

Oregon Hospital Financial Report (FR-3)

Fiscal Year -

Section 1: Hospital Identification and Contact Information

Hospital Name	Pioneer Memorial Hospital
Hospital System (Samaritan, Providence, None, etc.)	None
Administrator's Address	PO BOX 9
City	Heppner
County	Morrow
State	Oregon
Zip Code	97836
Administrator's Phone	
Administrator's E-mail	
Administrator's Name	Emily Roberts
Administrator's Title	CEO
CFO's Name	Nicole Mahoney
Name of Person completing this form	Nicole Mahoney
Title	COO/CFO
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	\$2,368,236
Outpatient	\$6,136,424
LTC ICF/SNF	
Clinic	\$3,635,370
Other Patient revenue (please identify below)	
Ambulance	\$1,647,608
Home health & hospice	\$1,174,031
Gross Hospital Patient Revenue	\$14,961,669

Section 3: Deductions from Gross Patient Revenue

Contractuals

Medicare	-\$2,082,956
Medicaid	\$880,949
Other Contractuals	\$927,445

Uncompensated Care

Bad Debt	\$418,056
Charity Care	\$341,800
Total Deductions from Patient Revenue	\$485,294

Section 4: Net Patient Revenue

Net Patient Revenue	\$14,476,375
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Section 5: Net Income

Net Patient Revenue	\$14,476,375
Other Operating Revenue	\$256,878
Total Operating Revenue	\$14,733,253
Total Operating Expense	\$21,271,206
Operating Income	-\$6,537,953
Net Nonoperating Revenue (Expense)	\$5,269,698
Net Income	-\$1,268,255

Section 6: Property, Plant & Equipment

Property, Plant & Equipment	\$14,743,800
Accumulated Depreciation	\$10,388,468
Net Property, Plant & Equipment	\$4,355,332

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