

# Oregon Hospital Financial Report (FR-3) 2021

## Section 1: Hospital Identification and Contact Information

Hospital Name	Asante Three Rivers Medical Center
Hospital System (Samaritan, Providence, None, etc.)	Asante
Administrator's Address	500 SW Ramsey Avenue
City	Grants Pass
County	Jackson
State	Oregon
Zip Code	97527
Administrator's Phone	[REDACTED]
Administrator's E-mail	[REDACTED]
Administrator's Name	Win Howard
Administrator's Title	Chief Executive Officer
CFO's Name	Greg Wojtal
Name of Person completing this form	Karin Lilya
Title	Senior Accountant
E-mail Address for Person completing this form	[REDACTED]
Direct Phone for Person completing this form	[REDACTED]
Address (if different than Hospital)	731 Black Oak Drive
City (if different than Hospital)	Medford
Zip Code (if different than Hospital)	97504

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

<b>Section 2: Gross Patient Revenue</b>	
Inpatient	\$331,502,250
Outpatient	\$445,005,779
LTC ICF/SNF	
Clinic	
Other Patient revenue (please identify below)	
-	
-	
<b>Gross Hospital Patient Revenue</b>	<b>\$776,508,030</b>

<b>Section 3: Deductions from Gross Patient Revenue</b>	
<b>Contractuals</b>	
Medicare	-\$335,790,835
Medicaid	-\$164,231,129
Other Contractuals	-\$52,315,031
<b>Uncompensated Care</b>	
Bad Debt	-\$5,594,227
Charity Care	-\$8,104,046
<b>Total Deductions from Patient Revenue</b>	<b>-\$566,035,268</b>

<b>Section 4: Net Patient Revenue</b>	
<b>Net Patient Revenue</b>	<b>\$210,472,762</b>

<b>Section 5: Net Income</b>	
Net Patient Revenue	\$210,472,762
Other Operating Revenue	\$8,146,738
<b>Total Operating Revenue</b>	<b>\$218,619,500</b>
<b>Total Operating Expense</b>	<b>\$214,800,610</b>
<b>Operating Income</b>	<b>\$3,818,890</b>
<b>Net Nonoperating Revenue (Expense)</b>	<b>\$5,713,798</b>
<b>Net Income</b>	<b>\$9,532,688</b>

<b>Section 6: Property, Plant &amp; Equipment</b>	
<b>Property, Plant &amp; Equipment</b>	<b>\$141,595,076</b>
<b>Accumulated Depreciation</b>	<b>-\$75,362,419</b>
<b>Net Property, Plant &amp; Equipment</b>	<b>\$66,232,658</b>

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

[ohpr.datasubs@state.or.us](mailto:ohpr.datasubs@state.or.us)

Or send hard copy to:

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