial Assistance	38	0	30	6	0	1	0	1	. 0	0
(14)	Number of Female or Female Gender Identity Patients Who Received Finacial Assistance	74	0	56	13	0	2	2 0	3	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
(16)	Number of Patients Who Were Denied Financial Assistance by Race or Ethnicity	33	0	20	11	0	2	2 0	0	0	0
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance	11	0	6	4	0	1	0	0	0	0
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance	22	0	14	7	0	1	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
(20)	Total Amount of Charges for Hospital Services Provided to Patients Who Received Free Care	\$ 410,825									
(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	\$ 64,049									