

## Hospital Owned Provider-Based Clinic Reporting

1	Fiscal Year Ended: 2018 L	icense #	176
2	Hospital Name MULTICARE TACOMA GENERAL/ALLENMORE HC		RE HOS
а	The number of provider-based clinics owned or ope the hospital that charge or bill a separate facility fee		
b	The number of patient visits at each provider-based owned for which a facility fee was charged or billed	7316	7
с	The revenue received by the hospital for the year by facility fees at each provider-based clinic	y means of 18,530,5	97
d	The range of allowable facility fees paid by public or payers at each provider-based clinic	r private \$0 - 8,4	39

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)