

# Oregon Hospital Financial Report (FR-3)

## Fiscal Year -

### Section 1: Hospital Identification and Contact Information

Hospital Name	CHI St. Anthony Hospital
Hospital System (Samaritan, Providence, None, etc.)	Catholic Health Initiatives
Administrator's Address	2801 St. Anthony Way
City	Pendleton
County	Umatilla
State	Oregon
Zip Code	97801
Administrator's Phone	██████████
Administrator's E-mail	████████████████████
Administrator's Name	Harold Geller
Administrator's Title	President
CFO's Name	Kenneth Harris
Name of Person completing this form	Michael Browning
Title	Accountant
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**

<b>Section 2: Gross Patient Revenue</b>	
Inpatient	\$27,892,475
Outpatient	\$105,152,242
LTC ICF/SNF	
Clinic	
Other Patient revenue (please identify below)	
Physician	\$12,108,359
Home Based	
<b>Gross Hospital Patient Revenue</b>	<b>\$145,153,076</b>

<b>Section 3: Deductions from Gross Patient Revenue</b>	
<b>Contractuals</b>	
Medicare	\$28,884,041
Medicaid	\$17,276,667
Other Contractuals	\$14,258,676
<b>Uncompensated Care</b>	
Bad Debt	\$2,999,998
Charity Care	\$2,260,417
<b>Total Deductions from Patient Revenue</b>	<b>\$65,679,799</b>

<b>Section 4: Net Patient Revenue</b>	
<b>Net Patient Revenue</b>	<b>\$79,473,277</b>

<b>Section 5: Net Income</b>	
Net Patient Revenue	\$79,473,277
Other Operating Revenue	\$4,858,069
<b>Total Operating Revenue</b>	<b>\$84,331,345</b>
<b>Total Operating Expense</b>	<b>\$70,276,250</b>
<b>Operating Income</b>	<b>\$14,055,095</b>
<b>Net Nonoperating Revenue (Expense)</b>	<b>\$2,640,767</b>
<b>Net Income</b>	<b>\$16,695,862</b>

<b>Section 6: Property, Plant &amp; Equipment</b>	
<b>Property, Plant &amp; Equipment</b>	<b>\$125,323,494</b>
<b>Accumulated Depreciation</b>	<b>\$63,718,442</b>
<b>Net Property, Plant &amp; Equipment</b>	<b>\$61,605,052</b>

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

[hdd.admin@dhsosha.state.or.us](mailto:hdd.admin@dhsosha.state.or.us)

Or send hard copy to:

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