

**Oregon Hospital Financial Report (FR-3)  
Fiscal Year - 2019**

**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	[REDACTED]
Administrator's E-mail	[REDACTED]
Administrator's Name	Alicia Beymer
Administrator's Title	VP Operations
CFO's Name	Paul Warda
Name of Person completing this form	Francine Hans
Title	Financial Analyst
E-mail Address for Person completing this form	[REDACTED]
Direct Phone for Person completing this form	[REDACTED]
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	\$97,569,917
Outpatient	\$155,221,619
LTC ICF/SNF	
Clinic	\$7,176,238
Other Patient revenue (please identify below)	
-	
-	
<b>Gross Hospital Patient Revenue</b>	<b>\$259,967,775</b>

<b>Section 3: Deductions from Gross Patient Revenue</b>	
<b>Contractuals</b>	
Medicare	\$69,721,882
Medicaid	\$64,635,331
Other Contractuals	\$16,585,864
<b>Uncompensated Care</b>	
Bad Debt	\$3,480,074
Charity Care	\$10,709,702
<b>Total Deductions from Patient Revenue</b>	<b>\$165,132,853</b>

<b>Section 4: Net Patient Revenue</b>	
<b>Net Patient Revenue</b>	<b>\$94,834,922</b>

<b>Section 5: Net Income</b>	
Net Patient Revenue	\$94,834,922
Other Operating Revenue	\$2,091,938
<b>Total Operating Revenue</b>	<b>\$96,926,860</b>
<b>Total Operating Expense</b>	<b>\$119,727,624</b>
<b>Operating Income</b>	<b>-\$22,800,765</b>
<b>Net Nonoperating Revenue (Expense)</b>	<b>\$73,928</b>
<b>Net Income</b>	<b>-\$22,726,837</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