

Oregon Hospital Financial Report (FR-3)

Fiscal Year - 2021

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	Oregon
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	\$5,799,726
Outpatient	\$26,829,216
LTC ICF/SNF	\$0
Clinic	\$4,313,600
Other Patient revenue (please identify below)	
-	
-	
Gross Hospital Patient Revenue	\$36,942,542

Section 3: Deductions from Gross Patient Revenue

Contractuals

Medicare	\$3,727,010
Medicaid	\$3,539,338
Other Contractuals	\$1,904,341

Uncompensated Care

Bad Debt	\$1,838,798
Charity Care	\$337,702
Total Deductions from Patient Revenue	\$11,347,189

Section 4: Net Patient Revenue

Net Patient Revenue	\$25,595,353
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Section 5: Net Income

Net Patient Revenue	\$25,595,353
Other Operating Revenue	\$1,937,275
Total Operating Revenue	\$27,532,628
Total Operating Expense	\$30,935,974
Operating Income	-\$3,403,346
Net Nonoperating Revenue (Expense)	\$7,721,485
Net Income	\$4,318,139

Section 6: Property, Plant & Equipment

Property, Plant & Equipment	\$31,632,533
Accumulated Depreciation	\$20,977,927
Net Property, Plant & Equipment	\$10,654,606

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