



Hospital Owned Provider-Based Clinic Reporting

1	Fiscal Year Ended:	12/31/2022 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		5,341
c	The revenue received by the hospital for the year by means of facility fees at each provider-based clinic		525,758
d	The range of allowable facility fees paid by public or private payers at each provider-based clinic		\$33 - \$678

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 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)