

Oregon Hospital Financial Report (FR-3)

Fiscal Year - 2019

Section 1: Hospital Identification and Contact Information

Hospital Name	Mid-Columbia Medical Center
Hospital System (Samaritan, Providence, None, etc.)	None
Administrator's Address	1700 E 19th Street
City	The Dalles
County	Wasco
State	OR
Zip Code	97058
Administrator's Phone	[REDACTED]
Administrator's E-mail	d [REDACTED]
Administrator's Name	Dennis Knox
Administrator's Title	CEO
CFO's Name	Wendy Apland
Name of Person completing this form	Molly Mors
Title	Controller
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	\$50,324,483
Outpatient	\$210,725,230
LTC ICF/SNF	
Clinic	\$35,375,084
Other Patient revenue (please identify below)	
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-	
Gross Hospital Patient Revenue	\$296,424,797

Section 3: Deductions from Gross Patient Revenue

Contractuals

Medicare	\$94,447,794
Medicaid	\$36,853,217
Other Contractuals	\$36,973,953

Uncompensated Care

Bad Debt	\$1,055,269
Charity Care	\$3,124,579
Total Deductions from Patient Revenue	\$172,454,812

Section 4: Net Patient Revenue

Net Patient Revenue	\$123,969,985
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Section 5: Net Income

Net Patient Revenue	\$123,969,985
Other Operating Revenue	\$9,863,747
Total Operating Revenue	\$133,833,732
Total Operating Expense	\$136,000,092
Operating Income	-\$2,166,360
Net Nonoperating Revenue (Expense)	\$3,716,528
Net Income	\$1,550,168

Section 6: Property, Plant & Equipment

Property, Plant & Equipment	\$78,928,917
Accumulated Depreciation	\$56,591,010
Net Property, Plant & Equipment	\$22,337,907

After completing, please return this form and a copy of the hospital's audited financial statement to:

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