

Oregon Hospital Financial Report (FR-3)

Fiscal Year 2022

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	
Title	
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	\$2,460,050,333
Outpatient	\$3,291,839,728
LTC ICF/SNF	
Clinic	
Other Patient revenue (please identify below)	
-	
-	
Gross Hospital Patient Revenue	\$5,751,890,062

Section 3: Deductions from Gross Patient Revenue

Contractuals

Medicare	\$1,284,587,292
Medicaid	\$933,958,266
Other Contractuals	\$1,264,120,433

Uncompensated Care

Bad Debt	\$5,626,232
Charity Care	\$68,901,851
Total Deductions from Patient Revenue	\$3,557,194,074

Section 4: Net Patient Revenue	
Net Patient Revenue	\$2,194,695,987

Section 5: Net Income	
Net Patient Revenue	\$2,194,695,987
Other Operating Revenue	\$231,814,015
Total Operating Revenue	\$2,426,510,002
Total Operating Expense	\$2,357,890,779
Operating Income	\$68,619,223
Net Nonoperating Revenue (Expense)	-\$61,533,279
Net Income	\$7,085,944

Section 6: Property, Plant & Equipment	
Property, Plant & Equipment	\$2,337,220,041
Accumulated Depreciation	\$1,194,068,693
Net Property, Plant & Equipment	\$1,143,151,348

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