Hospital Facility and Clinic Report Form

Part A: Attestation of Financial Assistance Policy.

*To be completed by an officer of the hospital.*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an officer of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, attest that each nonprofit hospital facility or nonprofit reportable affiliated clinic listed in Part B of this form has a financial assistance policy that meets the requirements of ORS 442.614 that has been posted in the health care facility and reportable affiliated clinic, and has been made available to the patients of the facility and reportable affiliated clinic.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Title*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date*

Part B: Health Care Facilities and Affiliated Reportable Clinics

On the following page(s) or in a same separate Excel or csv file, list the following for each health care facility and reportable affiliated clinic for your hospital or health system:

1. The health care facility name and street address for the facility location
2. The reportable affiliated clinic name and street address for the clinic location
3. The non-profit status of each health care facility or reportable affiliated clinic

You may add more rows as needed.

**Definitions**

For the purposes of this form, the following terms have the following meanings:

**Health Care Facility:**

1. A hospital;
2. An ambulatory surgical center;
3. A freestanding birthing center;
4. An outpatient renal dialysis facility; or
5. An extended stay center

**Hospital:**

1. A facility with an organized medical staff and a permanent building that is capable of providing 24-hour inpatient care to two or more individuals who have an illness or injury and that provides at least the following health services:
	1. Medical;
	2. Nursing;
	3. Laboratory;
	4. Pharmacy; and
	5. Dietary; or
2. A special inpatient care facility as that term is defined by the authority by rule

**Reportable Affiliated Clinic:**

An outpatient clinic located in Oregon that is:

1. Is operating under the common control of a hospital; or
2. Is owned in whole or part by the hospital; or
3. Is operating under the same brand of the hospital

Reportable affiliated clinics are divided into two categories on this form: Hospital-affiliated clinics and other reportable affiliated clinics.

Health Care Facilities and Reportable Clinics

**Hospitals**

In the following section, please list each hospital facility in your group

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| --- | --- | --- |
| **Hospital Name** | **Hospital Address** | **Is this hospital nonprofit?** **(Yes / No)** |
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**Reportable affiliated clinics**

In the following section, please include any other health care facilities or clinics that are under common control or branding in your group.

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| --- | --- | --- | --- |
| **Facility Name** | **Facility Address** | **Is this facility nonprofit?** **(Yes / No)** | **Is this facility hospital owned or controlled (Yes/No)** |
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