

Oregon Hospital Financial Report (FR-3) Fiscal Year - 2021

Section 1: Hospital Identification and Contact Information

| | |
|---|---|
| Hospital Name | Good Samaritan Hospital Corvallis, dba Good Samaritan Regional Medical Center |
| Hospital System (Samaritan, Providence, None, etc.) | Samaritan Health Services |
| Administrator's Address | 3600 NW Samaritan Drive |
| City | Corvallis |
| County | Benton |
| State | Oregon |
| Zip Code | 97330 |
| Administrator's Phone | [REDACTED] |
| Administrator's E-mail | [REDACTED] |
| Administrator's Name | Laura Hennum |
| Administrator's Title | VP/CEO, Good Samaritan Regional Medical Center |
| 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 | \$412,239,194 |
| Outpatient | \$368,994,542 |
| LTC ICF/SNF | |
| Clinic | \$149,298,175 |
| Other Patient revenue (please identify below) | |
| - Home Health | \$1,904 |
| - | |
| Gross Hospital Patient Revenue | \$930,533,815 |

| Section 3: Deductions from Gross Patient Revenue | |
|---|----------------------|
| Contractuals | |
| Medicare | \$298,099,392 |
| Medicaid | \$98,318,664 |
| Other Contractuals | \$91,801,259 |
| Uncompensated Care | |
| Bad Debt | \$2,634,539 |
| Charity Care | \$9,175,010 |
| Total Deductions from Patient Revenue | \$500,028,864 |

| Section 4: Net Patient Revenue | |
|---------------------------------------|----------------------|
| Net Patient Revenue | \$430,504,951 |

| Section 5: Net Income | |
|---|----------------------|
| Net Patient Revenue | \$430,504,951 |
| Other Operating Revenue | \$66,266,013 |
| Total Operating Revenue | \$496,770,965 |
| Total Operating Expense | \$503,960,715 |
| Operating Income | -\$7,189,750 |
| Net Nonoperating Revenue (Expense) | \$12,862,978 |
| Net Income | \$5,673,228 |

| Section 6: Property, Plant & Equipment | |
|---|----------------------|
| Property, Plant & Equipment | \$255,481,885 |
| Accumulated Depreciation | \$161,553,785 |
| Net Property, Plant & Equipment | \$93,928,100 |

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