

Oregon Hospital Financial Report (FR-3)

Fiscal Year -

Section 1: Hospital Identification and Contact Information

Hospital Name	Curry General Hospital
Hospital System (Samaritan, Providence, None, etc.)	none
Administrator's Address	94220 4th Street
City	Gold Beach
County	Curry
State	OR
Zip Code	97444
Administrator's Phone	
Administrator's E-mail	
Administrator's Name	Virginia Williams
Administrator's Title	CEO
CFO's Name	Richard Sicora
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	\$11,068,162
Outpatient	\$94,064,995
LTC ICF/SNF	
Clinic	\$16,548,012
Other Patient revenue (please identify below)	
-	
-	
Gross Hospital Patient Revenue	\$121,681,169

Section 3: Deductions from Gross Patient Revenue

Contractuals

Medicare	\$24,928,023
Medicaid	\$8,954,980
Other Contractuals	\$19,076,428

Uncompensated Care

Bad Debt	\$1,731,889
Charity Care	\$592,425
Total Deductions from Patient Revenue	\$55,283,745

Section 4: Net Patient Revenue

Net Patient Revenue	\$66,397,424
----------------------------	---------------------

Section 5: Net Income

Net Patient Revenue	\$66,397,424
Other Operating Revenue	\$963,339
Total Operating Revenue	\$67,360,763
Total Operating Expense	\$64,411,370
Operating Income	\$2,949,393
Net Nonoperating Revenue (Expense)	\$915,946
Net Income	\$3,865,339

Section 6: Property, Plant & Equipment

Property, Plant & Equipment	\$65,665,667
Accumulated Depreciation	\$29,427,360
Net Property, Plant & Equipment	\$36,238,307

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