

Oregon Hospital Financial Report (FR-3)

Fiscal Year 2019

Section 1: Hospital Identification and Contact Information

| | |
|---|--------------------------|
| Hospital Name | Sky Lakes Medical Center |
| Hospital System (Samaritan, Providence, None, etc.) | None |
| | 93-0508781 |
| Administrator's Address | 2865 Daggett Avenue |
| City | Klamath Falls |
| County | Klamath |
| State | Oregon |
| Zip Code | 97601 |
| Administrator's Phone | [REDACTED] |
| Administrator's E-mail | [REDACTED] |
| Administrator's Name | Andrew Molatore |
| Administrator's Title | Controller |
| CFO's Name | Richard E. Rico |
| Name of Person completing this form | Sharon D. Whitlock |
| Title | Sr. Accountant |
| E-mail Address for Person completing this form | [REDACTED] |
| Direct Phone for Person completing this form | [REDACTED] |
| Address (if different than Hospital) | Same |
| City (if different than Hospital) | Same |
| Zip Code (if different than Hospital) | Same |

All Data should be based on the Audited Financial Information

| Section 2: Gross Patient Revenue | |
|---|----------------------|
| Inpatient | \$201,846,335 |
| Outpatient | \$414,716,696 |
| LTC ICF/SNF | |
| Clinic | \$51,043,074 |
| Other Patient revenue (please identify below) | |
| - | |
| - | |
| Gross Hospital Patient Revenue | \$667,606,105 |

Section 3: Deductions from Gross Patient Revenue

| Contractuals | |
|--|----------------------|
| Medicare | \$230,214,427 |
| Medicaid | \$83,443,593 |
| Other Contractuals | \$77,253,155 |
| Uncompensated Care | |
| Bad Debt | \$7,940,737 |
| Charity Care | \$11,530,371 |
| Total Deductions from Patient Revenue | \$410,382,283 |

Section 4: Net Patient Revenue

| | |
|----------------------------|----------------------|
| Net Patient Revenue | \$257,223,822 |
|----------------------------|----------------------|

Section 5: Net Income

| | |
|---|----------------------|
| Net Patient Revenue | \$257,223,822 |
| Other Operating Revenue | \$11,361,958 |
| Total Operating Revenue | \$268,585,780 |
| Total Operating Expense | \$257,336,101 |
| Operating Income | \$11,249,679 |
| Net Nonoperating Revenue (Expense) | \$10,407,000 |
| Net Income | \$21,656,679 |

Section 6: Property, Plant & Equipment

| | |
|--|----------------------|
| Property, Plant & Equipment | \$285,061,927 |
| Accumulated Depreciation | \$146,880,220 |
| Net Property, Plant & Equipment | \$138,181,707 |

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