## Application for Property Tax Adjustment for Pacific County Taxpayers

Name of Pacific County Taxpayer/s:______________________________________________

Name of patient who received services:___________________________________________

Address of primary residence of taxpayer:_________________________________________

_______________________________________________________________________

List all family members you are requesting a tax credit for, who qualify as dependents, and their relationship to taxpayer, as well as their address if it is different from the taxpayer.

| | Name | Relationship | Address, if different |
|---|---|---|---|
| 1) | | | |
| 2) | | | |
| 3) | | | |
| 4) | | | |
| 5) | | | |

My primary resident is in Pacific County. I am **presenting my property tax statement** as proof of my assessed hospital district taxes for the current year of 20___ and I request that my &/or my dependent/s hospital bill be adjusted by: $_______.____ as set forth in the hospital policy for property tax adjustment. I understand that any and all insurance benefits due for my hospital services, whether billed by me or the hospital, must be applied before I take advantage of this adjustment.

I certify under penalty of perjury that the above information is true and correct.

_______________________________________ ____________

Signature of taxpayer Date

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**Eligibility:** Property Tax Payers in Pacific County

**Amount Allowed:** Up to the total of Pacific County Property Taxes assessed for Willapa Harbor Hospital for the current year to cover out-of-pocket hospital bill expenses, **not to exceed $400 per year.**

**Includes:** Pacific County Taxpayers and legal dependents

**When:** Application must be made within 90 days from the date of service or 90 days from the date other insurance pays all they will pay.

**Exclusions:** Past Due accounts or accounts turned over to a collection agency.

Application forms are available in the hospital Business Office or can be down-loaded from our website at:
**www.willapaharborhospital.com**

**~~~All information submitted is confidential~~~**

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