Oregon Hospital Financial Report (FR-3) Fiscal Year - 2022

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 | |
| Administrator's E-mail | |
| 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 | |
| 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 | | |
|--|---------------|--|
| Ī | | |
| Inpatient | \$274,438,476 | |
| Outpatient | \$388,212,891 | |
| LTC ICF/SNF | \$0 | |
| Clinic | \$107,129,547 | |
| Other Patient revenue (please identify below) | \$0 | |
| - | | |
| - | | |
| Gross Hospital Patient Revenue | \$769,780,914 | |

| Section 3: Deductions from Gross Patient Revenue | | |
|--|-------------|--|
| Contractuals | | |
| Medicare | \$230,932,6 | |
| Medicaid | \$124,363,3 | |
| Other Contractuals | \$136,282,0 | |
| Uncompensated Care | | |
| Bad Debt | \$120,6 | |
| Charity Care | \$16,084,4 | |
| Total Deductions from Patient Revenue | \$507,783,0 | |

| Section 4: Net Patient Revenue | |
|--------------------------------|---------------|
| Net Patient Revenue | \$261,997,829 |

| Section 5: Net Income | |
|-------------------------|---------------|
| Net Patient Revenue | \$261,997,829 |
| Other Operating Revenue | \$26,739,862 |
| Total Operating Revenue | \$288,737,691 |
| Total Operating Expense | \$288,624,404 |
| Operating Income | \$113,287 |

| Net Nonoperating Revenue (Expense) | -\$5,830,301 |
|------------------------------------|--------------|
| Net Income | -\$5,717,014 |

| Section 6: Property, Plant & Equipment | |
|--|---------------|
| Property, Plant & Equipment | \$213,911,011 |
| Accumulated Depreciation | \$151,698,539 |
| Net Property, Plant & Equipment | \$62,212,472 |

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