Oregon Hospital Financial Report (FR-3) Fiscal Year - 2022

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 | |
| Administrator's E-mail | |
| Administrator's Name | Alicia Beymer |
| Administrator's Title | CAO UD/CG |
| CFO's Name | Paul Warda |
| Name of Person completing this form | |
| Title | |
| 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 | | |
|---|---------------|--|
| Section 2: Gross Patient Revenue | | |
| Inpatient | \$110,854,508 | |
| Outpatient | \$195,444,345 | |
| LTC ICF/SNF | | |
| Clinic | \$7,648,382 | |
| Other Patient revenue (please identify below) | | |
| - | | |
| - | | |
| Gross Hospital Patient Revenue | \$313,947,235 | |
| | | |
| Section 3: Deductions from Gross Patient F | Revenue | |
| Contractuals | | |
| Medicare | \$77,873,822 | |
| Medicaid | \$84,932,736 | |
| Other Contractuals | \$22,938,541 | |
| | | |
| Uncompensated Care | | |
| Bad Debt | \$3,884,529 | |
| Charity Care | \$7,419,578 | |
| Total Deductions from Patient Revenue | \$197,049,205 | |

| Section 4: Net Patient Revenue | |
|--------------------------------|---------------|
| Net Patient Revenue | \$116,898,030 |

| Section 5: Net Income | |
|------------------------------------|---------------|
| Net Patient Revenue | \$116,898,030 |
| Other Operating Revenue | \$2,125,275 |
| Total Operating Revenue | \$119,023,305 |
| Total Operating Expense | \$186,725,871 |
| Operating Income | -\$67,702,566 |
| Net Nonoperating Revenue (Expense) | -\$12,172,105 |
| Net Income | -\$79,874,670 |

| Section 6: Property, Plant & Equipment | |
|--|---------------|
| Property, Plant & Equipment | \$274,090,892 |
| Accumulated Depreciation | \$204,757,426 |
| Net Property, Plant & Equipment | \$69,333,466 |

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