Oregon Hospital Financial Report (FR-3) 2022

Section 1: Hospital Identification and Contact Information

Hospital Name	Providence Portland Medical Center
Hospital System (Samaritan, Providence, None, etc.)	93-0386906
Administrator's Address	4805 NE Glisan St
City	Portland
County	Multnomah
State	OR
Zip Code	97213
Administrator's Phone	
Administrator's E-mail	
Administrator's Name	Kathryn Buzbee
Administrator's Title	CFO Hospital 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

Section 2: Gross Patient Revenue	
Inpatient	\$891,103,558
Outpatient	\$1,234,805,262
LTC ICF/SNF	\$0
Clinic	\$0
Other Patient revenue (please identify below)	
- DPU	\$38,450,316
-	
Gross Hospital Patient Revenue	\$2,164,359,135

Contractuals		
Medicare	\$691,715,456	
Medicaid	\$249,497,153	
Other Contractuals	\$263,546,069	
Uncompensated Care		
Bad Debt	\$740,333	
Charity Care	\$31,060,233	
Total Deductions from Patient Revenue	\$1,236,559,245	

Section 4: Net Patient Revenue	
Net Patient Revenue	\$927,799,891

Section 5: Net Income	
Net Patient Revenue	\$927,799,891
Other Operating Revenue	\$151,504,796
Total Operating Revenue	\$1,079,304,686
Total Operating Expense	\$1,122,211,941
Operating Income	-\$42,907,255
Net Nonoperating Revenue (Expense)	-\$20,009,356
Net Income	-\$62,916,611

Section 6: Property, Plant & Equipment	
Property, Plant & Equipment	\$762,244,639
Accumulated Depreciation	-\$567,735,480
Net Property, Plant & Equipment	\$194,509,159

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