DEBT COLLECTION / FINANCIAL ASSISTANCE REPORT

Hospital Name: UMMC Midtown Campus Period FY21

Hospital Number: 210038

		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	38									
	FINANCIAL ASSISTANCE										
(8)	Total Number of Patients Who Completed a Financial Assistance Application	219									
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application	44									
(10)	Total Number of patients Who Received Free Care	144									
(11)	Total Number of patients Who Received Reduced-Cost Care	15									
			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	159	0	28	119	1	4	1	5	0	1
(13)	Number of Male or Male Gender Identity Patients Who Received Finacial Assistance	65	0	14	44	1	2	4 0	2	0	0
(14)	Number of Female or Female Gender Identity Patients Who Received Finacial Assistance	94	0	14	75	0	() 1	3	0	1
(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	58	0	10	35	1	ŝ	3 0	9	0	0
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance	28	0	5	15	1	2	2 0	5	0	0
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance	30	0	5	20	0	1	0	4	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	\$ 1,377,557									
(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	\$ 99,370									