

Oregon Hospital Financial Report (FR-3)

Fiscal Year 2023

Section 1: Hospital Identification and Contact Information

Hospital Name	Oregon Health & Science University
Hospital System (Samaritan, Providence, None, etc.)	
Administrator's Address	3181 SW Sam Jackson Park Road
City	Portland
County	Multnomah
State	Oregon
Zip Code	97239
Administrator's Phone	
Administrator's E-mail	
Administrator's Name	
Administrator's Title	
CFO's Name	Jennifer Doll
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	\$2,922,440,687
Outpatient	\$3,747,434,106
LTC ICF/SNF	
Clinic	
Other Patient revenue (please identify below)	
-	
-	
Gross Hospital Patient Revenue	\$6,669,874,793

Section 3: Deductions from Gross Patient Revenue

Contractuals

Medicare	\$1,596,827,913
Medicaid	\$1,061,004,493
Other Contractuals	\$1,417,740,916

Uncompensated Care

Bad Debt	\$10,457,940
Charity Care	\$44,194,346
Total Deductions from Patient Revenue	\$4,130,225,609

Section 4: Net Patient Revenue

Net Patient Revenue	\$2,539,649,184
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Section 5: Net Income

Net Patient Revenue	\$2,539,649,184
Other Operating Revenue	\$249,778,352
Total Operating Revenue	\$2,789,427,536
Total Operating Expense	\$2,676,865,811
Operating Income	\$112,561,725
Net Nonoperating Revenue (Expense)	\$97,336,989
Net Income	\$209,898,715

Section 6: Property, Plant & Equipment

Property, Plant & Equipment	\$2,525,631,136
Accumulated Depreciation	\$1,307,153,346
Net Property, Plant & Equipment	\$1,218,477,790

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