

Oregon Hospital Financial Report (FR-3) 2012

Section 1: Hospital Identification and Certification

Complete this page, print it and have it signed.

Hospital Name	Good Samaritan Hospital Corvallis, dba Good Samaritan Regional Medical Center
Federal Tax ID	93-0391573
Administrator's Address	3600 NW Samaritan Drive
City	Corvallis
County	Benton
State	Oregon
Zip Code	97330
Administrator's Phone	54 [REDACTED]
Administrator's Fax	
Administrator's e-mail	[REDACTED]
Administrator's Name	Steve Jaspersen
Administrator's Title	VP/CEO Good Samaritan Regional Med Ctr
CFO's Name	Dan Smith
Name of Person completing this form	Aaron Crittenden
Title	Finance Reporting Analyst
E-mail Address for Person completing this form	[REDACTED]
Direct Phone for Person completing this form	[REDACTED]
Fax for Person completing this form	5 [REDACTED]
Address (if different than Hospital)	PO Box 3000
City (if different than Hospital)	Corvallis, OR
Zip Code (if different than Hospital)	97339-3000
Check Type of Accounting Method	
- Accrual	<input checked="" type="checkbox"/>
- Cash	<input type="checkbox"/>
- Modified Cash	<input type="checkbox"/>
System Affiliation (Samaritan, Providence, etc)	Samaritan Health Services

Please enter System Affiliation. If no affiliation, enter "none".

This certification must be signed by an officer of the hospital such as the Administrator, CEO, or CFO. The signed copy of this page must be either faxed to 503-378-1155 or mailed to OHPR.

Certification Statement: I hereby certify that I have examined the accompanying Annual Report and to the best of my knowledge, the information contained in this report is accurate.

Signed:	
Printed of Typed:	Daniel B. Smith
Date:	

Please Circle Primary Accounting Method Used: ASB or GASB

All Data should be based on the Audited Financial Information

Section 2: Patient Revenue	
Inpatient	\$325,540,887
Outpatient	\$205,930,219
LTC ICF/SNF*	
Clinic*	\$79,482,011
Other Patient revenue*(please identify below)	
- Home Health	\$7,263,510
-	
Gross Hospital Patient Revenue	\$618,216,627

Section 3: Deductions from Patient Revenue	
Contractuals:	
- Medicare	\$194,037,302
- Medicaid	\$34,929,247
- Other Contractual	\$46,769,354
Total Contractuals	\$275,735,903

Section 4: Net Patient Revenue	
Net Patient Revenue (from Audited Financial Info)	\$312,047,653

Section 5: Net Income	
Net Patient Revenue (from Audited Financial Info)	\$312,047,653
Other Operating Revenue	\$9,689,032
Total Operating Revenue	\$321,736,685
Total Operating Expense	\$327,241,969
Operating Income	-\$5,505,284
Net Nonoperating Revenue (Expense)	\$2,465,849
Net Income	-\$3,039,435

Section 6: Uncompensated Care	
Bad Debt	\$9,895,277
Charity Care	\$20,537,794
Total Uncompensated Care	\$30,433,071

Section 7: Property, Plant & Equipment	
Property, Plant & Equipment	\$205,094,299
Accumulated Depreciation	\$96,413,893
Net Property, Plant & Equipment	\$108,680,406

After completing, return to:

E-mail: ohpr.datasubs@state.or.us

Fax: 503-378-5511

Or send hard copy to: Oregon Health Policy and Research

1225 Ferry St. SE, 1st Floor

Salem, OR 97301