

PETITION FOR MEDICAID HOSPITAL DIRECTED PAYMENT PROGRAM

To the Board of County Commissioners of Hernando County, Florida:

We, the undersigned Institutional Health Care Provider, do hereby petition Hernando County, Florida ("County"), pursuant to Chapter 15 of the Code of Ordinances of Hernando County for a special assessment to be imposed to fund the non-federal share of Medicaid and Medicaid managed care payments. The properties to be assessed are located within Hernando County, as more fully described on the attached Exhibit A.

It is understood and agreed that the boundaries and services to be provided will be reviewed by the appropriate County authorities. The services to be provided will consist of collecting the special assessment and remitting such funds through intergovernmental transfers. It is also understood that the special assessment will be calculated in accordance with the requirements set forth in Chapter 15 of the Code of Ordinance of Hernando County, Florida. By signing this petition, each Institutional Health Care Provider forever relieves and releases the County, its officers, employees, and authorized agents from any and all liability for any legal action or damage, cost, or expense (including attorney's fees) relating to the imposition of the special assessment.

PETITIONER'S NAME	PETITIONER'S ADDRESS	LEGAL DESCRIPTION OF PROPERTY	TAX FOLIO NUMBER
		MORE FULLY	
		DESCRIBED ON	
		THE ATTACHED	
		"EXHIBIT A"	

Christopher M. Green Signature Date 6/12/2023
CHRISTOPHER M. GREEN Name

STATE OF FLORIDA)
) SS:
 COUNTY OF Hernando)

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization this 12th day of June, 2023 by Christopher Green. He/She is personally known to me or has produced as identification.

[NOTARY SEAL] Dianne Verbout
 Notary Public for the State of Florida
Dianne Verbout
 Name Type, Print or Stamped
 My Commission expires: 2-19-25

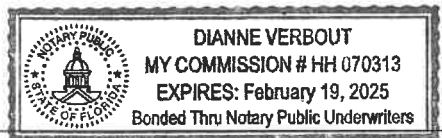


EXHIBIT "A"

Legal Description:

Owner: HCA Health Services of FL Inc.

Facility: HCA Florida Oak Hill Hospital

Facility Address: 11375 Cortez Blvd, Brooksville FL, 34613

Parcel #: R30 222 18 2807 0010 0000

Legal Description: OAK HILL HOSPITAL PLAT 1 TRS 1 & 3 LESS A LOT DES ORB 824 PG 48 & TR 4 AND 10 AC MOL DES ORB 893 PG 1127 AND

June 12, 2023

Hernando County Attorney
20 N. Main St.
Suite 462
Brooksville, FL 34601

Re: Affidavit of Christopher Green, CFO

I, Christopher Green, do hereby state:

1. I am the CFO of HCA Florida Oak Hill Hospital, located in Hernando County, Florida. I am providing this affidavit in my capacity as the CFO, and it is being given in connection with the Petition for the Medicaid Hospital Directed Payment Program to Hernando County, Florida (the "Petition").
2. HCA Florida Oak Hill Hospital wishes to submit the Petition to Hernando County, Florida to ask that mandatory payments be imposed to fund the non-federal share of Medicaid and Medicaid managed care patients.
3. I am duly authorized to sign and execute the Petition on behalf of HCA Florida Oak Hill Hospital. My signature on the Petition therefore shall have binding effect on HCA Florida Oak Hill Hospital and will commit HCA Florida Oak Hill Hospital to the Petition's contents.

[Signature Page Follows. Remainder of Page Intentionally Left Blank.]

Under penalties of perjury, I declare that I have read this Affidavit and the facts stated in it are true.

Christopher M. Green

Christopher Green, CFO
HCA Florida Oak Hill Hospital

STATE OF FLORIDA)
) SS:
COUNTY OF Hernando)

The foregoing instrument was sworn to and subscribed before me, by means of physical presence or online notarization this 12th day of June, 2022 by Christopher Green. He/She is personally known to me or has produced _____ as identification.

[NOTARY SEAL]

Dianne Verbout
Notary Public for the State of Florida

Dianne Verbout
Name Type, Print or Stamped

My Commission expires: 2-19-25

