

Oregon Hospital Financial Report (FR-3)

Fiscal Year -

Section 1: Hospital Identification and Contact Information

Hospital Name	St. Anthony Hospital
Hospital System (Samaritan, Providence, None, etc.)	CommonSpirit
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	\$32,792,482
Outpatient	\$147,842,339
LTC ICF/SNF	
Clinic	
Other Patient revenue (please identify below)	
Physician	\$17,176,126
-	
Gross Hospital Patient Revenue	\$197,810,946

Section 3: Deductions from Gross Patient Revenue	
Contractuals	
Medicare	\$45,379,659
Medicaid	\$28,039,254
Other Contractuals	\$24,718,077
Uncompensated Care	
Bad Debt	\$3,805,177
Charity Care	\$2,681,127
Total Deductions from Patient Revenue	\$104,623,293

Section 4: Net Patient Revenue	
Net Patient Revenue	\$93,187,653

Section 5: Net Income	
Net Patient Revenue	\$93,187,653
Other Operating Revenue	\$6,822,995
Total Operating Revenue	\$100,010,648
Total Operating Expense	\$92,065,147
Operating Income	\$7,945,501
Net Nonoperating Revenue (Expense)	\$5,731,502
Net Income	\$13,677,003

Section 6: Property, Plant & Equipment	
Property, Plant & Equipment	\$132,041,271
Accumulated Depreciation	\$81,460,410
Net Property, Plant & Equipment	\$50,580,860

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