



## Hospital Owned Provider-Based Clinic Reporting

1	Fiscal Year Ended:	<b>12/31/2013</b>	License #	<b>037</b>
2	Hospital Name	<b>DEACONESS MEDICAL CENTER</b>		
a	The number of provider-based clinics owned or operated by the hospital that charge or bill a separate facility fee		<b>2</b>	
b	The number of patient visits at each provider-based clinic owned for which a facility fee was charged or billed for the year		ACI CDA - 1,688 ACI NORTH - 2,021 <b>TOTAL - 3,709</b>	
c	The revenue received by the hospital for the year by means of facility fees at each provider-based clinic		ACI CDA - 842,307 ACI NORTH - 1,026,040 <b>TOTAL - 1,868,347</b>	
d	The range of allowable facility fees paid by public or private payers at each provider-based clinic		<b>\$108-\$6,717</b>	

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 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.