



## Hospital Owned Provider-Based Clinic Reporting

1	Fiscal Year Ended:	June 30, 2014	License #
2	Hospital Name	PeaceHealth	
St. Joseph Medical Center			
a	The number of provider-based clinics owned or operated by the hospital that charge or bill a separate facility fee		
b	The number of patient visits at each provider-based clinic owned for which a facility fee was charged or billed for the year		
c	The revenue received by the hospital for the year by means of facility fees at each provider-based clinic		
d	The range of allowable facility fees paid by public or private payers at each provider-based clinic		

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

DOH 42:

HAC.FS.60316803
7
22,331
16,890,667
39.13-101.32

a professional fee for  
2-098/CHS 258 (REV 01/01/2013)