

Oregon Hospital Financial Report (FR-3)

Fiscal Year - 2022

Section 1: Hospital Identification and Contact Information

Hospital Name	Mid Columbia Medical Center
Hospital System (Samaritan, Providence, None, etc.)	None
Administrator's Address	1700 E 19th St
City	The Dalles
County	Wasco
State	Oregon
Zip Code	97058
Administrator's Phone	
Administrator's E-mail	
Administrator's Name	Wendy Apland
Administrator's Title	CFO
CFO's Name	Wendy Apland
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	\$61,805,302
Outpatient	\$201,933,280
LTC ICF/SNF	
Clinic	\$36,164,811
Other Patient revenue (please identify below)	
-	
-	
Gross Hospital Patient Revenue	\$299,903,393

Section 3: Deductions from Gross Patient Revenue

Contractuals

Medicare	\$76,167,128
Medicaid	\$38,300,560
Other Contractuals	\$55,584,577

Uncompensated Care

Bad Debt	\$1,470,182
Charity Care	\$5,168,387
Total Deductions from Patient Revenue	\$176,690,834

Section 4: Net Patient Revenue	
Net Patient Revenue	\$123,212,559

Section 5: Net Income	
Net Patient Revenue	\$123,212,559
Other Operating Revenue	\$14,634,977
Total Operating Revenue	\$137,847,536
Total Operating Expense	\$149,066,744
Operating Income	-\$11,219,208
Net Nonoperating Revenue (Expense)	-\$2,202,556
Net Income	-\$13,421,764

Section 6: Property, Plant & Equipment	
Property, Plant & Equipment	\$72,192,202
Accumulated Depreciation	\$57,083,951
Net Property, Plant & Equipment	\$15,108,251

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