

**Oregon Hospital Financial Report (FR-3)  
Fiscal Year - 2018**

**Section 1: Hospital Identification and Contact Information**

Hospital Name	Sacred Heart Medical Center University District
Hospital System (Samaritan, Providence, None, etc.)	PeaceHealth
	93-0395583
Administrator's Address	770 E. 11th Ave.
City	Eugene
County	Lane
State	Oregon
Zip Code	97440
Administrator's Phone	
Administrator's E-mail	
Administrator's Name	Joe Mark
Administrator's Title	COO Oregon Interim
CFO's Name	Gary Kemske
Name of Person completing this form	Francine Hans
Title	Financial Analyst
E-mail Address for Person completing this form	
Direct Phone for Person completing this form	
Address (if different than Hospital)	3333 Riverbend Drive
City (if different than Hospital)	Springfield
Zip Code (if different than Hospital)	97477

All Data should be based on the Audited Financial Information

<b>Section 2: Gross Patient Revenue</b>	
Inpatient	\$97,754,343
Outpatient	\$166,429,620
LTC ICF/SNF	
Clinic	\$7,461,211
Other Patient revenue (please identify below)	
-	
-	
<b>Gross Hospital Patient Revenue</b>	<b>\$271,645,174</b>

<b>Section 3: Deductions from Gross Patient Revenue</b>	
<b>Contractuals</b>	
Medicare	\$69,459,380
Medicaid	\$58,456,176
Other Contractuals	\$21,062,656
<b>Uncompensated Care</b>	
Bad Debt	\$5,491,486
Charity Care	\$5,592,254
<b>Total Deductions from Patient Revenue</b>	<b>\$160,061,952</b>

<b>Section 4: Net Patient Revenue</b>	
<b>Net Patient Revenue</b>	<b>\$111,583,222</b>

<b>Section 5: Net Income</b>	
Net Patient Revenue	\$111,583,222
Other Operating Revenue	\$2,503,152
<b>Total Operating Revenue</b>	<b>\$114,086,374</b>
<b>Total Operating Expense</b>	<b>\$124,764,690</b>
<b>Operating Income</b>	<b>-\$10,678,316</b>
<b>Net Nonoperating Revenue (Expense)</b>	<b>\$62,473</b>
<b>Net Income</b>	<b>-\$10,615,843</b>

<b>Section 6: Property, Plant &amp; Equipment</b>	
<b>Property, Plant &amp; Equipment</b>	
<b>Accumulated Depreciation</b>	
<b>Net Property, Plant &amp; Equipment</b>	<b>\$0</b>

After completing, please return this form and a copy of the hospital's audited financial statement to:

[OHA.HealthAnalyticsDataSubs@state.or.us](mailto:OHA.HealthAnalyticsDataSubs@state.or.us)

Or send hard copy to:

Oregon Health Authority  
Office of Health Analytics  
500 Summer St. NE, E-64  
Salem, OR 97301