

Oregon Hospital Financial Report (FR-3)

Fiscal Year - 2024

Section 1: Hospital Identification and Contact Information

Hospital Name	Sky Lakes Medical Center
Hospital System (Samaritan, Providence, None, etc.)	None
	93-0508781
Administrator's Address	2865 Daggett Avenue
City	Klamath Falls
County	Klamath
State	Oregon
Zip Code	97601
Administrator's Phone	
Administrator's E-mail	
Administrator's Name	Andrew Molatore
Administrator's Title	Controller
CFO's Name	Richard E Rico
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)	Same
City (if different than Hospital)	Same
Zip Code (if different than Hospital)	Same

All Data should be based on the Audited Financial Information

Section 2: Gross Patient Revenue

Inpatient	\$240,372,571
Outpatient	\$599,572,188
LTC ICF/SNF	
Clinic	\$78,629,632
Other Patient revenue (please identify below)	
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-	
Gross Hospital Patient Revenue	\$918,574,391

Section 3: Deductions from Gross Patient Revenue

Contractuals	
Medicare	\$319,286,405
Medicaid	\$196,925,670
Other Contractuals	\$43,721,518
Uncompensated Care	
Bad Debt	\$5,154,316
Charity Care	\$20,426,948
Total Deductions from Patient Revenue	\$585,514,857

Section 4: Net Patient Revenue

Net Patient Revenue	\$333,059,534
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Section 5: Net Income

Net Patient Revenue	\$333,060,000
Other Operating Revenue	\$24,307,000
Total Operating Revenue	\$357,367,000
Total Operating Expense	\$355,155,000
Operating Income	\$2,212,000
Net Nonoperating Revenue (Expense)	\$3,277,000
Net Income	\$5,489,000

Section 6: Property, Plant & Equipment

Property, Plant & Equipment	\$324,932,962
Accumulated Depreciation	\$189,873,962
Net Property, Plant & Equipment	\$135,059,000

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