

# Oregon Hospital Financial Report (FR-3)

## Fiscal Year 2021

### Section 1: Hospital Identification and Contact Information

Hospital Name	Oregon Health & Science University
Hospital System (Samaritan, Providence, None, etc.)	
Administrator's Address	3181 SW Sam Jackson Park Road
City	Portland
County	Multnomah
State	Oregon
Zip Code	97239
Administrator's Phone	
Administrator's E-mail	
Administrator's Name	
Administrator's Title	
CFO's Name	Jennifer Doll
Name of Person completing this form	Amy Honigberg
Title	Accountant 3
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 Financial Information**

**Section 2: Gross Patient Revenue**

Inpatient	\$2,282,809,894
Outpatient	\$2,833,943,293
LTC ICF/SNF	
Clinic	
Other Patient revenue (please identify below)	
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<b>Gross Hospital Patient Revenue</b>	<b>\$5,116,753,187</b>

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

<b>Contractuals</b>	
Medicare	\$1,143,286,136
Medicaid	\$830,475,332
Other Contractuals	\$1,084,784,619
<b>Uncompensated Care</b>	
Bad Debt	\$5,802,436
Charity Care	\$66,447,722
<b>Total Deductions from Patient Revenue</b>	<b>\$3,130,796,245</b>

**Section 4: Net Patient Revenue**

<b>Net Patient Revenue</b>	<b>\$1,985,956,942</b>
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**Section 5: Net Income**

Net Patient Revenue	\$1,985,956,942
Other Operating Revenue	\$220,053,762
<b>Total Operating Revenue</b>	<b>\$2,206,010,703</b>
<b>Total Operating Expense</b>	<b>\$2,038,696,884</b>
<b>Operating Income</b>	<b>\$167,313,819</b>
<b>Net Nonoperating Revenue (Expense)</b>	<b>\$172,327,193</b>
<b>Net Income</b>	<b>\$339,641,012</b>

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

<b>Property, Plant &amp; Equipment</b>	<b>\$2,161,034,818</b>
<b>Accumulated Depreciation</b>	<b>\$1,104,370,344</b>
<b>Net Property, Plant &amp; Equipment</b>	<b>\$1,056,664,474</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