

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

### Section 1: Hospital Identification and Contact Information

Hospital Name	St Charles Redmond
Hospital System (Samaritan, Providence, None, etc.)	St Charles Health System
Administrator's Address	2500 NE Neff Rd
City	Bend
County	Deschutes
State	Oregon
Zip Code	97701
Administrator's Phone	[REDACTED]
Administrator's E-mail	[REDACTED]
Administrator's Name	Joe Sluka
Administrator's Title	President and CEO
CFO's Name	Matt Swafford
Name of Person completing this form	Shandal Johnson
Title	Staff Accountant II
E-mail Address for Person completing this form	[REDACTED]
Direct Phone for Person completing this form	[REDACTED]
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	\$95,014,491
Outpatient	\$165,543,256
LTC ICF/SNF	
Clinic	
Other Patient revenue (please identify below)	
-	
-	
<b>Gross Hospital Patient Revenue</b>	<b>\$260,557,747</b>

<b>Section 3: Deductions from Gross Patient Revenue</b>	
<b>Contractuals</b>	
Medicare	\$89,784,895
Medicaid	\$36,406,879
Other Contractuals	\$25,271,616
<b>Uncompensated Care</b>	
Bad Debt	\$0
Charity Care	\$5,065,673
<b>Total Deductions from Patient Revenue</b>	<b>\$156,529,063</b>

<b>Section 4: Net Patient Revenue</b>	
<b>Net Patient Revenue</b>	<b>\$104,028,684</b>

<b>Section 5: Net Income</b>	
Net Patient Revenue	\$104,028,684
Other Operating Revenue	\$19,234,901
<b>Total Operating Revenue</b>	<b>\$123,263,585</b>
<b>Total Operating Expense</b>	<b>\$120,028,531</b>
<b>Operating Income</b>	<b>\$3,235,054</b>
<b>Net Nonoperating Revenue (Expense)</b>	<b>\$7,776,589</b>
<b>Net Income</b>	<b>\$11,011,643</b>

<b>Section 6: Property, Plant &amp; Equipment</b>	
<b>Property, Plant &amp; Equipment</b>	<b>\$89,875,873</b>
<b>Accumulated Depreciation</b>	<b>\$74,076,502</b>
<b>Net Property, Plant &amp; Equipment</b>	<b>\$15,799,371</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