

Oregon Hospital Financial Report (FR-3)

2020

Section 1: Hospital Identification and Contact Information

Hospital Name	Pioneer Memorial Hospital
Hospital System (Samaritan, Providence, None, etc.)	none
Administrator's Address	PO BOX 9
City	Heppner
County	Morrow
State	OR
Zip Code	97836
Administrator's Phone	[REDACTED]
Administrator's E-mail	[REDACTED]
Administrator's Name	Bob Houser
Administrator's Title	CEO
CFO's Name	Nicole Mahoney
Name of Person completing this form	Nicole Mahoney
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	\$2,548,632
Outpatient	\$5,761,478
LTC ICF/SNF	
Clinic	\$2,477,715
Other Patient revenue (please identify below)	
Home Health & Hospice	\$855,424
Ambulance Service	\$1,248,031
Gross Hospital Patient Revenue	\$12,891,280

Section 3: Deductions from Gross Patient Revenue

Contractuals	
Medicare	-\$420,607
Medicaid	\$417,457
Other Contractuals	\$799,061
Uncompensated Care	
Bad Debt	\$153,486
Charity Care	\$297,519
Total Deductions from Patient Revenue	\$1,246,916

Section 4: Net Patient Revenue

Net Patient Revenue	\$11,644,364
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Section 5: Net Income

Net Patient Revenue	\$11,644,364
Other Operating Revenue	\$374,348
Total Operating Revenue	\$12,018,712
Total Operating Expense	\$15,181,812
Operating Income	-\$3,163,100
Net Nonoperating Revenue (Expense)	\$3,016,569
Net Income	-\$146,531

Section 6: Property, Plant & Equipment

Property, Plant & Equipment	\$13,046,876
Accumulated Depreciation	-\$8,697,452
Net Property, Plant & Equipment	\$4,349,424

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