

Section 1: Costs

Hospital Name		Peace Harbor Medical Center - Florence				
Hospital System		PeaceHealth				
Reporting Period		FY 2021				
Contact Information		Name of Person Completing This Form: Janet Mayes		Title: System Director of Accounting		
		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.)		Cost accounting system	Cost to Charge Ratio	Other (explain)		
		X	X			
Community Benefit Categories		Column A	Column B	Column C	Column D	Column E
Row	Charity Care and Public Programs	Patient Visits	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)	
1	Charity care at cost	9,606	\$1,594,125	\$0	\$1,594,125	
	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)	9,606	\$1,594,125	\$0	\$1,594,125	
6	What percentage of Charity Care dollars granted represented a discount of 100% of charges?	76.2%				
	Other Benefits	Encounters	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)	Description of Activities
7	Community health improvement services				\$0	
8	Research	n/a			\$0	
9	Health professions education	n/a			\$0	
10	Subsidized health services	n/a	\$208,231	\$174,583	\$33,648	
11	Cash and in-kind contributions to other community groups	n/a	\$158,431		\$158,431	
12	Community building activities	n/a			\$0	
13	Community benefit operations	n/a			\$0	
14	Other Benefits Totals (sum of lines 7 through 13)	-	\$366,662	\$174,583	\$192,079	
15	Community Benefits Totals (line 5 plus line 14)	9,606	\$1,960,787	\$174,583	\$1,786,204	