

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

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

Hospital Name	Sacred Heart Medical Center University District
Hospital System (Samaritan, Providence, None, etc.)	PeaceHealth
	93-0395583
Administrator's Address	770 E. 11th Ave.
City	Eugene
County	Lane
State	Oregon
Zip Code	97440
Administrator's Phone	[REDACTED]
Administrator's E-mail	[REDACTED]
Administrator's Name	Alicia Beymer
Administrator's Title	CAO UD/CG
CFO's Name	Paul Warda
Name of Person completing this form	Francine Hans
Title	Financial Analyst
E-mail Address for Person completing this form	[REDACTED]
Direct Phone for Person completing this form	[REDACTED]
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	\$100,879,159
Outpatient	\$173,747,728
LTC ICF/SNF	
Clinic	\$7,347,847
Other Patient revenue (please identify below)	
-	
-	
<b>Gross Hospital Patient Revenue</b>	<b>\$281,974,734</b>

<b>Section 3: Deductions from Gross Patient Revenue</b>	
<b>Contractuals</b>	
Medicare	\$68,248,907
Medicaid	\$69,909,431
Other Contractuals	\$23,976,346
<b>Uncompensated Care</b>	
Bad Debt	\$4,745,936
Charity Care	\$7,133,049
<b>Total Deductions from Patient Revenue</b>	<b>\$174,013,668</b>

<b>Section 4: Net Patient Revenue</b>	
<b>Net Patient Revenue</b>	<b>\$107,961,065</b>

<b>Section 5: Net Income</b>	
Net Patient Revenue	\$107,961,065
Other Operating Revenue	\$1,231,459
<b>Total Operating Revenue</b>	<b>\$109,192,524</b>
<b>Total Operating Expense</b>	<b>\$157,994,726</b>
<b>Operating Income</b>	<b>-\$48,802,202</b>
<b>Net Nonoperating Revenue (Expense)</b>	<b>-\$7,506,797</b>
<b>Net Income</b>	<b>-\$56,308,999</b>

<b>Section 6: Property, Plant &amp; Equipment</b>	
<b>Property, Plant &amp; Equipment</b>	
<b>Accumulated Depreciation</b>	
<b>Net Property, Plant &amp; Equipment</b>	<b>\$0</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