

## Oregon Hospital Financial Report (FR-3) For fiscal year ending 6/30/17

### 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	\$846,211,529
Outpatient	\$636,011,305
LTC ICF/SNF	\$0
Clinic	\$52,402,436
Other Patient revenue (please identify below)	\$0
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<b>Gross Hospital Patient Revenue</b>	<b>\$1,534,625,270</b>

<b>Section 3: Deductions from Gross Patient Revenue</b>	
<b>Contractuals</b>	
Medicare	\$488,186,940
Medicaid	\$202,168,984
Other Contractuals	\$96,489,646
<b>Uncompensated Care</b>	
Bad Debt	\$36,727,074
Charity Care	\$20,780,848
<b>Total Deductions from Patient Revenue</b>	<b>\$844,353,492</b>

<b>Section 4: Net Patient Revenue</b>	
<b>Net Patient Revenue</b>	<b>\$690,271,777</b>

<b>Section 5: Net Income</b>	
Net Patient Revenue	\$690,271,777
Other Operating Revenue	\$39,996,968
<b>Total Operating Revenue</b>	<b>\$730,268,746</b>
<b>Total Operating Expense</b>	<b>\$681,771,771</b>
<b>Operating Income</b>	<b>\$48,496,975</b>
<b>Net Nonoperating Revenue (Expense)</b>	<b>\$57,852,593</b>
<b>Net Income</b>	<b>\$106,349,568</b>

<b>Section 6: Property, Plant &amp; Equipment</b>	
<b>Property, Plant &amp; Equipment</b>	<b>\$923,453,263</b>
<b>Accumulated Depreciation</b>	<b>-\$449,075,769</b>
<b>Net Property, Plant &amp; Equipment</b>	<b>\$474,377,495</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