

Oregon Hospital Financial Report (FR-3)

Fiscal Year - 2024

Section 1: Hospital Identification and Contact Information

Hospital Name	St. Anthony Hospital
Hospital System (Samaritan, Providence, None, etc.)	CommonSpirit
Administrator's Address	2801 St. Anthony Way
City	Pendleton
County	Umatilla
State	Oregon
Zip Code	97801
Administrator's Phone	
Administrator's E-mail	
Administrator's Name	Harold Geller
Administrator's Title	President
CFO's Name	Francis Becker
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	\$34,556,261
Outpatient	\$164,688,263
LTC ICF/SNF	
Clinic	
Other Patient revenue (please identify below)	
Physician	\$13,465,010
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Gross Hospital Patient Revenue	\$212,709,534

Section 3: Deductions from Gross Patient Revenue

Contractuals

Medicare	\$48,977,920
Medicaid	\$24,844,477
Other Contractuals	\$31,021,382

Uncompensated Care

Bad Debt	\$2,936,873
Charity Care	\$2,310,731
Total Deductions from Patient Revenue	\$110,091,383

Section 4: Net Patient Revenue

Net Patient Revenue	\$102,618,151
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Section 5: Net Income

Net Patient Revenue	\$102,618,151
Other Operating Revenue	\$5,157,592
Total Operating Revenue	\$107,775,743
Total Operating Expense	\$96,651,068
Operating Income	\$11,124,675
Net Nonoperating Revenue (Expense)	\$18,209,196
Net Income	\$29,333,872

Section 6: Property, Plant & Equipment

Property, Plant & Equipment	\$133,212,850
Accumulated Depreciation	\$85,650,772
Net Property, Plant & Equipment	\$47,562,079

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