

# Oregon Hospital Financial Report (FR-3) 2021

## 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	██████████
Administrator's E-mail	██████████
Administrator's Name	Emily Roberts
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	██████████
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	\$2,312,764
Outpatient	\$7,002,591
LTC ICF/SNF	
Clinic	\$2,750,208
Other Patient revenue (please identify below)	
Home Health & Hospice	\$1,157,239
Ambulance Service	\$1,348,070
<b>Gross Hospital Patient Revenue</b>	<b>\$14,570,872</b>

**Section 3: Deductions from Gross Patient Revenue**

<b>Contractuals</b>	
Medicare	-\$682,447
Medicaid	\$482,633
Other Contractuals	\$1,118,784
<b>Uncompensated Care</b>	
Bad Debt	\$177,190
Charity Care	\$231,030
<b>Total Deductions from Patient Revenue</b>	<b>\$1,327,190</b>

**Section 4: Net Patient Revenue**

<b>Net Patient Revenue</b>	<b>\$13,243,682</b>
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**Section 5: Net Income**

Net Patient Revenue	\$13,243,682
Other Operating Revenue	\$396,950
<b>Total Operating Revenue</b>	<b>\$13,640,632</b>
<b>Total Operating Expense</b>	<b>\$17,034,833</b>
<b>Operating Income</b>	<b>-\$3,394,201</b>
<b>Net Nonoperating Revenue (Expense)</b>	<b>\$7,157,046</b>
<b>Net Income</b>	<b>\$3,762,845</b>

**Section 6: Property, Plant & Equipment**

<b>Property, Plant &amp; Equipment</b>	<b>\$14,063,009</b>
<b>Accumulated Depreciation</b>	<b>-\$9,200,141</b>
<b>Net Property, Plant &amp; Equipment</b>	<b>\$4,862,868</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