## Oregon Hospital Financial Report (FR-3) Fiscal Year - 2020

## Section 1: Hospital Identification and Contact Information

| Hospital Name                                       | Sacred Heart Medical Center RiverBend |
|---|---------------------------------------|
| Hospital System (Samaritan, Providence, None, etc.) | PeaceHealth                           |
|   | 26-1871008                            |
| Administrator's Address                             | 3333 Riverbend Drive                  |
| City  | Springfield                           |
| County  | Lane                                  |
| State   | Oregon                                |
| Zip Code  | 97477                                 |
| Administrator's Phone                               |                                       |
| Administrator's E-mail                              |                                       |
| Administrator's Name                                | Mary Kingston                         |
| Administrator's Title                               | Chief Executive Oregon                |
| CFO's Name  | Paul Warda                            |
| Name of Person completing this form                 | Francine Hans                         |
| Ti le   | Financial Analyst                     |
| E-mail Address for Person completing this form      |                                       |
| Direct Phone for Person completing this form        |                                       |
| Address (if different han Hospital)                 |                                       |
| City (if different than Hospital)                   |                                       |
| Zip Code (if different than Hospital)               |                                       |

## All Data should be based on the Audited Financial Information

| Section 2: Gross Patient Revenue              |                 |
|---|-----------------|
| Inpatient                                     | \$1,288,982,163 |
| Outpa ient                                    | \$694,259,775   |
| LTC ICF/SNF                                   |                 |
| Clinic  | \$49,855,105    |
| Other Patient revenue (please identify below) |                 |
| -   |                 |
| -   |                 |
| Gross Hospital Patient Revenue                | \$2,033,097,044 |

| Section 3: Deductions from Gross Patient Revenue Contractuals |                 |          |
|---|-----------------|----------|
|   |                 | Medicare |
| Medicaid  | \$308,756,968   |          |
| Other Contractuals  | \$203,880,806   |          |
| Uncompensated Care  |                 |          |
| Bad Debt  | \$6,565,942     |          |
| Charity Care  | \$42,452,630    |          |
| Total Deductions from Patient Revenue                         | \$1,317,816,038 |          |

| Section 4: Net Patient Revenue |               |
|--------------------------------|---------------|
| Net Patient Revenue            | \$715,281,006 |

| Section 5: Net Income              |               |
|------------------------------------|---------------|
| Net Patient Revenue                | \$715,281,006 |
| Other Operating Revenue            | \$27,738,641  |
| Total Operating Revenue            | \$743,019,647 |
| Total Operating Expense            | \$671,823,588 |
| Operating Income                   | \$71,196,059  |
| Net Nonoperating Revenue (Expense) | \$133,839     |
| Net Income                         | \$71,329,899  |

| Section 6: Property, Plant & Equipment |                 |
|--|-----------------|
| Property, Plant & Equipment            | \$1,203,658,949 |
| Accumulated Depreciation               | \$696,011,318   |
| Net Property, Plant & Equipment        | \$507,647,631   |

After completing, please return this form and a copy of the hospital's audited financial statement to: OHA.HealthAnalyticsDataSubs@state.or.us

Or send hard copy to:

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