## DEBT COLLECTION / FINANCIAL ASSISTANCE REPORT

Hospital Name: UM Rehab and Ortho Institute Period FY21

Hospital Name:	UM Rehab and Ortho Institute								Period	FY21	
Hospital Number:	210058										
		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.										
(2)	MAMI Paris II o consist I										
(3) (4)	Receivables Outsourcing, Inc. ProCo LLC										
(5)	FIOCOLLEC										
(6)	Number of liens										
(7)	Number of Extended Payments Plans	32									
	FINANCIAL ASSISTANCE										
(8)	Total Number of Patients Who Completed	50									
(6)	a Financial Assistance Application	50									
(9)	Total Number of Patients Who Partially Completed	14									
	a Financial Assistance Application										
(10)	TAIN I CALWAR DE LE C	21									
(10)	Total Number of patients Who Received Free Care	21									
(11)	Total Number of patients Who Received Reduced-Cost Care	6									
								Native Hawaiian			Unknown
			Spanish or			American Indian		or Other Pacific		Declined to	or Cannot
			Hispanic	White	American	or Alaska Native	Asian	<u>Islander</u>	Other	Answer	be Determined
(12)	Number of Patients Who Received Financial Assistance by Race or Ethnicity	27	1	1	0 13	0	(	0	3	3 0	0
(13)	Number of Male or Male Gender Identity Patients Who Received Finacial Assistance	11	1		4 5	0	(	0	1	0	0
(14)	Number of Female or Female Gender Identity Patients	16	0		6 8	0	(	0	2	2 0	0
	Who Received Finacial Assistance										
(15)	Number of Patients Who Do Not Identity by Gender	0	0		0 0	0	(	0	(	0	0
. ,	Who Received Finacial Assistance										
(16)	N 1 CD C WI W D 1 IF 11	23	0		9 11	. 0	,	) 0	3	3 0	
(16)	Number of Patients Who Were Denied Financial Assistance by Race or Ethnicity	23	U		9 11	. 0	(	0	-	0	0
	Assistance by Race of Ethincity										
(17)	Number of Male or Male Gender Identity Patients Who	6	0		3 0	0	(	0	3	3 0	0
	Were Denied Finacial Assistance										
(18)	Number of Female or Female Gender Identity Patients	17	0		6 11	. 0	(	0	(	0	0
	Who Were Denied Finacial Assistance										
(19)	Number of Patients Who Do Not Identity by Gender	0	0		0 0	0	(	) 0	(	0	0
(1))	Who Were Denied Finacial Assistance	· ·	Ü				,	,	,	, 0	· ·
(20)	Total Amount of Charges for Hospital Services Provided to Patients Who Received Free Care	\$ 566,671									
(21)	Total Amount of Charges for Hospital Services Provided	\$ 108,451									
(21)	to Patients Who Received Reduced-Cost Care Whether	ψ 100, <del>1</del> 51									
	Covered by Financial Assistance or Billed to the Patient										