Oregon Hospital Financial Report (FR-3) 2018

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	
Administrator's E-mail	
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	
Direct Phone for Person completing this form	
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 Einancia	I Information
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Section 2: Gross Patient Revenue	
Inpatient	\$764,302,753
Outpatient	\$932,803,504
LTC ICF/SNF	\$0
Clinic	\$0
Other Patient revenue (please identify below)	
- DPU	\$33,037,941
-	
Gross Hospital Patient Revenue	\$1,730,144,198

Contractuals	
Medicare	\$490,493,15
Medicaid	\$226,676,660
Other Contractuals	\$179,598,634
Uncompensated Care	
Bad Debt	\$7,545,01
Charity Care	\$32,000,470
Total Deductions from Patient Revenue	\$936,313,94

Section 4: Net Patient Revenue	
Net Patient Revenue	\$793,830,250

Section 5: Net Income	
Net Patient Revenue	\$793,830,250
Other Operating Revenue	\$109,025,031
Total Operating Revenue	\$902,855,281
Total Operating Expense	\$910,990,763
Operating Income	-\$8,135,482
Net Nonoperating Revenue (Expense)	-\$6,143,135
Net Income	-\$14,278,617

Section 6: Property, Plant & Equipment	
Property, Plant & Equipment	\$693,121,921
Accumulated Depreciation	-\$475,955,801
Net Property, Plant & Equipment	\$217,166,120

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