

# 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.)	
Administrator's Address	557 W. Washington St.
City	Burns
County	Harney
State	Oregon
Zip Code	97720
Administrator's Phone	
Administrator's E-mail	
Administrator's Name	Robert Gomes
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	\$9,828,765
Outpatient	\$38,960,099
LTC ICF/SNF	
Clinic	\$4,512,566
Other Patient revenue (please identify below)	
-	
-	
<b>Gross Hospital Patient Revenue</b>	<b>\$53,301,430</b>

## Section 3: Deductions from Gross Patient Revenue

### Contractuals

Medicare	\$7,042,600
Medicaid	\$5,843,860
Other Contractuals	\$4,058,665

### Uncompensated Care

Bad Debt	\$1,626,423
Charity Care	\$422,170
<b>Total Deductions from Patient Revenue</b>	<b>\$18,993,718</b>

## Section 4: Net Patient Revenue

<b>Net Patient Revenue</b>	<b>\$34,307,712</b>
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## Section 5: Net Income

Net Patient Revenue	\$34,307,712
Other Operating Revenue	\$816,524
<b>Total Operating Revenue</b>	<b>\$35,124,236</b>
<b>Total Operating Expense</b>	<b>\$37,489,427</b>
<b>Operating Income</b>	<b>-\$2,365,191</b>
<b>Net Nonoperating Revenue (Expense)</b>	<b>\$1,316,096</b>
<b>Net Income</b>	<b>-\$1,049,095</b>

## Section 6: Property, Plant & Equipment

<b>Property, Plant &amp; Equipment</b>	<b>\$33,786,527</b>
<b>Accumulated Depreciation</b>	<b>\$24,502,955</b>
<b>Net Property, Plant &amp; Equipment</b>	<b>\$9,283,572</b>

After completing, please return this form and a copy of the hospital's audited financial statement to:

[hdd.admin@dhsosha.state.or.us](mailto: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