

# 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	[REDACTED]
Administrator's E-mail	[REDACTED]
Administrator's Name	Virginia Williams
Administrator's Title	CEO
CFO's Name	Richard Sicora
Name of Person completing this form	[REDACTED]
Title	[REDACTED]
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	\$10,478,353
Outpatient	\$84,638,929
LTC ICF/SNF	
Clinic	\$13,280,614
Other Patient revenue (please identify below)	
-	
-	
<b>Gross Hospital Patient Revenue</b>	<b>\$108,397,896</b>

### 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
<b>Total Deductions from Patient Revenue</b>	<b>\$48,503,967</b>

**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
<b>Total Operating Revenue</b>	<b>\$60,552,829</b>
<b>Total Operating Expense</b>	<b>\$55,225,690</b>
<b>Operating Income</b>	<b>\$5,327,139</b>
<b>Net Nonoperating Revenue (Expense)</b>	<b>\$1,770,002</b>
<b>Net Income</b>	<b>\$7,097,141</b>

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

Property, Plant & Equipment	\$64,860,939
Accumulated Depreciation	\$27,126,875
<b>Net Property, Plant &amp; Equipment</b>	<b>\$37,734,065</b>

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

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