

Hospital Owned Provider-Based Clinic Reporting

1	Fiscal Year Ended: 20	17 License #	176	
2	Hospital Name	MULTICARE TACOMA GENERA	AL/ALLENMORE HOS	
а	The number of provider-based clinics owned or operated by the hospital that charge or bill a separate facility fee		7	
b	The number of patient visits at each provider-based clinic owned for which a facility fee was charged or billed for the year		20,934	
C	The revenue received by the hospital for the year by means of facility fees at each provider-based clinic		16,182,566	
d	The range of allowable facility fees paid by public or private payers at each provider-based clinic		\$0 - 8,037	

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)