

# Oregon Hospital Financial Report (FR-3)

## Fiscal Year - 2024

### Section 1: Hospital Identification and Contact Information

Hospital Name	Samaritan North Lincoln Hospital
Hospital System (Samaritan, Providence, None, etc.)	Samaritan Health Services
Administrator's Address	PO Box 767
City	Lincoln City
County	Lincoln
State	OR
Zip Code	97367
Administrator's Phone	
Administrator's E-mail	
Administrator's Name	Lesley Ogden
Administrator's Title	VP/CEO, Samaritan North Lincoln Hospital / Samaritan Pacific Communities Hospital
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	\$25,064,341
Outpatient	\$135,674,733
LTC ICF/SNF	
Clinic	\$18,390,062
Other Patient revenue (please identify below)	
- Home Health	\$0
-	
<b>Gross Hospital Patient Revenue</b>	<b>\$179,129,135</b>

<b>Section 3: Deductions from Gross Patient Revenue</b>	
<b>Contractuals</b>	
Medicare	\$57,197,364
Medicaid	\$13,067,775
Other Contractuals	\$12,847,911
<b>Uncompensated Care</b>	
Bad Debt	\$468,733
Charity Care	\$3,491,707
<b>Total Deductions from Patient Revenue</b>	<b>\$87,073,490</b>

<b>Section 4: Net Patient Revenue</b>	
<b>Net Patient Revenue</b>	<b>\$92,055,645</b>

<b>Section 5: Net Income</b>	
Net Patient Revenue	\$92,055,645
Other Operating Revenue	\$5,709,232
<b>Total Operating Revenue</b>	<b>\$97,764,877</b>
<b>Total Operating Expense</b>	<b>\$95,935,698</b>
<b>Operating Income</b>	<b>\$1,829,179</b>
<b>Net Nonoperating Revenue (Expense)</b>	<b>\$207,823</b>
<b>Net Income</b>	<b>\$2,037,002</b>

<b>Section 6: Property, Plant &amp; Equipment</b>	
<b>Property, Plant &amp; Equipment</b>	<b>\$81,187,143</b>
<b>Accumulated Depreciation</b>	<b>\$27,954,037</b>
<b>Net Property, Plant &amp; Equipment</b>	<b>\$53,233,106</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