

# Oregon Hospital Financial Report (FR-3)

## Fiscal Year - 2024

### 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	
Administrator's E-mail	
Administrator's Name	Sy Johnson
Administrator's Title	VP/CEO, Good Samaritan Regional Medical Center
CFO's Name	Dan Smith
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)	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**

<b>Section 2: Gross Patient Revenue</b>	
Inpatient	\$510,639,418
Outpatient	\$566,676,197
LTC ICF/SNF	
Clinic	\$158,600,564
Other Patient revenue (please identify below)	
- Home Health	\$0
-	
<b>Gross Hospital Patient Revenue</b>	<b>\$1,235,916,179</b>

<b>Section 3: Deductions from Gross Patient Revenue</b>	
<b>Contractuals</b>	
Medicare	\$433,581,252
Medicaid	\$131,788,695
Other Contractuals	\$129,811,399
<b>Uncompensated Care</b>	
Bad Debt	\$2,887,891
Charity Care	\$10,197,284
<b>Total Deductions from Patient Revenue</b>	<b>\$708,266,522</b>

<b>Section 4: Net Patient Revenue</b>	
<b>Net Patient Revenue</b>	<b>\$527,649,657</b>

<b>Section 5: Net Income</b>	
Net Patient Revenue	\$527,649,657
Other Operating Revenue	\$75,751,664
<b>Total Operating Revenue</b>	<b>\$603,401,321</b>
<b>Total Operating Expense</b>	<b>\$630,484,820</b>
<b>Operating Income</b>	<b>-\$27,083,499</b>
<b>Net Nonoperating Revenue (Expense)</b>	<b>\$1,398,652</b>
<b>Net Income</b>	<b>-\$25,684,847</b>

<b>Section 6: Property, Plant &amp; Equipment</b>	
<b>Property, Plant &amp; Equipment</b>	<b>\$281,427,709</b>
<b>Accumulated Depreciation</b>	<b>\$193,235,574</b>
<b>Net Property, Plant &amp; Equipment</b>	<b>\$88,192,135</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