

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	
Administrator's E-mail	
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	
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	\$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

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@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