

**Oregon Hospital Financial Report (FR-3)
2017**

Section 1: Hospital Identification and Contact Information

| | |
|---|------------------------------------|
| Hospital Name | Providence Portland Medical Center |
| Hospital System (Samaritan, Providence, None, etc.) | 93-0386906 |
| Administrator's Address | 4805 NE Glisan St |
| City | Portland |
| County | Multnomah |
| State | OR |
| Zip Code | 97213 |
| Administrator's Phone | [REDACTED] |
| Administrator's E-mail | [REDACTED] |
| Administrator's Name | Eric Olson |
| Administrator's Title | CFO Hospital Finance |
| CFO's Name | William Olson |
| Name of Person completing this form | Greg Meyer |
| Title | Sr Accounting Analyst |
| E-mail Address for Person completing this form | [REDACTED] |
| Direct Phone for Person completing this form | [REDACTED] |
| Address (if different than Hospital) | 2001 Lind Ave SW |
| City (if different than Hospital) | Renton, WA |
| Zip Code (if different than Hospital) | 98057 |

All Data should be based on the Audited Financial Information

Section 2: Gross Patient Revenue

| | |
|---|------------------------|
| Inpatient | \$718,034,270 |
| Outpatient | \$855,912,536 |
| LTC ICF/SNF | \$0 |
| Clinic | \$0 |
| Other Patient revenue (please identify below) | |
| - DPU | \$32,440,608 |
| - | |
| Gross Hospital Patient Revenue | \$1,606,387,414 |

Section 3: Deductions from Gross Patient Revenue

| | |
|--|----------------------|
| Contractuals | |
| Medicare | \$454,516,166 |
| Medicaid | \$205,975,653 |
| Other Contractuals | \$156,274,738 |
| Uncompensated Care | |
| Bad Debt | \$3,930,994 |
| Charity Care | \$27,826,139 |
| Total Deductions from Patient Revenue | \$848,523,690 |

Section 4: Net Patient Revenue

| | |
|----------------------------|----------------------|
| Net Patient Revenue | \$757,863,724 |
|----------------------------|----------------------|

Section 5: Net Income

| | |
|---|----------------------|
| Net Patient Revenue | \$757,863,724 |
| Other Operating Revenue | \$76,982,561 |
| Total Operating Revenue | \$834,846,285 |
| Total Operating Expense | \$841,157,493 |
| Operating Income | -\$6,311,208 |
| Net Nonoperating Revenue (Expense) | \$2,084,543 |
| Net Income | -\$4,226,665 |

Section 6: Property, Plant & Equipment

| | |
|--|----------------------|
| Property, Plant & Equipment | \$667,917,229 |
| Accumulated Depreciation | -\$454,812,266 |
| Net Property, Plant & Equipment | \$213,104,963 |

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

[ohpr.datasubs@state or us](mailto:ohpr.datasubs@state.or.us)

Or send hard copy to:

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