

# Oregon Hospital Financial Report (FR-3)

## Fiscal Year 2023

### Section 1: Hospital Identification and Contact Information

|   |                    |
|---|--------------------|
| Hospital Name                                       | Tuality Healthcare |
| Hospital System (Samaritan, Providence, None, etc.) | None               |
|   |                    |
| Administrator's Address                             | 335 SE 8th Avenue  |
| City  | Hillsboro          |
| County  | Washington         |
| State   | OR                 |
| Zip Code  | 97123              |
| Administrator's Phone                               |                    |
| Administrator's E-mail                              |                    |
| Administrator's Name                                | Lori James-Nielsen |
| Administrator's Title                               | President & CEO    |
| CFO's Name  | Meredith Peterson  |
| Name of Person completing this form                 | Meredith Peterson  |
| Title   | VP, Finance        |
| 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                                     | \$291,362,376        |
| Outpatient                                    | \$429,369,171        |
| LTC ICF/SNF                                   | \$0                  |
| Clinic  | \$120,295,109        |
| Other Patient revenue (please identify below) |                      |
| -   |                      |
| -   |                      |
| <b>Gross Hospital Patient Revenue</b>         | <b>\$841,026,656</b> |

## Section 3: Deductions from Gross Patient Revenue

### Contractuals

|                    |               |
|--------------------|---------------|
| Medicare           | \$264,351,305 |
| Medicaid           | \$145,106,756 |
| Other Contractuals | \$154,734,981 |

### Uncompensated Care

|  |                      |
|--|----------------------|
| Bad Debt                                     | \$374,164            |
| Charity Care                                 | \$6,112,902          |
| <b>Total Deductions from Patient Revenue</b> | <b>\$570,680,108</b> |

## Section 4: Net Patient Revenue

|                            |                      |
|----------------------------|----------------------|
| <b>Net Patient Revenue</b> | <b>\$270,346,548</b> |
|----------------------------|----------------------|

## Section 5: Net Income

|   |                      |
|---|----------------------|
| Net Patient Revenue                       | \$270,346,548        |
| Other Operating Revenue                   | \$33,229,203         |
| <b>Total Operating Revenue</b>            | <b>\$303,575,751</b> |
| <b>Total Operating Expense</b>            | <b>\$303,554,567</b> |
| <b>Operating Income</b>                   | <b>\$21,184</b>      |
| <b>Net Nonoperating Revenue (Expense)</b> | <b>\$2,224,817</b>   |
| <b>Net Income</b>                         | <b>\$2,246,001</b>   |

## Section 6: Property, Plant & Equipment

|  |                      |
|--|----------------------|
| <b>Property, Plant &amp; Equipment</b>     | <b>\$216,697,912</b> |
| <b>Accumulated Depreciation</b>            | <b>\$159,015,412</b> |
| <b>Net Property, Plant &amp; Equipment</b> | <b>\$57,682,500</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