



Hospital Owned Provider-Based Clinic Reporting

1	Fiscal Year Ended: 3/31/2024	License # 208
2	Hospital Name: Legacy Salmon Creek 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	10,154
c	The revenue received by the hospital for the year by means of facility fees at each provider-based clinic	\$ 36,517,498
d	The range of allowable facility fees paid by public or private payers at each provider-based clinic	\$ 0.00 - \$111,872

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

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