Oregon Hospital Financial Report (FR-3)
Fiscal Year 2016

Section 1: Hospital Identification and Contact Information

Hospital Name	Southern Coos Hospital & Health Center
Hospital System (Samaritan, Providence, None, etc.)	
Administrator's Address	900 11th Street S. E.
City	Bandon
County	Coos
State	Oregon
Zip Code	97411
Administrator's Phone	[redacted]
Administrator's E-mail	vacant
Administrator's Name	vacant
Administrator's Title	CEO
CFO's Name	Robin Triplett
Name of Person completing this form	Robin Triplett
Title	CFO
E-mail Address for Person completing this form	[redacted]
Direct Phone for Person completing this form	[redacted]
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	$4,617,617
Outpatient	$19,511,699
LTC ICF/SNF	
Clinic	
Other Patient revenue (please identify below)	
-	
-	
Gross Hospital Patient Revenue	$24,129,316

Section 3: Deductions from Gross Patient Revenue	
Contractuals	
Medicare	$5,165,806
Medicaid	$1,654,400
Other Contractuals	$1,491,981
Uncompensated Care	
Bad Debt	$333,780
Charity Care	$77,315
Total Deductions from Patient Revenue	$8,723,282

Section 4: Net Patient Revenue	
Net Patient Revenue	$15,406,034

Section 5: Net Income	
Net Patient Revenue	$15,406,034
Other Operating Revenue	$905,042
Total Operating Revenue	$16,311,076
Total Operating Expense	$17,072,124
Operating Income	-$761,048
Net Nonoperating Revenue (Expense)	$688,933
Net Income	-$72,115

Section 6: Property, Plant & Equipment	
Property, Plant & Equipment	$15,425,374
Accumulated Depreciation	-$8,638,279
Net Property, Plant & Equipment	**$6,787,095**

After completing, please return this form and a copy of the hospital's audited financial statement to:
OHA.HealthAnalyticsDataSubs@state.or.us

Or send hard copy to:
Oregon Health Authority
Office of Health Analytics
500 Summer St. NE, E-64
Salem, OR 97301