

# 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	[REDACTED]
Administrator's E-mail	[REDACTED]
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	[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	\$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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<b>Gross Hospital Patient Revenue</b>	<b>\$13,974,092</b>

### 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
<b>Total Deductions from Patient Revenue</b>	<b>\$712,220</b>

**Section 4: Net Patient Revenue**

Net Patient Revenue	\$13,261,872
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**Section 5: Net Income**

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

**Section 6: Property, Plant & Equipment**

Property, Plant & Equipment	\$14,708,128
Accumulated Depreciation	\$9,763,297
<b>Net Property, Plant &amp; Equipment</b>	<b>\$4,944,831</b>

After completing, please return this form and a copy of the hospital's audited financial statement to:

[hdd.admin@dhsoha.state.or.us](mailto: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