DEBT COLLECTION / FINANCIAL ASSISTANCE REPORT

Hospital Name: Hospital Number									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) (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	194									
	FINANCIAL ASSISTANCE										
(8)	Total Number of Patients Who Completed a Financial Assistance Application	378									
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application	100									
(10)	Total Number of patients Who Received Free Care	167									
(11)	Total Number of patients Who Received Reduced-Cost Care	27									
			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>	Other	Declined to Answer	Unknown or Cannot be Determined
(12)	Number of Patients Who Received Financial Assistance by Race or Ethnicity	194	1	101	40	3	5	5 0	43	1	0
(13)	Number of Male or Male Gender Identity Patients Who Received Finacial Assistance	66	1	34	10	0	4	0	17	0	0
(14)	Number of Female or Female Gender Identity Patients Who Received Finacial Assistance	128	0	67	30	3	1	0	26	1	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	178	0	83	39	0	7	0	49	0	0
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance	68	0	36	i 12	0	2	2 0	18	0	0
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance	110	0	47	27	0	5	5 0	31	0	0
(19)	Number of Patients Who Do Not Identity by Gender Who Were Denied Finacial Assistance	0	0	C	0 0	0	() 0	0	0	0
(20)	Total Amount of Charges for Hospital Services Provided to Patients Who Received Free Care	\$ 3,203,901									
(21)	Total Amount of Charges for Hospital Services Provided	\$ 829,070									

(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