

Oregon Hospital Financial Report (FR-3)

Fiscal Year -

Section 1: Hospital Identification and Contact Information

Hospital Name	Curry Health District
Hospital System (Samaritan, Providence, None, etc.)	none
Administrator's Address	94220 4th Street
City	Gold Beach
County	Curry
State	OR
Zip Code	97444
Administrator's Phone	
Administrator's E-mail	
Administrator's Name	Virginia Williams
Administrator's Title	CEO
CFO's Name	Richard Sicora
Name of Person completing this form	
Title	
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	\$10,478,353
Outpatient	\$84,638,929
LTC ICF/SNF	
Clinic	\$13,280,614
Other Patient revenue (please identify below)	
-	
-	
Gross Hospital Patient Revenue	\$108,397,896

Section 3: Deductions from Gross Patient Revenue

Contractuals

Medicare	\$23,808,542
Medicaid	\$7,723,500
Other Contractuals	\$14,880,667

Uncompensated Care

Bad Debt	\$1,649,556
Charity Care	\$441,702
Total Deductions from Patient Revenue	\$48,503,967

Section 4: Net Patient Revenue	
Net Patient Revenue	\$59,893,929

Section 5: Net Income	
Net Patient Revenue	\$59,893,929
Other Operating Revenue	\$658,900
Total Operating Revenue	\$60,552,829
Total Operating Expense	\$55,225,690
Operating Income	\$5,327,139
Net Nonoperating Revenue (Expense)	\$1,770,002
Net Income	\$7,097,141

Section 6: Property, Plant & Equipment	
Property, Plant & Equipment	\$64,860,939
Accumulated Depreciation	\$27,126,875
Net Property, Plant & Equipment	\$37,734,065

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

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