

## Hospital Owned Provider-Based Clinic Reporting

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1	Fiscal Year Ended: 2	2016	License #	H-038
2	Hospital Name OI	ympic Medical Ce	nter	
а	The number of provider-based clinics owned or operated by the hospital that charge or bill a separate facility fee			9
b	The number of patient visits at each provider-based clinic owned for which a facility fee was charged or billed for the year		107,693	
С	The revenue received by the hospital for the year by means of facility fees at each provider-based clinic		27,462,884	
d	The range of allowable facility fees paid by public or private payers at each provider-based clinic			n/a

Please submit to DOH either by mail, fax or email to the following address:

Washington State Department of Health

Center for Health Statistics/Hospital and Patient Data Section

MS: 47814

Olympia, WA 98504-7814 Fax: (360) 753-4135 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 422-098/CHS 258 (REV 01/01/2013)