

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	Dennis Burke
Administrator's Title	Chief Executive Officer
CFO's Name	Catherine White
Name of Person completing this form	Catherine White
Title	Chief Financial Officer
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	\$30,520,589
LTC ICF/SNF	\$0
Clinic	\$4,095,450
Other Patient revenue (please identify below)	\$0
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-	
Gross Hospital Patient Revenue	\$43,744,716

Section 3: Deductions from Gross Patient Revenue

Contractuals

Medicare	\$3,416,712
Medicaid	\$5,405,017
Other Contractuals	\$3,623,810

Uncompensated Care

Bad Debt	\$1,427,193
Charity Care	\$213,592
Total Deductions from Patient Revenue	\$14,086,324

Section 4: Net Patient Revenue

Net Patient Revenue	\$29,658,392
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Section 5: Net Income

Net Patient Revenue	\$29,658,392
Other Operating Revenue	\$1,158,102
Total Operating Revenue	\$30,816,494
Total Operating Expense	\$34,366,264
Operating Income	-\$3,549,770
Net Nonoperating Revenue (Expense)	\$2,764,284
Net Income	-\$785,486

Section 6: Property, Plant & Equipment

Property, Plant & Equipment	\$33,104,279
Accumulated Depreciation	\$23,213,206
Net Property, Plant & Equipment	\$9,891,073

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