

Section 1: Costs						
<b>Hospital Name</b>		Peace Harbor Medical Center - Florence				
<b>Hospital System</b>		PeaceHealth				
<b>Reporting Period</b>		FY 2018				
<b>Contact Information</b>		Name of Person Completing This Form: Katherine Dalton		Title: Manager of Reporting and Compliance		
		Phone Number: [REDACTED]		Email: [REDACTED]		
		Reviewed By:		Title:		
Please indicate what type of cost accounting system is being used for this reporting. (Check all that apply and explain.)		<b>Cost accounting system</b>	<b>Cost to Charge Ratio</b>	<b>Other (explain)</b>		
		X	X			
<b>Community Benefit Categories</b>		<b>Column A</b>	<b>Column B</b>	<b>Column C</b>	<b>Column D</b>	<b>Column E</b>
<b>Row</b>	<b>Charity Care and Public Programs</b>	<b>Patient Visits</b>	<b>Total community benefit expense</b>	<b>Direct offsetting revenue</b>	<b>Net community benefit expense (B-C)</b>	
1	Charity care at cost	739	\$1,192,109		\$1,192,109	
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)	739	\$1,192,109	\$0	\$1,192,109	
6	What percentage of Charity Care dollars granted represented a discount of 100% of charges?	67.4%				
<b>Other Benefits</b>		<b>Encounters</b>	<b>Total community benefit expense</b>	<b>Direct offsetting revenue</b>	<b>Net community benefit expense (B-C)</b>	<b>Description of Activities</b>
7	Community health improvement services				\$0	
8	Research	n/a			\$0	
9	Health professions education	n/a			\$0	
10	Subsidized health services	n/a	\$147,256	\$141,716	\$5,540	
11	Cash and in-kind contributions to other community groups	n/a	\$14,920		\$14,920	
12	Community building activities	n/a			\$0	
13	Community benefit operations	n/a			\$0	
14	Other Benefits Totals (sum of lines 7 through 13)	-	\$162,176	\$141,716	\$20,460	
15	Community Benefits Totals (line 5 plus line 14)	739	\$1,354,285	\$141,716	\$1,212,569	