

Oregon Hospital Financial Report (FR-3)

Fiscal Year -

Section 1: Hospital Identification and Contact Information

| | |
|---|------------------------------------|
| Hospital Name | Asante Three Rivers Medical Center |
| Hospital System (Samaritan, Providence, None, etc.) | Asante Health System |
| Administrator's Address | 2825 E Barnett Road |
| City | Medford |
| County | Jackson |
| State | Oregon |
| Zip Code | 97504 |
| Administrator's Phone | |
| Administrator's E-mail | |
| Administrator's Name | Patrick Sharp |
| Administrator's Title | Chief Executive Officer, ATRMC |
| CFO's Name | Heather Rowenhorst |
| 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) | 731 Black Oak |
| City (if different than Hospital) | Medford |
| Zip Code (if different than Hospital) | 97504 |

All Data should be based on the Audited Financial Information

Section 2: Gross Patient Revenue

| | |
|---|------------------------|
| Inpatient | \$375,869,079 |
| Outpatient | \$816,343,471 |
| LTC ICF/SNF | |
| Clinic | |
| Other Patient revenue (please identify below) | |
| - | |
| - | |
| Gross Hospital Patient Revenue | \$1,192,212,549 |

Section 3: Deductions from Gross Patient Revenue

Contractuals

| | |
|--------------------|---------------|
| Medicare | \$370,789,967 |
| Medicaid | \$381,960,229 |
| Other Contractuals | \$127,067,038 |

Uncompensated Care

| | |
|--|----------------------|
| Bad Debt | -\$1,639,563 |
| Charity Care | \$17,337,973 |
| Total Deductions from Patient Revenue | \$895,515,643 |

Section 4: Net Patient Revenue

| | |
|----------------------------|----------------------|
| Net Patient Revenue | \$296,696,906 |
|----------------------------|----------------------|

Section 5: Net Income

| | |
|---|----------------------|
| Net Patient Revenue | \$296,696,906 |
| Other Operating Revenue | \$5,029,690 |
| Total Operating Revenue | \$301,726,596 |
| Total Operating Expense | \$291,113,759 |
| Operating Income | \$10,612,838 |
| Net Nonoperating Revenue (Expense) | \$0 |
| Net Income | \$10,612,838 |

Section 6: Property, Plant & Equipment

| | |
|--|----------------------|
| Property, Plant & Equipment | \$170,959,493 |
| Accumulated Depreciation | \$94,144,758 |
| Net Property, Plant & Equipment | \$76,814,735 |

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

hdd.admin@dhsoha.state.or.us

Or send hard copy to:

Oregon Health Authority
Office of Health Analytics
500 Summer St. NE, E-64
Salem, OR 97301