

Oregon Hospital Financial Report (FR-3)

Fiscal Year -

Section 1: Hospital Identification and Contact Information

Hospital Name	Pioneer Memorial Hospital
Hospital System (Samaritan, Providence, None, etc.)	
Administrator's Address	P.O. Box 9
City	Heppner
County	Morrow
State	Oregon
Zip Code	97836
Administrator's Phone	
Administrator's E-mail	
Administrator's Name	Emily Roberts
Administrator's Title	CEO
CFO's Name	J.R. Lieuallen
Name of Person completing this form	J.R. Lieuallen
Title	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	\$1,696,250
Outpatient	\$8,675,690
LTC ICF/SNF	\$0
Clinic	\$2,513,322
Other Patient revenue (please identify below)	
Home Health / Hospice	\$1,088,830
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Gross Hospital Patient Revenue	\$13,974,092

Section 3: Deductions from Gross Patient Revenue

Contractuals

Medicare	-\$1,353,125
Medicaid	\$673,071
Other Contractuals	\$737,996

Uncompensated Care

Bad Debt	\$146,575
Charity Care	\$507,703
Total Deductions from Patient Revenue	\$712,220

Section 4: Net Patient Revenue	
Net Patient Revenue	\$13,261,872

Section 5: Net Income	
Net Patient Revenue	\$13,261,872
Other Operating Revenue	\$283,669
Total Operating Revenue	\$13,545,541
Total Operating Expense	\$17,429,424
Operating Income	-\$3,883,883
Net Nonoperating Revenue (Expense)	\$4,598,616
Net Income	\$714,733

Section 6: Property, Plant & Equipment	
Property, Plant & Equipment	\$14,708,128
Accumulated Depreciation	\$9,763,297
Net Property, Plant & Equipment	\$4,944,831

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