



Hospital Owned Provider-Based Clinic Reporting

1	Fiscal Year Ended:	12/31/19	License #	HAC.FS.00000162
2	Hospital Name	Providence Sacred Heart Medical Center and Children's H		
a	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		7,454	
c	The revenue received by the hospital for the year by means of facility fees at each provider-based clinic		699,119	
d	The range of allowable facility fees paid by public or private payers at each provider-based clinic		\$2 - \$247	

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)