

Oregon Hospital Financial Report (FR-3) 2012

Section 1: Hospital Identification and Certification

Complete this page, print it and have it signed.

Hospital Name	Portland Adventist Medical Center DBA Adventist Medical Center
Federal Tax ID	93-0429015
Administrator's Address	10123 SE Market Street
City	Portland
County	Multnomah
State	Oregon
Zip Code	97216-2532
Administrator's Phone	[REDACTED]
Administrator's Fax	[REDACTED]
Administrator's e-mail	[REDACTED]
Administrator's Name	Tom Russell
Administrator's Title	President
CFO's Name	V. Mark Perry
Name of Person completing this form	Peter Morgan
Title	Financial Analyst
E-mail Address for Person completing this form	[REDACTED]
Direct Phone for Person completing this form	[REDACTED]
Fax for Person completing this form	[REDACTED]
Address (if different than Hospital)	
City (if different than Hospital)	
Zip Code (if different than Hospital)	
Check Type of Accounting Method	
- Accrual	<input checked="" type="checkbox"/>
- Cash	<input type="checkbox"/>
- Modified Cash	<input type="checkbox"/>
System Affiliation (Samaritan, Providence, etc)	

Please enter System Affiliation. If no affiliation, enter "none".

This certification must be signed by an officer of the hospital such as the Administrator, CEO, or CFO. The signed copy of this page must be either faxed to 503-378-1155 or mailed to OHPR.

Certification Statement: I hereby certify that I have examined the accompanying Annual Report and to the best of my knowledge, the information contained in this report is accurate.

Signed: <i>V. Mark Perry</i>	
Printed or Typed: <i>V. MARK PERRY</i>	
Date: <i>4/30/2013</i>	

Please Circle Primary Accounting Method Used: FASB or GASB

All Data should be based on the Audited Financial Information

Section 2: Patient Revenue	
Inpatient	\$322,128,188
Outpatient	\$331,084,868
LTC ICF/SNF*	
Clinic*	\$53,782,735
Other Patient revenue*(please identify below)	
-	
-	
Gross Hospital Patient Revenue	\$706,995,791

Section 3: Deductions from Patient Revenue	
Contractuals:	
- Medicare	\$205,411,298
- Medicaid	\$59,650,226
- Other Contratual	\$179,062,154
Total Contractuals	\$444,123,678

Section 4: Net Patient Revenue	
Net Patient Revenue (from Audited Financial Info)	\$262,872,123

Section 5: Net Income	
Net Patient Revenue (from Audited Financial Info)	\$262,872,123
Other Operating Revenue	\$34,075,775
Total Operating Revenue	\$296,947,898
Total Operating Expense	\$290,609,793
Operating Income	\$6,338,105
Net Nonoperating Revenue (Expense)	\$0
Net Income	\$6,338,105

Section 6: Uncompensated Care	
Bad Debt	\$27,397,526
Charity Care	\$19,645,199
Total Uncompensated Care	\$47,042,725

Section 7: Property, Plant & Equipment	
Property, Plant & Equipment	\$282,929,215
Accumulated Depreciation	\$159,192,824
Net Property, Plant & Equipment	\$123,736,391

After completing, return to:

E-mail: ohpr.datasubs@state.or.us

Fax: 503-378-5511

Or send hard copy to: Oregon Health Policy and Research

1225 Ferry St. SE, 1st Floor

Salem, OR 97301