

Oregon Hospital Financial Report (FR-3)

Fiscal Year -

Section 1: Hospital Identification and Contact Information

Hospital Name	Columbia Memorial Hospital
Hospital System (Samaritan, Providence, None, etc.)	none
Administrator's Address	2111 Exchange Street
City	Astoria
County	Clatsop
State	OR
Zip Code	97103
Administrator's Phone	
Administrator's E-mail	
Administrator's Name	Erik Thorsen
Administrator's Title	CEO
CFO's Name	Brandon Parker
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	\$41,104,178
Outpatient	\$200,431,953
LTC ICF/SNF	\$0
Clinic	\$140,598,568
Other Patient revenue (please identify below)	\$0
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-	
Gross Hospital Patient Revenue	\$382,134,699

Section 3: Deductions from Gross Patient Revenue

Contractuals

Medicare	\$100,862,065
Medicaid	\$42,105,473
Other Contractuals	\$36,732,911

Uncompensated Care

Bad Debt	\$2,924,019
Charity Care	\$2,362,635
Total Deductions from Patient Revenue	\$184,987,103

Section 4: Net Patient Revenue

Net Patient Revenue	\$197,147,596
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Section 5: Net Income

Net Patient Revenue	\$197,147,596
Other Operating Revenue	\$4,770,611
Total Operating Revenue	\$201,918,207
Total Operating Expense	\$187,195,618
Operating Income	\$14,722,589
Net Nonoperating Revenue (Expense)	\$14,081,839
Net Income	\$28,804,428

Section 6: Property, Plant & Equipment

Property, Plant & Equipment	\$144,492,157
Accumulated Depreciation	\$83,946,839
Net Property, Plant & Equipment	\$60,545,318

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