

# Oregon Hospital Financial Report (FR-3)

## Fiscal Year - 2021

### 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	\$25,002,298
Outpatient	\$89,160,645
LTC ICF/SNF	
Clinic	\$18,361,147
Other Patient revenue (please identify below)	
- Home Health	\$0
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<b>Gross Hospital Patient Revenue</b>	<b>\$132,524,090</b>

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

**Contractuals**

Medicare	\$33,713,199
Medicaid	\$9,841,530
Other Contractuals	\$9,166,613

**Uncompensated Care**

Bad Debt	\$658,510
Charity Care	\$3,888,272
<b>Total Deductions from Patient Revenue</b>	<b>\$57,268,125</b>

**Section 4: Net Patient Revenue**

<b>Net Patient Revenue</b>	<b>\$75,255,965</b>
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**Section 5: Net Income**

Net Patient Revenue	\$75,255,965
Other Operating Revenue	\$6,154,344
<b>Total Operating Revenue</b>	<b>\$81,410,309</b>
<b>Total Operating Expense</b>	<b>\$76,753,116</b>
<b>Operating Income</b>	<b>\$4,657,193</b>
<b>Net Nonoperating Revenue (Expense)</b>	<b>-\$43,875</b>
<b>Net Income</b>	<b>\$4,613,318</b>

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

<b>Property, Plant &amp; Equipment</b>	<b>\$74,199,880</b>
<b>Accumulated Depreciation</b>	<b>\$15,762,022</b>
<b>Net Property, Plant &amp; Equipment</b>	<b>\$58,437,857</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