

# PROPERTY TAX ALLOWANCE

## PURPOSE

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Mason Health will allow a one-time tax adjustment annually for Mason County property owners.

## PROCEDURE

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Eligibility: Taxable property located in Mason County.

Amount Allowed: Up to total Mason County hospital district assessed taxes for Mason County properties for the current year to cover out of pocket hospital expenses. This adjustment is offered one-time per calendar year with a maximum of \$250.00 per year.

This adjustment is for Mason County taxpayer's and legal dependents.

An adjustment will be allowed yearly for up to the total amount of assessed hospital district taxes on said taxed property, which must be located in Mason County, for a Mason County land owner for services provided to the family to cover **out of pocket expenses**. This adjustment will be made only after all insurance sources have paid all they will pay and will not result in a refund of any monies except those paid by the patient or guarantor. Those eligible for this adjustment must be the property owner or qualify as a dependent to that property owner and be claimed as such for income tax purposes.

To receive this adjustment, the patient or guarantor must complete (attachment A) and present a copy of their current year tax statement for their taxable property in Mason County to the patient accounts representative within 90 days from the date of service or within 90 days of the bill date. Office hours are Monday thru Friday 8AM to 4:30PM.

The copy of the tax statement will remain a part of the adjustment record and must be attached to the adjustment form.

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### Attachment A



# PROPERTY TAX ALLOWANCE

MASON HEALTH  
P.O. BOX 1668  
SHELTON, WA 98584

## Tax Adjustment Form For Mason County Property Owner/Family

Name of Mason County Taxpayer \_\_\_\_\_

Name of patient who received services \_\_\_\_\_

Property address of taxpayer/patient.

\_\_\_\_\_  
Street City State

List **all** family members and their relationship to taxpayer who qualify as dependents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My taxable property is located in Mason County. I am presenting my tax statement as proof of my assessed hospital district taxes for current year \_\_\_\_\_ and  
Enter Year

I request that my bill be adjusted by \_\_\_\_\_ as set forth in hospital  
Enter adjustment amount

policy for tax adjustment. I understand any and all insurance benefits due for my services, whether billed by me or the hospital, must be applied before I may take advantage of this adjustment.

\_\_\_\_\_  
Signature of Taxpayer/Dependent Date