



DOH 346-094 April 2023

Hospital Owned Provider-Based Clinic Reporting

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|---|--|--|-----------|-------|
| 1 | Fiscal Year Ended: | 12/31/2022 | License # | H-152 |
| 2 | Hospital Name: | Public Hospital District No. 1 of Mason County, WA d/b/a Mason H | | |
| a | The number of provider-based clinics owned or operated by the hospital that charge or bill a separate facility fee | | | 0 |
| b | The number of patient visits at each provider-based clinic owned for which a facility fee was charged or billed for the year | | | 0 |
| c | The revenue received by the hospital for the year by means of facility fees at each provider-based clinic | | | 0 |
| d | The range of allowable facility fees paid by public or private payers at each provider-based clinic | | | 0 |

Please submit to DOH either by email or Managed File Transfer (MFT):

[email: hos@doh.wa.gov](mailto:hos@doh.wa.gov)

[MFT: https://mft.wa.gov/webclient/Login.xhtml](https://mft.wa.gov/webclient/Login.xhtml)

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.