

Oregon Hospital Financial Report (FR-3)

Fiscal Year - 2023

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	
Administrator's E-mail	
Administrator's Name	David Golda
Administrator's Title	VP Hospital Administrator
CFO's Name	Matt Swafford
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)	
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	\$98,819,274
Outpatient	\$218,761,717
LTC ICF/SNF	
Clinic	
Other Patient revenue (please identify below)	
-	
-	
Gross Hospital Patient Revenue	\$317,580,991

Section 3: Deductions from Gross Patient Revenue

Contractuals

Medicare	\$132,449,663
Medicaid	\$47,504,754
Other Contractuals	\$38,673,246

Uncompensated Care

Bad Debt	\$0
Charity Care	\$5,369,110
Total Deductions from Patient Revenue	\$223,996,773

Section 4: Net Patient Revenue

Net Patient Revenue	\$93,584,218
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Section 5: Net Income

Net Patient Revenue	\$93,584,218
Other Operating Revenue	\$21,337,506
Total Operating Revenue	\$114,921,724
Total Operating Expense	\$114,700,293
Operating Income	\$221,431
Net Nonoperating Revenue (Expense)	\$6,143,303
Net Income	\$6,364,734

Section 6: Property, Plant & Equipment

Property, Plant & Equipment	\$91,757,380
Accumulated Depreciation	\$61,906,857
Net Property, Plant & Equipment	\$29,850,523

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