



PATIENT ACCOUNTS POLICY & PROCEDURE

Title: Property Tax Credit

Number: PA612

Effective Date: 02/06/18

Revised Date:

Review Date (no revisions): 7/3/23

PURPOSE

The purpose of this policy is to outline the circumstances under which a district resident may qualify for a credit against their balance for services provided by Harbor Regional Health Community Hospital, and the procedural and documentation requirements for any such credit.

POLICY

Patients living within the district may receive a credit in the amount of the public hospital district portion of their property taxes paid over the previous 12 months from their related date of service, up to a maximum annual credit of \$600.00. Patients are required to supply their property tax statement and complete the Property Tax Application. Maximum of one credit per household. The credit is applied to outstanding balances only and the adjustment cannot initiate or result in a refund. In addition the credit is applied to the patients account before any other type of discount, to include but not limited to, prompt pay and self-pay.

To apply the credit to a family member's account, the family member must live in the house and be a dependent of the tax payer.

Approved By:

Exec. Director Revenue Cycle Services

Date

Chief Financial Officer

Date



Property Tax Application

I, _____, am asking that the property tax discount be applied to the attached self-pay bill for services rendered to me or a family member who had a date of service of ___/___/____ (MM/DD/YYYY).

I understand that in order to qualify as a dependent, a person must be either the applicant's lawful spouse or dependent child. I further understand that the credit 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 credit is limited to the amount of the property taxes assessed for the tax year 20____, and that ***the amount of the credit may not exceed \$600.***

I have been assessed \$_____ in property taxes for the benefit of Public Hospital District No. 1, Grays Harbor 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_____.

Patient Name: _____

Applicant Signature: _____

Relation to Applicant: _____

Address: _____