Oregon Hospital Financial Report (FR-3)
Fiscal Year - 2019

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	Amy Fine
Administrator's Title	CEO
CFO's Name	Ana Mugica
Name of Person completing this form	Ana Mugica
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	$6,591,642
Outpatient	$20,782,341
LTC ICF/SNF	
Clinic	$4,231,235
Other Patient revenue (please identify below)	
-	
-	
Gross Hospital Patient Revenue	$31,605,218

Section 3: Deductions from Gross Patient Revenue	
Contractuals	
Medicare	$6,837,335
Medicaid	$2,275,716
Other Contractuals	$1,692,654
Uncompensated Care	
Bad Debt	$360,904
Charity Care	$132,423
Total Deductions from Patient Revenue	$11,299,032

Section 4: Net Patient Revenue	
Net Patient Revenue	$20,306,186

Section 5: Net Income	
Net Patient Revenue	$20,306,186
Other Operating Revenue	$263,389
Total Operating Revenue	$20,569,575
Total Operating Expense	$22,032,395
Operating Income	-$1,462,820
Net Nonoperating Revenue (Expense)	$1,116,294
Net Income	-$346,526

Section 6: Property, Plant & Equipment	
Property, Plant & Equipment	$16,415,984
Accumulated Depreciation	$10,431,616
Net Property, Plant & Equipment	**$5,984,368**

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

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