

Oregon Hospital Financial Report (FR-3)

Fiscal Year -

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	OR
Zip Code	97720
Administrator's Phone	[REDACTED]
Administrator's E-mail	[REDACTED]
Administrator's Name	Dan Grigg
Administrator's Title	Chief Executive Officer
CFO's Name	Catherine White
Name of Person completing this form	Catherine White
Title	Chief Financial Officer
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	\$8,260,861
Outpatient	\$31,237,504
LTC ICF/SNF	\$0
Clinic	\$3,911,396
Other Patient revenue (please identify below)	
-	
-	
Gross Hospital Patient Revenue	\$43,409,761

Section 3: Deductions from Gross Patient Revenue

Contractuals

Medicare	\$5,542,528
Medicaid	\$3,686,237
Other Contractuals	\$3,083,044

Uncompensated Care

Bad Debt	\$2,143,520
Charity Care	\$279,319
Total Deductions from Patient Revenue	\$14,734,648

Section 4: Net Patient Revenue

Net Patient Revenue	\$28,675,113
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Section 5: Net Income

Net Patient Revenue	\$28,675,113
Other Operating Revenue	\$1,251,282
Total Operating Revenue	\$29,926,395
Total Operating Expense	\$31,006,076
Operating Income	-\$1,079,681
Net Nonoperating Revenue (Expense)	\$1,393,918
Net Income	\$314,237

Section 6: Property, Plant & Equipment

Property, Plant & Equipment	\$32,531,249
Accumulated Depreciation	\$22,177,197
Net Property, Plant & Equipment	\$10,354,052

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