

Oregon Hospital Financial Report (FR-3)

Fiscal Year - 2019

Section 1: Hospital Identification and Contact Information

Hospital Name	Samaritan North Lincoln Hospital
Hospital System (Samaritan, Providence, None, etc.)	Samaritan Health Services
Administrator's Address	PO Box 767
City	Lincoln City
County	Lincoln
State	OR
Zip Code	97367
Administrator's Phone	[REDACTED]
Administrator's E-mail	[REDACTED]
Administrator's Name	Lesley Ogden
Administrator's Title	VP/CEO, Samaritan North Lincoln Hospital / Samaritan Pacific Communities Hospital
CFO's Name	Dan Smith
Name of Person completing this form	Aaron Crittenden
Title	Senior Accountant
E-mail Address for Person completing this form	[REDACTED]
Direct Phone for Person completing this form	[REDACTED]
Address (if different than Hospital)	PO Box 3000
City (if different than Hospital)	Corvallis, OR
Zip Code (if different than Hospital)	97339-3000

All Data should be based on the Audited Financial Information

Section 2: Gross Patient Revenue

Inpatient	\$19,151,566
Outpatient	\$77,051,810
LTC ICF/SNF	
Clinic	\$15,136,042
Other Patient revenue (please identify below)	
- Home Health	\$412,914
- Hospice	\$115,506
Gross Hospital Patient Revenue	\$111,867,838

Section 3: Deductions from Gross Patient Revenue

Contractuals

Medicare	\$28,691,705
Medicaid	\$8,553,672
Other Contractuals	\$6,610,146

Uncompensated Care

Bad Debt	\$616,243
Charity Care	\$3,230,081
Total Deductions from Patient Revenue	\$47,701,847

Section 4: Net Patient Revenue

Net Patient Revenue	\$64,165,990
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Section 5: Net Income

Net Patient Revenue	\$64,165,990
Other Operating Revenue	\$3,695,906
Total Operating Revenue	\$67,861,896
Total Operating Expense	\$66,697,512
Operating Income	\$1,164,385
Net Nonoperating Revenue (Expense)	-\$58,917
Net Income	\$1,105,467

Section 6: Property, Plant & Equipment

Property, Plant & Equipment	\$69,488,963
Accumulated Depreciation	\$9,608,838
Net Property, Plant & Equipment	\$59,880,125

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

hdd.admin@dhsosha.state.or.us

Or send hard copy to:

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