DEBT COLLECTION / FINANCIAL ASSISTANCE REPORT

Hospital Name: Hospital Number:	UM UCH 210049	-							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	189									
	FINANCIAL ASSISTANCE										
(8)	Total Number of Patients Who Completed a Financial Assistance Application	299									
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application	62									
(10)	Total Number of patients Who Received Free Care	157									
(11)	Total Number of patients Who Received Reduced-Cost Care	26									
			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 <u>be Determined</u>
(12)	Number of Patients Who Received Financial Assistance by Race or Ethnicity	183	0	140	25	0	0) 0	17	1	0
(13)	Number of Male or Male Gender Identity Patients Who Received Finacial Assistance	71	0	51	11	0	0) 0	8	1	0
(14)	Number of Female or Female Gender Identity Patients Who Received Finacial Assistance	112	0	89	14	0	0) 0	9	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	0
(16)	Number of Patients Who Were Denied Financial Assistance by Race or Ethnicity	115	0	77	22	1	6	5 0	9	0	0
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Finacial Assistance	38	0	23	7	0	4	0	4	0	0
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Finacial Assistance	77	0	54	15	1	2	2 0	5	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	0
(20)	Total Amount of Charges for Hospital Services Provided to Patients Who Received Free Care	\$ 2,376,628									
(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	\$ 344,927									