

**Oregon Hospital Financial Report (FR-3)  
Fiscal Year - 2021**

**Section 1: Hospital Identification and Contact Information**

|   |                                       |
|---|---------------------------------------|
| Hospital Name                                       | Peace Harbor Community Medical Center |
| Hospital System (Samaritan, Providence, None, etc.) | PeaceHealth                           |
|   | 93-0975147                            |
| Administrator's Address                             | 400 Ninth Street                      |
| City  | Florence                              |
| County  | Lane                                  |
| State   | Oregon                                |
| Zip Code  | 97439                                 |
| Administrator's Phone                               | ██████████                            |
| Administrator's E-mail                              | ██████████                            |
| Administrator's Name                                | Jason Hawkins                         |
| Administrator's Title                               | CAO Peace Harbor                      |
| CFO's Name  | Paul Warda                            |
| Name of Person completing this form                 | Francine Hans                         |
| Title   | Financial Analyst                     |
| E-mail Address for Person completing this form      | ██████████                            |
| Direct Phone for Person completing this form        | ██████████                            |
| 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                                     | \$22,673,274         |
| Outpatient                                    | \$88,531,514         |
| LTC ICF/SNF                                   |                      |
| Clinic  | \$30,094,727         |
| Other Patient revenue (please identify below) |                      |
| -   |                      |
| -   |                      |
| <b>Gross Hospital Patient Revenue</b>         | <b>\$141,299,515</b> |

| <b>Section 3: Deductions from Gross Patient Revenue</b> |                     |
|---|---------------------|
| <b>Contractuals</b>                                     |                     |
| Medicare  | \$32,846,370        |
| Medicaid  | \$3,887,096         |
| Other Contractuals                                      | \$8,043,759         |
| <b>Uncompensated Care</b>                               |                     |
| Bad Debt  | \$1,202,296         |
| Charity Care  | \$3,183,003         |
| <b>Total Deductions from Patient Revenue</b>            | <b>\$49,162,523</b> |

| <b>Section 4: Net Patient Revenue</b> |                     |
|---------------------------------------|---------------------|
| <b>Net Patient Revenue</b>            | <b>\$92,136,992</b> |

| <b>Section 5: Net Income</b>              |                      |
|---|----------------------|
| Net Patient Revenue                       | \$92,136,992         |
| Other Operating Revenue                   | \$5,034,493          |
| <b>Total Operating Revenue</b>            | <b>\$97,171,485</b>  |
| <b>Total Operating Expense</b>            | <b>\$103,499,042</b> |
| <b>Operating Income</b>                   | <b>(\$6,327,558)</b> |
| <b>Net Nonoperating Revenue (Expense)</b> | <b>(\$90,076)</b>    |
| <b>Net Income</b>                         | <b>(\$6,417,634)</b> |

| <b>Section 6: Property, Plant &amp; Equipment</b> |                     |
|---|---------------------|
| <b>Property, Plant &amp; Equipment</b>            | <b>\$54,468,798</b> |
| <b>Accumulated Depreciation</b>                   | <b>\$57,352</b>     |
| <b>Net Property, Plant &amp; Equipment</b>        | <b>\$54,411,446</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