Hospital Name McCready
Hospital Number \_\_210045\_\_\_\_\_

		Column 1		Column 2	Column 3	1	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10
	CREDIT & COLLECTION												
(1) (2) (3) (4) (5)	Collection Agency Name Bay Area Receivables, Inc (BAR)												
(6)	Number of liens												
(7)	Enter on this line the number of extended payment plans exceeding 5 years established with patients during the reported fiscal year												
	FINANCIAL ASSISTANCE												
(8)	Total Number of Patients Who Completed a Financial Assistance Application		51										
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application		0										
(10)	Total Number of patients Who Received Free Care		45										
(11)	Total Number of patients Who Received Reduced-Cost Care		6										
				Spanish or <u>Hispanic</u>	White	I	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiiar 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			3		39	8	1		0	) (	)	0 0
(13)	Number of Male or Male Gender Identity Patients Who Received Finacial Assistance			1		14	3	0		0	) (	)	0 0
(14)	Number of Female or Female Gender Identity Patients Who Received Finacial Assistance			2		25	5	1		0	) (	)	0 0
(15)	Number of Patients Who Do Not Identity by Gender Who Received Finacial Assistance			0		0	0	0		0	) (	)	0 0
(16)	Number of Patients Who Were Denied Financial Assistance by Race or Ethnicity			0		0	0	0		0	) (	)	0 0
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance			0		0	0	0		0	) (	)	0 0
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance			0		0	0	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
(20)	Total Amount of Charges for Hospital Services Provided to Patients Who Received Free Care	\$ 2	25,969										
(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	\$	878										