

Oregon Hospital Financial Report (FR-3)

Fiscal Year - 2024

Section 1: Hospital Identification and Contact Information

Hospital Name	Tuality Healthcare
Hospital System (Samaritan, Providence, None, etc.)	
	93-0430029
Administrator's Address	335 SE 8th Ave
City	Hillsboro
County	Washington
State	Oregon
Zip Code	97123
Administrator's Phone	
Administrator's E-mail	
Administrator's Name	Lori James-Nielsen
Administrator's Title	CEO
CFO's Name	Scott Schwab - Director of Finance
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	\$343,372,496
Outpatient	\$608,490,597
LTC ICF/SNF	
Clinic	
Other Patient revenue (please identify below)	
-	
-	
Gross Hospital Patient Revenue	\$951,863,093

Section 3: Deductions from Gross Patient Revenue

Contractuals

Medicare	\$287,108,295
Medicaid	\$183,790,175
Other Contractuals	\$173,861,885

Uncompensated Care

Bad Debt	\$4,951,848
Charity Care	\$6,975,176
Total Deductions from Patient Revenue	\$656,687,379

Section 4: Net Patient Revenue

Net Patient Revenue	\$295,175,714
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Section 5: Net Income

Net Patient Revenue	\$295,175,714
Other Operating Revenue	\$27,799,032
Total Operating Revenue	\$322,974,746
Total Operating Expense	\$322,824,433
Operating Income	\$150,313
Net Nonoperating Revenue (Expense)	\$387,566
Net Income	\$537,879

Section 6: Property, Plant & Equipment

Property, Plant & Equipment	\$203,082,627
Accumulated Depreciation	\$156,584,305
Net Property, Plant & Equipment	\$46,498,322

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