

Hospital Owned Provider-Based Clinic Reporting

| 1 | Fiscal Year Ended: 6/30/2020 | License # | 130 |
|---|--|--------------------------------|---------|
| 2 | Hospital Name NOR | THWEST HOSPITAL | |
| | | | |
| а | The number of provider-based clinics owr that charge or bill a separate facility fee | ed or operated by the hospital | 1 |
| | | | |
| b | The number of patient visits at each provider-based clinic owned for which a facility fee was charged or billed for the year | | 3,972 |
| | | | |
| С | The revenue received by the hospital for the year by means of facility fees at each provider-based clinic | | 342,266 |
| | | | |
| d | The range of allowable facility fees paid by public or private payers at each provider-based clinic | | 0 - 241 |
| 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.

DOH 422-098/CHS 258 (REV 01/01/2013)