

Hospital Owned Provider-Based Clinic Reporting

Troophar Owned Fronder Based Omno Roporting			
1	Fiscal Year Ended:	2,019 License #	H-134
2	Hospital Name	Skagit County Public Hospital District N	No. 2, dba Island Hospit
а	The number of provider-based clinics owned or operated by the hospital that charge or bill a separate facility fee		1
b	The number of patient visits at each provider-based clinic owned for which a facility fee was charged or billed for the year		r 3,491
С	The revenue received by the hospital for the year by means of facility fees at each provider-based clinic		260,786
d	The range of allowabl payers at each provid	e facility fees paid by public or private er-based clinic	\$65.12-\$187

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)