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

Section 1: Hospital Identification and Contact Information

Hospital Name	Salem Health
Hospital System (Samaritan, Providence, None, etc.)	Salem Health Hospitals & Clinics
Administrator's Address	890 Oak St SE
City	Salem
County	Marion
State	Oregon
Zip Code	97301
Administrator's Phone	
Administrator's E-mail	
Administrator's Name	Cheryl Nester Wolfe
Administrator's Title	Chief Executive Officer
CFO's Name	James Parr
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	\$1,289,376,406
Outpatient	\$903,762,799
LTC ICF/SNF	
Clinic	\$113,994,867
Other Patient revenue (please identify below)	
-	
-	
Gross Hospital Patient Revenue	\$2,307,134,071

Section 3: Deductions from Gross Patient Revenue Contractuals		
Medicaid	\$289,578,565	
Other Contractuals	\$204,546,821	
Uncompensated Care		
Bad Debt	\$10,795,652	
Charity Care	\$62,776,429	
Total Deductions from Patient Revenue	\$1,392,990,573	

Section 4: Net Patient Revenue	
Net Patient Revenue	\$914,143,498

Section 5: Net Income	
Net Patient Revenue	\$914,143,498
Other Operating Revenue	\$44,715,188
Total Operating Revenue	\$958,858,686
Total Operating Expense	\$1,005,952,601
Operating Income	-\$47,093,915
Net Nonoperating Revenue (Expense)	-\$7,356,558
Net Income	-\$54,450,473

Section 6: Property, Plant & Equipment	
Property, Plant & Equipment	\$633,366,193
Accumulated Depreciation	\$272,865,891
Net Property, Plant & Equipment	\$360,500,302

After completing, please return this form and a copy of the hospital's audited financial statement to: <u>hdd.admin@dhsoha.state.or.us</u>

Or send hard copy to:

Oregon Health Authority Office of Health Analytics 500 Summer St. NE, E-64 Salem, OR 97301