Section 1: Hospital Identification and Contact I

Hospital Name		
Hospital System (Samaritan, Providence, None, etc.)		
Administrator's Address		
City		
County		
State		
Zip Code		
Administrator's Phone		
Administrator's E-mail		
Administrator's Name		
Administrator's Title		
CFO's Name		
Name of Person completing this form		
Title		
E-mail Address for Person completing this form		
Direct Phone for Person completing this form		
Address (if different than Hospital)		
City (if different than Hospital)		
Zip Code (if different than Hospital)		

All Data should be based on the Audited

Section 2: Gross Patient Revenue
Inpatient
Outpatient
LTC ICF/SNF

Clinic

Other Patient revenue (please identify below)

DME

Gross Hospital Patient Revenue

Section 3: Deductions from Gross Patient Reve

Contractuals

Medicare

Medicaid

Other Contractuals

Uncompensated Care

Bad Debt

Charity Care

Total Deductions from Patient Revenue

Section 4: Net Patient Revenue

Net Patient Revenue

Section 5: Net Income

Net Patient Revenue

Other Operating Revenue

Total Operating Revenue

Total Operating Expense

Operating Income

Net Nonoperating Revenue (Expense)

Net Income

Section 6: Property, Plant & Equipment

Property, Plant & Equipment

Accumulated Depreciation

Net Property, Plant & Equipment

After completing, please return this form and a copy of th https://hdt.admin@dhsoha.state.or.us

Or send hard copy to:

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

tal Financial Report (FR-3) Fiscal Year -

nformation

OHSU Health Hillsboro Medical Center (Formerly Tuality Healthcare)
OHSU Health
334 SE 8th Avenue
Hillsboro
Washington
OR
97123
Meredith Peterson
VP, Finance
Meredith Peterson
Meredith Peterson
VP, Finance

4 Financial Information	
d Financial Information	
	4.07.0.7.47
	\$187,017,473
	\$363,096,995
	\$3,548,957
	\$553,663,425
nue	
	\$165,063,929
	\$78,583,212
	\$98,523,985
	+,,
	\$5,266,053
	\$12,082,478
	\$359,519,657
	Ψοσο,ο το,οστ
	\$194,143,768
	\$194,145,766
	\$194,143,768
	\$37,114,373
	\$231,258,141
	\$231,597,745
	-\$339,604
	\$4,251,623
	\$3,912,019
	\$234,780,658
	\$172,448,222
	\$62,332,436

ne hospital's audited financial statement to: