

Oregon Hospital Financial Report (FR-3)

Fiscal Year -

Section 1: Hospital Identification and Contact Information

Hospital Name	HARNEY DISTRICT HOSPITAL
Hospital System (Samaritan, Providence, None, etc.)	NONE
Administrator's Address	557 W. WASHINGTON
City	BURNS
County	HARNEY
State	OREGON
Zip Code	97720
Administrator's Phone	
Administrator's E-mail	
Administrator's Name	CATHERINE WHITE
Administrator's Title	CEO, INT.
CFO's Name	JIM BASCH
Name of Person completing this form	JIM BASCH
Title	CFO, INT.
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	\$9,128,677
Outpatient	\$30,520,590
LTC ICF/SNF	\$0
Clinic	\$4,095,450
Other Patient revenue (please identify below)	\$0
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-	
Gross Hospital Patient Revenue	\$43,744,717

Section 3: Deductions from Gross Patient Revenue	
Contractuals	
Medicare	\$5,881,298
Medicaid	\$2,818,122
Other Contractuals	\$3,553,284
Uncompensated Care	
Bad Debt	\$1,427,193
Charity Care	\$406,427
Total Deductions from Patient Revenue	\$14,086,325

Section 4: Net Patient Revenue	
Net Patient Revenue	\$29,658,392

Section 5: Net Income	
Net Patient Revenue	\$29,658,392
Other Operating Revenue	
Total Operating Revenue	\$29,658,392
Total Operating Expense	
Operating Income	\$29,658,392
Net Nonoperating Revenue (Expense)	
Net Income	\$29,658,392

Section 6: Property, Plant & Equipment	
Property, Plant & Equipment	\$33,211,995
Accumulated Depreciation	\$23,213,206
Net Property, Plant & Equipment	\$9,998,789

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

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