

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

### Section 1: Hospital Identification and Contact Information

Hospital Name	St Charles - Redmond Campus
Hospital System (Samaritan, Providence, None, etc.)	St Charles Health System, Inc.
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	Steve Gordon
Administrator's Title	President and CEO
CFO's Name	Matt Swafford
Name of Person completing this form	[REDACTED]
Title	[REDACTED]
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	\$102,379,455 <b>A</b>
Outpatient	\$179,680,436 <b>B</b>
LTC ICF/SNF	
Clinic	
Other Patient revenue (please identify below)	
-	
-	
<b>Gross Hospital Patient Revenue</b>	<b>\$282,059,890</b>

<b>Section 3: Deductions from Gross Patient Revenue</b>	
<b>Contractuals</b>	
Medicare	\$118,644,085 <b>C</b>
Medicaid	\$39,390,436 <b>D</b>
Other Contractuals	\$32,826,468 <b>E</b>
<b>Uncompensated Care</b>	
Bad Debt	\$0
Charity Care	\$5,321,850 <b>F</b>
<b>Total Deductions from Patient Revenue</b>	<b>\$196,182,839</b>

<b>Section 4: Net Patient Revenue</b>	
<b>Net Patient Revenue</b>	<b>\$85,877,051</b>

<b>Section 5: Net Income</b>	
Net Patient Revenue	\$85,877,051
Other Operating Revenue	\$21,237,713 <b>G</b>
<b>Total Operating Revenue</b>	<b>\$107,114,764</b>
<b>Total Operating Expense</b>	<b>\$125,266,136 <b>H</b></b>
<b>Operating Income</b>	<b>-\$18,151,372</b>
<b>Net Nonoperating Revenue (Expense)</b>	<b>-\$8,513,847 <b>I</b></b>
<b>Net Income</b>	<b>-\$26,665,218</b>

<b>Section 6: Property, Plant &amp; Equipment</b>	
<b>Property, Plant &amp; Equipment</b>	<b>\$90,126,824 <b>F1 2/</b></b>
<b>Accumulated Depreciation</b>	<b>\$62,285,230 <b>F1 2/</b></b>
<b>Net Property, Plant &amp; Equipment</b>	<b>\$27,841,594</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