

# Oregon Hospital Financial Report (FR-3)

## Fiscal Year - 2024

### Section 1: Hospital Identification and Contact Information

Hospital Name	Peace Harbor Community Medical Center
Hospital System (Samaritan, Providence, None, etc.)	PeaceHealth
	93-0975147
Administrator's Address	400 Ninth Street
City	Florence
County	Lane
State	Oregon
Zip Code	97439
Administrator's Phone	
Administrator's E-mail	
Administrator's Name	Jason Hawkins
Administrator's Title	CAO Peace Harbor
CFO's Name	Brad Membel
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)	3333 Riverbend Drive
City (if different than Hospital)	Springfield
Zip Code (if different than Hospital)	97477

**All Data should be based on the Audited Financial Information**

**Section 2: Gross Patient Revenue**

Inpatient	\$31,336,394
Outpatient	\$126,548,774
LTC ICF/SNF	
Clinic	\$28,578,421
Other Patient revenue (please identify below)	
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-	
<b>Gross Hospital Patient Revenue</b>	<b>\$186,463,588</b>

**Section 3: Deductions from Gross Patient Revenue**

**Contractuals**

Medicare	\$52,484,965
Medicaid	\$9,632,375
Other Contractuals	\$10,173,147

**Uncompensated Care**

Bad Debt	\$496,347
Charity Care	\$4,407,852
<b>Total Deductions from Patient Revenue</b>	<b>\$77,194,686</b>

**Section 4: Net Patient Revenue**

<b>Net Patient Revenue</b>	<b>\$109,268,902</b>
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**Section 5: Net Income**

Net Patient Revenue	\$109,268,902
Other Operating Revenue	\$4,967,992
<b>Total Operating Revenue</b>	<b>\$114,236,895</b>
<b>Total Operating Expense</b>	<b>\$124,323,028</b>
<b>Operating Income</b>	<b>(\$10,086,133)</b>
<b>Net Nonoperating Revenue (Expense)</b>	<b>\$28,886</b>
<b>Net Income</b>	<b>(\$10,057,247)</b>

**Section 6: Property, Plant & Equipment**

<b>Property, Plant &amp; Equipment</b>	<b>\$59,987,236</b>
Accumulated Depreciation	\$40,737,627
<b>Net Property, Plant &amp; Equipment</b>	<b>\$19,249,609</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