

Oregon Hospital Financial Report (FR-3)

Fiscal Year -

Section 1: Hospital Identification and Contact Information

Hospital Name	Curry General Hospital
Hospital System (Samaritan, Providence, None, etc.)	None
Administrator's Address	94220 4th Street
City	Gold Beach
County	Curry
State	Oregon
Zip Code	97444
Administrator's Phone	
Administrator's E-mail	
Administrator's Name	Virginia Williams
Administrator's Title	CEO
CFO's Name	Richard Sicora
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	\$10,421,122
Outpatient	\$103,341,003
LTC ICF/SNF	
Clinic	\$18,880,983
Other Patient revenue (please identify below)	
-	
-	
Gross Hospital Patient Revenue	\$132,643,108

Section 3: Deductions from Gross Patient Revenue

Contractuals

Medicare	\$29,503,758
Medicaid	\$10,388,760
Other Contractuals	\$20,156,913

Uncompensated Care

Bad Debt	\$2,316,158
Charity Care	\$423,865
Total Deductions from Patient Revenue	\$62,789,454

Section 4: Net Patient Revenue

Net Patient Revenue	\$69,853,654
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Section 5: Net Income

Net Patient Revenue	\$69,853,654
Other Operating Revenue	
Total Operating Revenue	\$69,853,654
Total Operating Expense	
Operating Income	\$69,853,654
Net Nonoperating Revenue (Expense)	
Net Income	\$69,853,654

Section 6: Property, Plant & Equipment

Property, Plant & Equipment	\$66,880,234
Accumulated Depreciation	\$32,784,651
Net Property, Plant & Equipment	\$34,095,583

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