

Oregon Hospital Financial Report (FR-3)

Fiscal Year -

Section 1: Hospital Identification and Contact Information

Hospital Name	LOWER UMPQUA HOSPITAL DISTRICT
Hospital System (Samaritan, Providence, None, etc.)	
Administrator's Address	600 RANCH ROAD
City	REEDSPORT
County	DOUGLAS
State	OREGON
Zip Code	97467
Administrator's Phone	
Administrator's E-mail	
Administrator's Name	JOHN CHIVERS
Administrator's Title	CEO
CFO's Name	VACANT (JOHN CHIVERS - INTERIM)
Name of Person completing this form	JOHN CHIVERS
Title	CEO/INTERIM 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	\$9,349,049
Outpatient	\$36,390,880
LTC ICF/SNF	\$1,644,771
Clinic	\$5,250,639
Other Patient revenue (please identify below)	
-	
-	
Gross Hospital Patient Revenue	\$52,635,339

Section 3: Deductions from Gross Patient Revenue

Contractuals

Medicare	\$13,671,901
Medicaid	\$5,892,285
Other Contractuals	\$2,892,822

Uncompensated Care

Bad Debt	\$1,180,970
Charity Care	\$207,435
Total Deductions from Patient Revenue	\$23,845,413

Section 4: Net Patient Revenue	
Net Patient Revenue	\$28,789,926

Section 5: Net Income	
Net Patient Revenue	\$28,789,926
Other Operating Revenue	\$2,015,636
Total Operating Revenue	\$30,805,562
Total Operating Expense	\$35,535,834
Operating Income	-\$4,730,272
Net Nonoperating Revenue (Expense)	\$6,459,018
Net Income	\$1,728,746

Section 6: Property, Plant & Equipment	
Property, Plant & Equipment	\$18,136,044
Accumulated Depreciation	\$13,992,662
Net Property, Plant & Equipment	\$4,143,382

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