

Oregon Hospital Financial Report (FR-3)

Fiscal Year -

Section 1: Hospital Identification and Contact Information

Hospital Name	CHI St. Anthony Hospital
Hospital System (Samaritan, Providence, None, etc.)	Catholic Health Initiatives
Administrator's Address	2801 St. Anthony Way
City	Pendleton
County	Umatilla
State	Oregon
Zip Code	97801
Administrator's Phone	
Administrator's E-mail	
Administrator's Name	Harold Geller
Administrator's Title	President
CFO's Name	Francis Becker
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	\$37,666,590
Outpatient	\$133,973,495
LTC ICF/SNF	
Clinic	
Other Patient revenue (please identify below)	
Physician	\$14,707,741
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Gross Hospital Patient Revenue	\$186,347,826

Section 3: Deductions from Gross Patient Revenue

Contractuals

Medicare	\$41,705,854
Medicaid	\$24,725,831
Other Contractuals	\$18,949,790

Uncompensated Care

Bad Debt	\$1,986,306
Charity Care	\$1,889,809
Total Deductions from Patient Revenue	\$89,257,590

Section 4: Net Patient Revenue	
Net Patient Revenue	\$97,090,236

Section 5: Net Income	
Net Patient Revenue	\$97,090,236
Other Operating Revenue	\$3,720,165
Total Operating Revenue	\$100,810,401
Total Operating Expense	\$86,318,075
Operating Income	\$14,492,326
Net Nonoperating Revenue (Expense)	-\$5,908,802
Net Income	\$8,583,524

Section 6: Property, Plant & Equipment	
Property, Plant & Equipment	\$131,711,217
Accumulated Depreciation	\$76,412,486
Net Property, Plant & Equipment	\$55,298,731

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