



Hospital Owned Provider-Based Clinic Reporting

1	Fiscal Year Ended:	12/31/2014	License #	HAC.FS.60054542
2	Hospital Name	DEACONESS MEDICAL CENTER		
a	The number of provider-based clinics owned or operated by the hospital that charge or bill a separate facility fee		2	
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 - 1,267 ACI NORTH - 2,145 TOTAL - 3,412	
c	The revenue received by the hospital for the year by means of facility fees at each provider-based clinic		ACI CDA - 687,917 ACI NORTH - 1,240,228 TOTAL - 1,928,145	
d	The range of allowable facility fees paid by public or private payers at each provider-based clinic		\$121-\$7,476	

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.