| Sect | tion 1: Costs | | | | | | |
|------|---|--|---------------------------------|---------------------------|-------------------------------------|---------------------------|--|
| | | Peace Harbor Medical Center - Florence PeaceHealth FY 2016 | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Please indicate what type of cost accounting system is being used for this reporting. (Check all that apply and explain.) | | Phone Number: Reviewed By: | | | Email: | |
| | | | | | | Title: | |
| | | | ineviewed by. | | | Tiue. | |
| | | | Cost accounting Cost to Charge | | Other (explain) | | |
| | | | system | Ratio X | Other (explain) | | |
| | | | X | | | | |
| | | | | | | | |
| | Community Benefit Categories | Column A | Column B | Column C | Column D | Column E | |
| | | | | | | | |
| Row | Charity Care and Public Programs | Patient Visits | Total community | Direct offsetting | Net community benefit | | |
| ROW | | | benefit expense | revenue | expense (B-C) | | |
| 1 | Charity care at cost | 1,273 | \$535,830 | | \$535,830 | | |
| | Unreimbursed costs of public programs: | | | | | | |
| 2 | Medicaid/Managed Medicaid Plans | | | | \$0 | | |
| 3 | Medicare/Managed Medicare Plans | | | | \$0 | | |
| 4 | Other public programs | | | | \$0 | | |
| 5 | Charity Care and Public Programs Total (sum of lines 1 through 4) | 1,273 | \$535,830 | \$0 | \$535,830 | | |
| 6 | What percentage of Charity Care dollars granted represented a discount of 100% of charges? | 34.6% |] | | | | |
| | Other Benefits | Encounters | Total community benefit expense | Direct offsetting revenue | Net community benefit expense (B-C) | Description of Activities | |
| 7 | Community health improvement services | | | | \$0 | | |
| | Research | n/a | | | \$0 | | |
| | Health professions education | n/a | | | \$0 | | |
| | Subsidized health services | n/a | | | \$0 | | |
| 11 | Cash and in-kind contributions to other community groups | n/a | \$5,025 | | \$5,025 | | |
| | Community building activities | n/a | | | \$0 | | |
| | Community benefit operations | n/a | | | \$0 | | |
| 14 | Other Benefits Totals (sum of lines 7 through 13) | | \$5,025 | \$0 | \$5,025 | | |
| 15 | Community Benefits Totals (line 5 plus line 14) | 1,273 | \$540,855 | \$0 | \$540,855 | | |