



Foundation for Health Care Quality

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INVOICE

BILL TO
Alice Ferguson
MultiCare Health System (OB)
PO Box 529
MS 737-4-AP
Tacoma, WA 98415-5299

INVOICE 22555
DATE 02/04/2025
TERMS Due on receipt
DUE DATE 02/04/2025

DATE	DESCRIPTION	QTY	RATE	AMOUNT
01/01/2025	OB COAP Level II Facilities 2025 - OB COAP - Annual Fee - Auburn Medical Center	1	13,000.00	13,000.00
01/01/2025	OB COAP Level II Facilities 2025 - OB COAP - Annual Fee - Good Samaritan Hospital	1	13,000.00	13,000.00
01/01/2025	OB COAP Level III/IV Facilities 2025 - OB COAP - Annual Fee - Deaconess Hospital	1	21,000.00	21,000.00
01/01/2025	OB COAP Level III/IV Facilities 2025 - OB COAP - Annual Fee - Tacoma General Hospital	1	21,000.00	21,000.00
01/01/2025	OB COAP 2025 - OB COAP - Annual Fee - Capital Medical Center	1	3,500.00	3,500.00
01/01/2025	OB COAP 2025 - OB COAP - Annual Fee - Spokane Valley	1	3,500.00	3,500.00
01/01/2025	OB COAP Level III/IV Facilities 2025 - OB COAP - Annual Fee - Yakima Valley Memorial Hospital	1	21,000.00	21,000.00

SUBTOTAL	96,000.00
TAX	0.00
TOTAL	96,000.00
BALANCE DUE	\$96,000.00

[Pay invoice](#)