

Oregon Hospital Financial Report (FR-3)

Fiscal Year -

Section 1: Hospital Identification and Contact Information

Hospital Name	Saint Alphonsus Medical Center - Ontario
Hospital System (Samaritan, Providence, None, etc.)	Saint Alphonsus Health System
Administrator's Address	351 SW 9th Street
City	Ontario
County	Malheur
State	Oregon
Zip Code	97914
Administrator's Phone	
Administrator's E-mail	
Administrator's Name	Dina Ellwanger
Administrator's Title	President
CFO's Name	Tony Swart
Name of Person completing this form	Tony Swart
Title	VP Finance and Operations
E-mail Address for Person completing this form	
Direct Phone for Person completing this form	
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	\$35,270,546
Outpatient	\$135,732,283
LTC ICF/SNF	
Clinic	\$14,742,560
Other Patient revenue (please identify below)	\$0
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-	
Gross Hospital Patient Revenue	\$185,745,389

Section 3: Deductions from Gross Patient Revenue	
Contractuals	
Medicare	\$61,775,313
Medicaid	\$30,982,030
Other Contractuals	\$16,508,870
Uncompensated Care	
Bad Debt	\$3,085,786
Charity Care	\$2,107,562
Total Deductions from Patient Revenue	\$114,459,561

Section 4: Net Patient Revenue	
Net Patient Revenue	\$71,285,828

Section 5: Net Income	
Net Patient Revenue	\$71,285,828
Other Operating Revenue	\$4,676,703
Total Operating Revenue	\$75,962,531
Total Operating Expense	\$76,585,974
Operating Income	-\$623,443
Net Nonoperating Revenue (Expense)	
Net Income	-\$623,443

Section 6: Property, Plant & Equipment	
Property, Plant & Equipment	\$66,111,778
Accumulated Depreciation	\$31,638,526
Net Property, Plant & Equipment	\$34,473,252

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

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