Oregon Hospital Financial Report (FR-3)
Fiscal Year 2017

Section 1: Hospital Identification and Contact Information

Hospital Name	SOUTHERN COOS HOSPITAL & HEALTH CENTER
Hospital System (Samaritan, Providence, None, etc.)	
Administrator's Address	900 11 TH STREET S.E.
City	Bandon
County	Coos
State	Oregon
Zip Code	97411
Administrator's Phone	[redacted]
Administrator's E-mail	[redacted]
Administrator's Name	JoDee Tittle
Administrator's Title	Chief Executive Officer
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	$4,290,977
Outpatient	$18,809,123
LTC ICF/SNF	$0
Clinic	$1,938,163
Other Patient revenue (please identify below)	$0
-	
-	
Gross Hospital Patient Revenue	$25,038,263

Section 3: Deductions from Gross Patient Revenue	
Contractuals	
Medicare	$4,714,265
Medicaid	$1,876,162
Other Contractuals	$1,241,033
Uncompensated Care	
Bad Debt	$280,750
Charity Care	$41,241
Total Deductions from Patient Revenue	$8,153,451

Section 4: Net Patient Revenue	
Net Patient Revenue	$16,884,812

Section 5: Net Income	
Net Patient Revenue	$16,884,812
Other Operating Revenue	$228,015
Total Operating Revenue	$17,112,827
Total Operating Expense	$17,846,336
Operating Income	-$733,509
Net Nonoperating Revenue (Expense)	
Net Income	-$733,509

Section 6: Property, Plant & Equipment	
Property, Plant & Equipment	$15,782,867
Accumulated Depreciation	$9,085,045
Net Property, Plant & Equipment	**$6,697,822**

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