



Hospital Owned Provider-Based Clinic Reporting

1	Fiscal Year Ended:	12/31/2023	License #	162
2	Hospital Name	Providence Sacred Heart Medical Center and Children's Hospital		
a	The number of provider-based clinics owned or operated by the hospital that charge or bill a separate facility fee	2		
b	The number of patient visits at each provider-based clinic owned for which a facility fee was charged or billed for the year	5,838		
c	The revenue received by the hospital for the year by means of facility fees at each provider-based clinic	480,724		
d	The range of allowable facility fees paid by public or private payers at each provider-based clinic	\$49 - \$348		

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 off-campus 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)

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.