Washington State Department of Health

Hospital Owned Provider-Based Clinic Reporting

1	Fiscal Year Ended: 12/31	License # 153	
2	Hospital Name	Whitman Hospital & Medical Center Whitman County Hospital District #3	
a	The number of provider-based clinics owned or operated by the hospital that charge or bill a separate facility fee		Ø
b	The number of patient visits at each provider-based clinic owned for which a facility fee was charged or billed for the year		Ø
c	The revenue received by the hospital for the year by means of facility fees at each provider-based clinic		Ø
d	The range of allowable facility fees paid by public or private payers at each provider-based clinic		Ø

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.