

# Oregon Hospital Financial Report (FR-3)

## Fiscal Year - 2020

### Section 1: Hospital Identification and Contact Information

Hospital Name	Saint Alphonsus Medical Center - Ontario
Hospital System (Samaritan, Providence, None, etc.)	Trinity Health
Administrator's Address	351 SW 9th St
City	Ontario
County	Malheur
State	Oregon
Zip Code	97914
Administrator's Phone	
Administrator's E-mail	
Administrator's Name	Dina Ellwanger
Administrator's Title	President
CFO's Name	Lynsey Todd
Name of Person completing this form	Lynsey Todd
Title	Finance Director
E-mail Address for Person completing this form	
Direct Phone for Person completing this form	
Address (if different than Hospital)	
City (if different than Hospital)	
Zip Code (if different than Hospital)	

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

<b>Section 2: Gross Patient Revenue</b>	
Inpatient	\$43,858,485
Outpatient	\$114,158,095
LTC ICF/SNF	
Clinic	
Other Patient revenue (please identify below)	\$16,171,273
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<b>Gross Hospital Patient Revenue</b>	<b>\$174,187,854</b>

<b>Section 3: Deductions from Gross Patient Revenue</b>	
<b>Contractuals</b>	
Medicare	\$55,491,062
Medicaid	\$29,350,697
Other Contractuals	\$15,323,262.33
<b>Uncompensated Care</b>	
Bad Debt	\$2,418,092
Charity Care	\$3,935,475
Provider Tax	-\$3,268,864
<b>Total Deductions from Patient Revenue</b>	<b>\$103,249,724</b>

<b>Section 4: Net Patient Revenue</b>	
<b>Net Patient Revenue</b>	<b>\$70,938,130</b>

<b>Section 5: Net Income</b>	
Net Patient Revenue	\$70,938,130
Other Operating Revenue	\$10,136,086
<b>Total Operating Revenue</b>	<b>\$81,074,216</b>
<b>Total Operating Expense</b>	<b>\$71,872,830</b>
<b>Operating Income</b>	<b>\$9,201,387</b>
<b>Net Nonoperating Revenue (Expense)</b>	
<b>Net Income</b>	<b>\$9,201,387</b>

<b>Section 6: Property, Plant &amp; Equipment</b>	
<b>Property, Plant &amp; Equipment</b>	<b>\$66,185,290</b>
<b>Accumulated Depreciation</b>	<b>\$28,427,101</b>
<b>Net Property, Plant &amp; Equipment</b>	<b>\$37,758,189</b>

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

[hdd.admin@dhsosha.state.or.us](mailto:hdd.admin@dhsosha.state.or.us)

Or send hard copy to:

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