## DEBT COLLECTION / FINANCIAL ASSISTANCE REPORT

Hospital Name: UM Capital Region Laurel Period FY21 Hospital Number: 210055 Column 1 Column 2 Column 3 Column 4 Column 5 Column 6 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 35 284 FINANCIAL ASSISTANCE (8) Total Number of Patients Who Completed 76 a Financial Assistance Application Total Number of Patients Who Partially Completed (9) 5 a Financial Assistance Application 49 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 53 6 23 0 Assistance by Race or Ethnicity (13) Number of Male or Male Gender Identity Patients Who 23 4 0 3 0 0 Received Finacial Assistance (14)Number of Female or Female Gender Identity Patients 30 2 16 3 0 0 0 Who Received Finacial Assistance Number of Patients Who Do Not Identity by Gender 0 0 (15)0 0 0 0 0 0 0 0 Who Received Finacial Assistance Number of Patients Who Were Denied Financial 23 5 12 3 0 0 (16)2 0 0 Assistance by Race or Ethnicity (17) Number of Male or Male Gender Identity Patients Who 11 2 6 0 0 0 0 Were Denied Finacial Assistance (18)Number of Female or Female Gender Identity Patients 12 3 6 0 0 0 0 Who Were Denied Finacial Assistance Number of Patients Who Do Not Identity by Gender 0 0 0 0 (19)0 0 0 0 0 0 Who Were Denied Finacial Assistance (20)Total Amount of Charges for Hospital Services Provided \$ 121,773 to Patients Who Received Free Care (21) Total Amount of Charges for Hospital Services Provided \$ 5,559

to Patients Who Received Reduced-Cost Care Whether Covered by Financial Assistance or Billed to the Patient