DEBT COLLECTION / FINANCIAL ASSISTANCE REPORT

Hospital Name: Hospital Number:	University of Maryland Queen Anne's Freestanding Emergence 210088	y Center							Period	FY21	
		Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10
	CREDIT & COLLECTION										
(1)	Collection Agency Name										
(2)											
(3) (4)											
(5)											
(6)	Number of liens	0									
(7)	Number of Extended Payments Plans	0									
	FINANCIAL ASSISTANCE										
(8)	Total Number of Patients Who Completed a Financial Assistance Application	0									
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application	0									
(10)	Total Number of patients Who Received Free Care	0									
(11)	Total Number of patients Who Received Reduced-Cost Care	0									
			Spanish or <u>Hispanic</u>	White	Black or African <u>American</u>	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific <u>Islander</u>	<u>Other</u>	Declined to Answer	Unknown or Cannot be Determined

		Hispanic White		American or Ala		Asian Islander		Other Answer be Determined		
(12)	Number of Patients Who Received Financial Assistance by Race or Ethnicity	0	0	0	0	0	0	0	0	0
(13)	Number of Male or Male Gender Identity Patients Who Received Finacial Assistance	0	0	0	0	0	0	0	0	0
(14)	Number of Female or Female Gender Identity Patients Who Received Finacial Assistance	0	0	0	0	0	0	0	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	0	0	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	0	0
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance	0	0	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	0	0
(20)	Total Amount of Charges for Hospital Services Provided to Patients Who Received Free Care	0	0	0	0	0	0	0	0	0
(21)	Total Amount of Charges for Hospital Services Provided to Patients Who Received Reduced-Cost Care Whether	0	0	0	0	0	0	0	0	0

Covered by Financial Assistance or Billed to the Patient