

## Hospital Owned Provider-Based Clinic Reporting

1	Fiscal Year Ended: De	cember 2021	License #	HAC.FS.0000058
2	Yakima Valley Memorial (formerly Virginia Mason Memorial, Hospital NameHospital Nameformerly Yakima Valley Memorial Hospital)			
а	The number of provider-based clinics owned or operated by the hospital that charge or bill a separate facility fee			18
b	The number of patient visits at each provider-based clinic owned for which a facility fee was charged or billed for the year			88,750
С	The revenue received by the hospital for the year by means of facility fees at each provider-based clinic			4,660,470
d	The range of allowable facility fees paid by public or private payers at each provider-based clinic			0 - 799
Please submit to DOH either by mail, fax or email to the following address: Washington State Department of Health Community Health Systems/Hospital and Financial and Charity Care Section				

MS: 47853 Olympia, WA 98504-7853 Fax: (360) 236-2870 email: hos@doh.wa.gov

Facility fee means any separate charge or billing by a <u>off-campus</u> provider-based clinic in addition to a professional fee for physicians' services that is intended to cover building, electronic medical records systems, billing, and other administrative and operational expenses.

DOH 346-094 (REV 12/04/2017)