

Compensation of Hospital Employees



DOH 346-095 (REV 08/01/2016)

Calendar Year: 2021		Entity Name: PROVIDENCE MOUNT CARMEL HOSPITAL						
(A) Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown of W-2 and/or 1099 MISC Compensation			(C) Retirement and Deferred Compensation	(D) Non-Taxable Benefits	(E) Total
			(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation			
1 RONALD REHN	X		242,374	36,601	4,055	12,560	13,843	309,434
2 ROBIN MARSH			214,614	4,000	18,648	19,452	24,748	281,462
3 LORI RAIL			167,676	8,044	42,453	6,147	23,915	248,235
4 NAYDU LUCAS			175,540	29,682	861	9,305	17,849	233,237
5 CHRISTINE HAYMAN			163,723	12,297	2,320	15,747	23,872	217,959
6								0
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0

Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation

Form 990 Schedule J <http://www.irs.gov/pub/irs-pdf/i990sj.pdf>

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health

Community Health Systems/Hospital Financial and Charity Care Section

MS: 47853

Olympia, WA 98504-7853

email: hos@doh.wa.gov