

## Hospital Owned Provider-Based Clinic Reporting

| 1 | Fiscal Year Ended:   | 2020 License #         | 207           |
|---|--|------------------------|---------------|
| 2 | Hospital Name  | Skagit Valley Hospital |               |
|   |  |                        |               |
| а | The number of provider-based clinics owned or operated by the hospital that charge or bill a separate facility fee           |                        | 4             |
|   |  |                        |               |
| b | The number of patient visits at each provider-based clinic owned for which a facility fee was charged or billed for the year |                        | 69,477        |
|   |  |                        |               |
| С | The revenue received by the hospital for the year by means of facility fees at each provider-based clinic                    |                        | 2,548,920     |
|   |  |                        |               |
| d | The range of allowable facility fees paid by public or private payers at each provider-based clinic                          |                        | \$0 - \$2,787 |

Please submit to DOH either by mail, fax or email to the following address:

Washington State Department of Health

Community Health Systems/Hospital and Financial and Charity Care Section

MS: 47853

Olympia, WA 98504-7853 Fax: (360) 236-2870 email: hos@doh.wa.gov

Facility fee means any separate charge or billing by a <u>off-campus</u> 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 346-094 (REV 12/04/2017)