



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 dependant, 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 \$500.**

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: _____

Please mail to:
The CBO Solutions
c/o Summit Pacific Medical Center
P.O. Box 2726
Spokane, WA 99220
1-888-292-8810