

## Oregon Hospital Financial Report (FR-3) For 12 month ending 6/30/16

### Section 1: Hospital Identification and Contact Information

|   |                         |
|---|-------------------------|
| Hospital Name                                       | Salem Hospital          |
| Hospital System (Samaritan, Providence, None, etc.) | Salem Health            |
| Administrator's Address                             | 890 Oak Street SE       |
| City  | Salem                   |
| County  | Marion                  |
| State   | Oregon                  |
| Zip Code  | 97301                   |
| Administrator's Phone                               | [REDACTED]              |
| Administrator's E-mail                              | [REDACTED]              |
| Administrator's Name                                | Cheryl Nester Wolfe     |
| Administrator's Title                               | Chief Executive Officer |
| CFO's Name  | James Parr              |
| Name of Person completing this form                 | Duy Nguyen              |
| Title   | Reimbursement Analyst   |
| E-mail Address for Person completing this form      | [REDACTED]              |
| Direct Phone for Person completing this form        | [REDACTED]              |
| 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**

| <b>Section 2: Gross Patient Revenue</b>       |                        |
|---|------------------------|
| Inpatient                                     | \$744,207,834          |
| Outpatient                                    | \$599,298,854          |
| LTC ICF/SNF                                   | \$0                    |
| Clinic  | \$45,507,096           |
| Other Patient revenue (please identify below) | \$0                    |
| -   |                        |
| -   |                        |
| <b>Gross Hospital Patient Revenue</b>         | <b>\$1,389,013,783</b> |

| <b>Section 3: Deductions from Gross Patient Revenue</b> |                      |
|---|----------------------|
| <b>Contractuals</b>                                     |                      |
| Medicare  | \$421,812,042        |
| Medicaid  | \$183,256,613        |
| Other Contractuals                                      | \$84,008,196         |
| <b>Uncompensated Care</b>                               |                      |
| Bad Debt  | \$24,343,761         |
| Charity Care  | \$22,191,037         |
| <b>Total Deductions from Patient Revenue</b>            | <b>\$735,611,649</b> |

| <b>Section 4: Net Patient Revenue</b> |                      |
|---------------------------------------|----------------------|
| <b>Net Patient Revenue</b>            | <b>\$653,402,134</b> |

| <b>Section 5: Net Income</b>              |                      |
|---|----------------------|
| Net Patient Revenue                       | \$653,402,134        |
| Other Operating Revenue                   | \$47,181,238         |
| <b>Total Operating Revenue</b>            | <b>\$700,583,372</b> |
| <b>Total Operating Expense</b>            | <b>\$662,752,754</b> |
| <b>Operating Income</b>                   | <b>\$37,830,618</b>  |
| <b>Net Nonoperating Revenue (Expense)</b> | <b>\$2,193,647</b>   |
| <b>Net Income</b>                         | <b>\$40,024,265</b>  |

| <b>Section 6: Property, Plant &amp; Equipment</b> |                       |
|---|-----------------------|
| <b>Property, Plant &amp; Equipment</b>            | <b>\$946,948,630</b>  |
| <b>Accumulated Depreciation</b>                   | <b>-\$484,639,005</b> |
| <b>Net Property, Plant &amp; Equipment</b>        | <b>\$462,309,624</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