## DEBT COLLECTION / FINANCIAL ASSISTANCE REPORT

 Hospital Name:
 Mt. Washington Pediatric Hospital
 Period
 FY21

 Hospital Number:
 213300
 FY21

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	CREDIT & COLLECTION	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 and Associates										
(6)	Number of liens	0									
(7)	Number of Extended Payments Plans	2									
	FINANCIAL ASSISTANCE										
(8)	Total Number of Patients Who Completed a Financial Assistance Application	22									
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application	3									
(10)	Total Number of patients Who Received Free Care	17									
(11)	Total Number of patients Who Received Reduced-Cost Care	1									
			Spanish or <u>Hispanic</u>	White	Black or African American	American Indian or Alaska Native	Asian	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	18	0	6	2	0	0	0	10	0	0
(13)	Number of Male or Male Gender Identity Patients Who Received Finacial Assistance	9	0	4	0	0	0	0	5	0	0
(14)	Number of Female or Female Gender Identity Patients Who Received Finacial Assistance	9	0	2	2	0	0	0	5	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	0
(16)	Number of Patients Who Were Denied Financial Assistance by Race or Ethnicity	7	0	5	1	0	0	0	0	0	1
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance	2	0	1	1	0	0	0	0	0	0
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance	5	0	4	0	0	0	0	0	0	1
(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	\$ 24,056									
(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	\$ 1,321									