

# Oregon Hospital Financial Report (FR-3)

## Fiscal Year - 2022

### 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	[REDACTED]
Title	[REDACTED]
E-mail Address for Person completing this form	[REDACTED]
Direct Phone for Person completing this form	
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	\$30,645,171
Outpatient	\$102,181,645
LTC ICF/SNF	
Clinic	\$17,619,456
Other Patient revenue (please identify below)	
- Home Health	\$0
-	
<b>Gross Hospital Patient Revenue</b>	<b>\$150,446,272</b>

### Section 3: Deductions from Gross Patient Revenue

#### Contractuals

Medicare	\$44,492,365
Medicaid	\$9,181,352
Other Contractuals	\$10,789,328

#### Uncompensated Care

Bad Debt	\$557,339
Charity Care	\$2,700,544
<b>Total Deductions from Patient Revenue</b>	<b>\$67,220,928</b>

<b>Section 4: Net Patient Revenue</b>	
<b>Net Patient Revenue</b>	<b>\$82,725,345</b>

<b>Section 5: Net Income</b>	
Net Patient Revenue	\$82,725,345
Other Operating Revenue	\$6,885,496
<b>Total Operating Revenue</b>	<b>\$89,610,841</b>
<b>Total Operating Expense</b>	<b>\$87,411,610</b>
<b>Operating Income</b>	<b>\$2,199,231</b>
<b>Net Nonoperating Revenue (Expense)</b>	<b>\$93,318</b>
<b>Net Income</b>	<b>\$2,292,548</b>

<b>Section 6: Property, Plant &amp; Equipment</b>	
<b>Property, Plant &amp; Equipment</b>	<b>\$79,333,475</b>
<b>Accumulated Depreciation</b>	<b>\$20,020,439</b>
<b>Net Property, Plant &amp; Equipment</b>	<b>\$59,313,037</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