

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)	
-	
-	
Gross Hospital Patient Revenue	\$53,301,430

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
Total Deductions from Patient Revenue	\$18,993,718

Section 4: Net Patient Revenue

Net Patient Revenue	\$34,307,712
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Section 5: Net Income

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

Section 6: Property, Plant & Equipment

Property, Plant & Equipment	\$33,786,527
Accumulated Depreciation	\$24,502,955
Net Property, Plant & Equipment	\$9,283,572

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

hdd.admin@dhsoha.state.or.us

Or send hard copy to:

Oregon Health Authority
Office of Health Analytics
500 Summer St. NE, E-64
Salem, OR 97301