Hospital Name: <u>UPMC Western Maryland</u> Hospital Number: <u>210027</u> Period; FY21 (Jan-Dec21)

		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 Credit Mangement Company										
(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	876									
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application	746									
(10)	Total Number of patients Who Received Free Care	702									
(11)	Total Number of patients Who Received Reduced-Cost Care	174									
			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>	<u>Other</u>	Declined to Answer	Unknown or Cannot be Determined
(12)	Number of Patients Who Received Financial Assistance by Race or Ethnicity		2	4460	161	2	7	2	37	3	66
(13)	Number of Male or Male Gender Identity Patients Who Received Finacial Assistance		2	1880	91	0	2	1	17	2	19
(14)	Number of Female or Female Gender Identity Patients Who Received Finacial Assistance		0	2580	70	2	5	1	20	1	47
(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	12	0	0	0	0	0	0	0
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance		0	5	0	0	0	0	0	0	0
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance		0	7	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		\$ 13,137	\$13,048,463	\$ 108,581	\$ 15,105	\$ 5,473	\$ 460	\$ 26,157	\$ 1,128	\$ 18,163
(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		\$ 3,046	\$12,355,158	\$ 305,398	\$ 817	\$ 9,978	\$ 137	\$ 88,123	\$ 273	\$ 83,671