

Oregon Hospital Financial Report (FR-3)

Fiscal Year - 2022

Section 1: Hospital Identification and Contact Information

Hospital Name	Good Samaritan Hospital Corvallis, dba Good Samaritan Regional Medical Center
Hospital System (Samaritan, Providence, None, etc.)	Samaritan Health Services
Administrator's Address	3600 NW Samaritan Drive
City	Corvallis
County	Benton
State	Oregon
Zip Code	97330
Administrator's Phone	[REDACTED]
Administrator's E-mail	[REDACTED]
Administrator's Name	Laura Hennum
Administrator's Title	VP/CEO, Good Samaritan Regional Medical Center
CFO's Name	[REDACTED]
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	\$454,724,713
Outpatient	\$438,758,686
LTC ICF/SNF	
Clinic	\$138,296,465
Other Patient revenue (please identify below)	
- Home Health	\$0
-	
Gross Hospital Patient Revenue	\$1,031,779,864

Section 3: Deductions from Gross Patient Revenue	
Contractuals	
Medicare	\$355,860,848
Medicaid	\$99,462,022
Other Contractuals	\$99,254,138
Uncompensated Care	
Bad Debt	\$3,080,728
Charity Care	\$7,681,911
Total Deductions from Patient Revenue	\$565,339,649

Section 4: Net Patient Revenue	
Net Patient Revenue	\$466,440,215

Section 5: Net Income	
Net Patient Revenue	\$466,440,215
Other Operating Revenue	\$70,934,314
Total Operating Revenue	\$537,374,529
Total Operating Expense	\$560,548,258
Operating Income	-\$23,173,730
Net Nonoperating Revenue (Expense)	-\$2,494,876
Net Income	-\$25,668,606

Section 6: Property, Plant & Equipment	
Property, Plant & Equipment	\$261,342,425
Accumulated Depreciation	\$171,973,591
Net Property, Plant & Equipment	\$89,368,835

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