

**Oregon Hospital Financial Report (FR-3)  
2019**

**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	Melissa Damm
Name of Person completing this form	Nathan Louvier
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	\$779,701,342
Outpatient	\$1,000,834,480
LTC ICF/SNF	\$0
Clinic	\$0
Other Patient revenue (please identify below)	
- DPU	\$34,926,464
-	
<b>Gross Hospital Patient Revenue</b>	<b>\$1,815,462,286</b>

**Section 3: Deductions from Gross Patient Revenue**

<b>Contractuals</b>	
Medicare	\$547,079,293
Medicaid	\$245,523,013
Other Contractuals	\$166,108,302
<b>Uncompensated Care</b>	
Bad Debt	\$1,494,300
Charity Care	\$41,106,279
<b>Total Deductions from Patient Revenue</b>	<b>\$1,001,311,186</b>

**Section 4: Net Patient Revenue**

<b>Net Patient Revenue</b>	<b>\$814,151,100</b>
----------------------------	----------------------

**Section 5: Net Income**

Net Patient Revenue	\$814,151,100
Other Operating Revenue	\$101,250,567
<b>Total Operating Revenue</b>	<b>\$915,401,667</b>
<b>Total Operating Expense</b>	<b>\$922,410,847</b>
<b>Operating Income</b>	<b>-\$7,009,180</b>
<b>Net Nonoperating Revenue (Expense)</b>	<b>\$12,592,748</b>
<b>Net Income</b>	<b>\$5,583,568</b>

**Section 6: Property, Plant & Equipment**

Property, Plant & Equipment	\$716,806,993
Accumulated Depreciation	-\$495,469,634
<b>Net Property, Plant &amp; Equipment</b>	<b>\$221,337,359</b>

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