

# Oregon Hospital Financial Report (FR-3)

## Fiscal Year - 2024

### Section 1: Hospital Identification and Contact Information

Hospital Name	Salem Health
Hospital System (Samaritan, Providence, None, etc.)	Salem Health Hospitals & Clinics
Administrator's Address	890 Oak St SE
City	Salem
County	Marion
State	Oregon
Zip Code	97301
Administrator's Phone	
Administrator's E-mail	
Administrator's Name	Cheryl Nester Wolfe
Administrator's Title	Chief Executive Officer
CFO's Name	James Parr
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**

<b>Section 2: Gross Patient Revenue</b>	
Inpatient	\$1,479,299,160
Outpatient	\$1,191,630,622
LTC ICF/SNF	
Clinic	\$204,966,427
Other Patient revenue (please identify below)	
-	
-	
<b>Gross Hospital Patient Revenue</b>	<b>\$2,875,896,209</b>

<b>Section 3: Deductions from Gross Patient Revenue</b>	
<b>Contractuals</b>	
Medicare	\$1,040,529,023
Medicaid	\$395,416,833
Other Contractuals	\$290,026,353
<b>Uncompensated Care</b>	
Bad Debt	\$15,874,553
Charity Care	\$51,602,290
<b>Total Deductions from Patient Revenue</b>	<b>\$1,793,449,052</b>

<b>Section 4: Net Patient Revenue</b>	
<b>Net Patient Revenue</b>	<b>\$1,082,447,157</b>

<b>Section 5: Net Income</b>	
Net Patient Revenue	\$1,082,447,157
Other Operating Revenue	\$41,270,231
<b>Total Operating Revenue</b>	<b>\$1,123,717,388</b>
<b>Total Operating Expense</b>	<b>\$1,178,009,723</b>
<b>Operating Income</b>	<b>-\$54,292,335</b>
<b>Net Nonoperating Revenue (Expense)</b>	<b>-\$1,224,381</b>
<b>Net Income</b>	<b>-\$55,516,716</b>

<b>Section 6: Property, Plant &amp; Equipment</b>	
<b>Property, Plant &amp; Equipment</b>	<b>\$458,915,469</b>
<b>Accumulated Depreciation</b>	<b>\$310,148,325</b>
<b>Net Property, Plant &amp; Equipment</b>	<b>\$148,767,144</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