

# Oregon Hospital Financial Report (FR-3)

## Fiscal Year - 2021

### Section 1: Hospital Identification and Contact Information

Hospital Name	Tuality Healthcare
Hospital System (Samaritan, Providence, None, etc.)	None
Administrator's Address	335 SE 8th Avenue
City	Hillsboro
County	Washington
State	OR
Zip Code	97123
Administrator's Phone	[REDACTED]
Administrator's E-mail	[REDACTED]
Administrator's Name	Lori James-Nielsen
Administrator's Title	President & CEO
CFO's Name	Meredith Peterson
Name of Person completing this form	Meredith Peterson
Title	VP, Finance
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**

**Section 2: Gross Patient Revenue**

Inpatient	\$246,154,137
Outpatient	\$355,056,617
LTC ICF/SNF	\$0
Clinic	\$73,369,140
Other Patient revenue (please identify below)	\$0
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<b>Gross Hospital Patient Revenue</b>	<b>\$674,579,894</b>

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

<b>Contractuals</b>	
Medicare	\$202,750,743
Medicaid	\$108,598,829
Other Contractuals	\$120,563,553
<b>Uncompensated Care</b>	
Bad Debt	\$203,366
Charity Care	\$15,688,373
<b>Total Deductions from Patient Revenue</b>	<b>\$447,804,865</b>

**Section 4: Net Patient Revenue**

<b>Net Patient Revenue</b>	<b>\$226,775,029</b>
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**Section 5: Net Income**

Net Patient Revenue	\$226,775,029
Other Operating Revenue	\$25,484,786
<b>Total Operating Revenue</b>	<b>\$252,259,815</b>
<b>Total Operating Expense</b>	<b>\$248,946,389</b>
<b>Operating Income</b>	<b>\$3,313,426</b>
<b>Net Nonoperating Revenue (Expense)</b>	<b>\$8,675,793</b>
<b>Net Income</b>	<b>\$11,989,219</b>

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

<b>Property, Plant &amp; Equipment</b>	<b>\$243,180,328</b>
<b>Accumulated Depreciation</b>	<b>\$180,427,977</b>
<b>Net Property, Plant &amp; Equipment</b>	<b>\$62,752,351</b>

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

[hdd.admin@dhsosha.state.or.us](mailto: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