

Oregon Hospital Financial Report (FR-3)

Fiscal Year:

Section 1: Hospital Identification and Contact Information

Hospital Name	Harney District Hospital
Hospital System (Samaritan, Providence, None, etc.)	
Administrator's Address	557 W Washington St.
City	Burns
County	Harney
State	OR
Zip Code	97720
Administrator's Phone	[REDACTED]
Administrator's E-mail	[REDACTED]
Administrator's Name	Dan Grigg
Administrator's Title	CEO
CFO's Name	Catherine White
Name of Person completing this form	Catherine White
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	\$7,445,793
Outpatient	\$23,803,751
LTC ICF/SNF	
Clinic	\$3,785,876
Other Patient revenue (please identify below)	
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-	
Gross Hospital Patient Revenue	\$35,035,420

Section 3: Deductions from Gross Patient Revenue

Contractuals

Medicare	\$3,749,900
Medicaid	\$1,956,470
Other Contractuals	\$2,445,587

Uncompensated Care

Bad Debt	\$2,167,619
Charity Care	\$324,669
Total Deductions from Patient Revenue	\$10,644,245

Section 4: Net Patient Revenue

Net Patient Revenue	\$24,391,175
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Section 5: Net Income

Net Patient Revenue	\$24,391,175
Other Operating Revenue	\$1,655,434
Total Operating Revenue	\$26,046,609
Total Operating Expense	\$28,991,453
Operating Income	-\$2,944,844
Net Nonoperating Revenue (Expense)	\$1,015,220
Net Income	-\$1,929,624

Section 6: Property, Plant & Equipment

Property, Plant & Equipment	\$31,607,755
Accumulated Depreciation	-\$21,141,136
Net Property, Plant & Equipment	\$10,466,619

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

ohpr.datasubs@state.or.us

Or send hard copy to:

Oregon Health Authority
Office of Health Analytics
500 Summer St. NE, E-64
Salem, OR 97301