

Hospital Owned Provider-Based Clinic Reporting

	1 3			
1	Fiscal Year Ended:	December 2018	License #	HAC.FS.0000058
2	Hospital Name	Virginia Mason Memo	orial (formerly Yakima Valle	y Memorial Hospital)
а	The number of provider-based clinics owned or operated by the hospital that charge or bill a separate facility fee			6
b	The number of patient visits at each provider-based clinic owned for which a facility fee was charged or billed for the year			61,961
				<u>-</u>
С	The revenue received by the hospital for the year by means of facility fees at each provider-based clinic			5,085,744
d	The range of allowable each provider-based c		ublic or private payers at	0 - 491

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)