

Oregon Hospital Financial Report (FR-3)

Fiscal Year -

Section 1: Hospital Identification and Contact Information

Hospital Name	Curry Health District
Hospital System (Samaritan, Providence, None, etc.)	none
Administrator's Address	94220 4th Street
City	Gold Beach
County	Curry
State	OR
Zip Code	97444
Administrator's Phone	[REDACTED]
Administrator's E-mail	[REDACTED]
Administrator's Name	Virginia Williams
Administrator's Title	CEO
CFO's Name	Cameron Marlowe
Name of Person completing this form	Holly Stanley
Title	Director of Finance
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	\$6,519,504
Outpatient	\$66,458,500
LTC ICF/SNF	
Clinic	\$10,815,573
Other Patient revenue (please identify below)	
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-	
Gross Hospital Patient Revenue	\$83,793,577

Section 3: Deductions from Gross Patient Revenue

Contractuals

Medicare	\$17,089,856
Medicaid	\$5,342,468
Other Contractuals	\$11,674,869

Uncompensated Care

Bad Debt	\$1,703,117
Charity Care	\$521,768
Total Deductions from Patient Revenue	\$36,332,078

Section 4: Net Patient Revenue

Net Patient Revenue	\$47,461,499
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Section 5: Net Income

Net Patient Revenue	\$47,461,499
Other Operating Revenue	\$416,454
Total Operating Revenue	\$47,877,953
Total Operating Expense	\$50,796,717
Operating Income	-\$2,918,764
Net Nonoperating Revenue (Expense)	-\$27,929
Net Income	-\$2,946,693

Section 6: Property, Plant & Equipment

Property, Plant & Equipment	\$61,463,930
Accumulated Depreciation	\$20,803,706
Net Property, Plant & Equipment	\$40,660,224

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