

Oregon Hospital Financial Report (FR-3)

Fiscal Year 2024

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	Lawrence Furnstahl
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	\$3,076,759,620
Outpatient	\$4,303,837,653
LTC ICF/SNF	
Clinic	
Other Patient revenue (please identify below)	
-	
-	
Gross Hospital Patient Revenue	\$7,380,597,274

Section 3: Deductions from Gross Patient Revenue

Contractuals

Medicare	\$1,799,031,433
Medicaid	\$1,212,192,660
Other Contractuals	\$1,464,791,037

Uncompensated Care

Bad Debt	\$14,020,276
Charity Care	\$27,634,675
Total Deductions from Patient Revenue	\$4,517,670,080

Section 4: Net Patient Revenue

Net Patient Revenue	\$2,862,927,193
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Section 5: Net Income

Net Patient Revenue	\$2,862,927,193
Other Operating Revenue	\$306,031,012
Total Operating Revenue	\$3,168,958,205
Total Operating Expense	\$3,067,403,337
Operating Income	\$101,554,868
Net Nonoperating Revenue (Expense)	\$263,532,465
Net Income	\$365,087,333

Section 6: Property, Plant & Equipment

Property, Plant & Equipment	\$2,736,457,631
Accumulated Depreciation	\$1,346,276,423
Net Property, Plant & Equipment	\$1,390,181,208

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