Property Tax Application

I, _____, am requesting that the property tax discount be applied to the attached self-pay bill for services rendered to myself and or a legal spouse/dependent who had a date of service of ____/____/_____(MM/DD/YYYY).

I understand that in order to qualify for the property tax discount, a person must be the applicant and or the applicant's lawful spouse/dependent. Dependent is defined as a child 18 or under. I further understand that the discount may be applied only to the portion of the billed charges that is not reimbursed directly or indirectly by a third-party payer, that the amount of the discount is limited to the amount of the property taxes assessed for the tax year 20____.

I have been assessed for $_____ in property taxes for the benefit of Pacific County Hospital Dist. 2, Pacific County, within the related year of 20____.

☐ **I have attached to this application a copy of appropriate evidence of the amount of property taxes paid for the benefit of the district, such as a copy of the related property tax statement from the county.**
☐ **I have attached a copy of the related statement that I am requesting to have the property tax credit applied to.**

I certify under penalty of perjury that the above information is true and correct.
Dated this _____day of _____, 20____.

Applications must be submitted within 90 days from the date of service or 90 days from the date of insurance payment.

Patient Name: _____Applicant Signature: _____
Relation to Applicant: _____
Address: _____
Account #:_____ DOB:_____

Please mail to:
Willapa Harbor Hospital
Attn: Business Office
P.O. Box 438
South Bend, WA 98586
360-875-4503

WHH Interpretive
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Services

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