

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

### Section 1: Hospital Identification and Contact Information

Hospital Name	Sacred Heart Medical Center RiverBend
Hospital System (Samaritan, Providence, None, etc.)	PeaceHealth
	26-1871008
Administrator's Address	3333 Riverbend Drive
City	Springfield
County	Lane
State	Oregon
Zip Code	97477
Administrator's Phone	[REDACTED]
Administrator's E-mail	[REDACTED]
Administrator's Name	Todd Salnas
Administrator's Title	Chief Executive Oregon
CFO's Name	Paul Warda
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

Section 2: Gross Patient Revenue	
Inpatient	\$1,474,679,951
Outpatient	\$901,380,590
LTC ICF/SNF	
Clinic	\$55,367,638
Other Patient revenue (please identify below)	
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<b>Gross Hospital Patient Revenue</b>	<b>\$2,431,428,179</b>

Section 3: Deductions from Gross Patient Revenue	
<b>Contractuals</b>	
Medicare	\$922,250,877
Medicaid	\$371,395,528
Other Contractuals	\$284,481,183
<b>Uncompensated Care</b>	
Bad Debt	\$12,530,409
Charity Care	\$32,794,382
<b>Total Deductions from Patient Revenue</b>	<b>\$1,623,452,379</b>

Section 4: Net Patient Revenue	
<b>Net Patient Revenue</b>	<b>\$807,975,800</b>

Section 5: Net Income	
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Net Patient Revenue	\$807,975,800
Other Operating Revenue	\$4,562,287
<b>Total Operating Revenue</b>	<b>\$812,538,087</b>
<b>Total Operating Expense</b>	<b>\$805,302,070</b>
<b>Operating Income</b>	<b>\$7,236,017</b>
<b>Net Nonoperating Revenue (Expense)</b>	<b>\$102,798</b>
<b>Net Income</b>	<b>\$7,338,815</b>

<b>Section 6: Property, Plant &amp; Equipment</b>	
Property, Plant & Equipment	\$944,516,539
Accumulated Depreciation	\$562,091,393
<b>Net Property, Plant &amp; Equipment</b>	<b>\$382,425,146</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