



## Hospital Owned Provider-Based Clinic Reporting

1	Fiscal Year Ended:	12/31/2021	License #	HAC.FS.00000001
2	Hospital Name	Swedish Medical Center		
a	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			35,668
c	The revenue received by the hospital for the year by means of facility fees at each provider-based clinic			4,055,561
d	The range of allowable facility fees paid by public or private payers at each provider-based clinic			\$12 - \$4166

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](mailto: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 346-094 (REV 12/04/2017)



## Hospital Owned Provider-Based Clinic Reporting

1	Fiscal Year Ended:	12/31/2021	License #	HAC.FS.00000191
2	Hospital Name	Providence Centralia Hospital		
a	The number of provider-based clinics owned or operated by the hospital that charge or bill a separate facility fee			3
b	The number of patient visits at each provider-based clinic owned for which a facility fee was charged or billed for the year			6,275
c	The revenue received by the hospital for the year by means of facility fees at each provider-based clinic			820,502
d	The range of allowable facility fees paid by public or private payers at each provider-based clinic			\$55 - \$658

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DOH 346-094 (REV 12/04/2017)



## Hospital Owned Provider-Based Clinic Reporting

1	Fiscal Year Ended:	12/31/2021	License #	HAC.FS.00000084
2	Hospital Name	Providence Regional Medical Center Everett		
a	The number of provider-based clinics owned or operated by the hospital that charge or bill a separate facility fee			2
b	The number of patient visits at each provider-based clinic owned for which a facility fee was charged or billed for the year			22,103
c	The revenue received by the hospital for the year by means of facility fees at each provider-based clinic			2,604,076
d	The range of allowable facility fees paid by public or private payers at each provider-based clinic			\$13 - \$489

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DOH 346-094 (REV 12/04/2017)



## Hospital Owned Provider-Based Clinic Reporting

1	Fiscal Year Ended:	12/31/2021	License #	HAC.FS.00000161
2	Hospital Name	Kadlec Regional Medical Center		
a	The number of provider-based clinics owned or operated by the hospital that charge or bill a separate facility fee			17
b	The number of patient visits at each provider-based clinic owned for which a facility fee was charged or billed for the year			270,964
c	The revenue received by the hospital for the year by means of facility fees at each provider-based clinic			26,374,331
d	The range of allowable facility fees paid by public or private payers at each provider-based clinic			\$1 - \$1673

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DOH 346-094 (REV 12/04/2017)



## Hospital Owned Provider-Based Clinic Reporting

1	Fiscal Year Ended:	12/31/2021	License #	HAC.FS.00000162
2	Hospital Name	Providence Sacred Heart Medical Center and Children's Hospital		
a	The number of provider-based clinics owned or operated by the hospital that charge or bill a separate facility fee	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	6,820		
c	The revenue received by the hospital for the year by means of facility fees at each provider-based clinic	581,998		
d	The range of allowable facility fees paid by public or private payers at each provider-based clinic	\$50 - \$589		

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