Oregon Hospital Financial Report (FR-3) Fiscal Year: 2020

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	
Administrator's E-mail	
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	
Direct Phone for Person completing this form	
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	\$48,370,972	
Outpatient	\$207,214,299	
LTC ICF/SNF		
Clinic	\$30,565,340	
Other Patient revenue (please identify below)		
-		
-		
Gross Hospital Patient Revenue	\$286,150,611	
Section 3: Deductions from Gross Patient Rever	nue	
Contractuals		
Medicare	\$90,281,755	
Medicaid	\$32,214,288	

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\$37,273,433
\$2,517,936
\$6,026,894
\$168,314,306

Section 4: Net Patient Revenue	
Net Patient Revenue	\$117,836,305

Section 5: Net Income	
Net Patient Revenue	\$117,836,305
Other Operating Revenue	\$22,261,148
Total Operating Revenue	\$140,097,453
Total Operating Expense	\$134,152,734
Operating Income	\$5,944,719
Net Nonoperating Revenue (Expense)	-\$1,086,605
Net Income	\$4,858,114

Section 6: Property, Plant & Equipment	
Property, Plant & Equipment	\$68,836,204
Accumulated Depreciation	-\$48,073,153
Net Property, Plant & Equipment	\$20,763,051

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