

**Oregon Hospital Financial Report (FR-3)  
2022**

**Section 1: Hospital Identification and Contact Information**

Hospital Name	Providence Medford Medical Center
Hospital System (Samaritan, Providence, None, etc.)	93-0386912
Administrator's Address	1111 Crater Lake Avenue
City	Medford
County	Jackson County
State	OR
Zip Code	97504
Administrator's Phone	
Administrator's E-mail	
Administrator's Name	Michael King
Administrator's Title	Dir Finance
CFO's Name	Melissa Damm
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)	2001 Lind Ave SW
City (if different than Hospital)	Renton, WA
Zip Code (if different than Hospital)	98057

**All Data should be based on the Audited Financial Information**

**Section 2: Gross Patient Revenue**

Inpatient	\$303,058,272
Outpatient	\$444,529,725
LTC ICF/SNF	\$0
Clinic	\$0
Other Patient revenue (please identify below)	
- DPU	
- Home Health	\$0
<b>Gross Hospital Patient Revenue</b>	<b>\$747,587,997</b>

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

<b>Contractuals</b>	
Medicare	\$297,718,031
Medicaid	\$109,062,157
Other Contractuals	\$91,753,561
<b>Uncompensated Care</b>	
Bad Debt	\$559,902
Charity Care	\$8,736,585
<b>Total Deductions from Patient Revenue</b>	<b>\$507,830,236</b>

**Section 4: Net Patient Revenue**

<b>Net Patient Revenue</b>	<b>\$239,757,761</b>
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**Section 5: Net Income**

Net Patient Revenue	\$239,757,761
Other Operating Revenue	\$7,019,837
<b>Total Operating Revenue</b>	<b>\$246,777,598</b>
<b>Total Operating Expense</b>	<b>\$281,315,782</b>
<b>Operating Income</b>	<b>-\$34,538,184</b>
<b>Net Nonoperating Revenue (Expense)</b>	<b>-\$940,070</b>
<b>Net Income</b>	<b>-\$35,478,254</b>

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

<b>Property, Plant &amp; Equipment</b>	<b>\$213,638,210</b>
<b>Accumulated Depreciation</b>	<b>-\$169,926,475</b>
<b>Net Property, Plant &amp; Equipment</b>	<b>\$43,711,735</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