

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	PO 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	Nicole Mahoney
Name of Person completing this form	Nicole Mahoney
Title	COO/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	\$2,153,624
Outpatient	\$6,778,918
LTC ICF/SNF	
Clinic	\$3,546,643
Other Patient revenue (please identify below)	
Ambulance	\$1,987,960
Home health & hospice	\$1,089,083
Gross Hospital Patient Revenue	\$15,556,228

Section 3: Deductions from Gross Patient Revenue	
Contractuals	
Medicare	-\$2,858,764
Medicaid	\$807,239
Other Contractuals	\$1,044,370
Uncompensated Care	
Bad Debt	\$351,657
Charity Care	\$186,500
Total Deductions from Patient Revenue	-\$468,998

Section 4: Net Patient Revenue	
Net Patient Revenue	\$16,025,226

Section 5: Net Income	
Net Patient Revenue	\$16,025,226
Other Operating Revenue	\$288,188
Total Operating Revenue	\$16,313,414
Total Operating Expense	\$22,017,486
Operating Income	-\$5,704,072
Net Nonoperating Revenue (Expense)	\$5,712,389
Net Income	\$8,317

Section 6: Property, Plant & Equipment	
Property, Plant & Equipment	\$15,307,396
Accumulated Depreciation	\$10,481,146
Net Property, Plant & Equipment	\$4,826,250

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