## 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.

		Litulus en manka en programment services de la	nsa mas Bankas kandadan nya ani yasa nya kitanta nya kata ka
PETITIONER'S NAME	PETITIONER'S ADDRESS	LEGAL DESCRIPTION OF PROPERTY	TAX FOLIO NUMBER
SPRINGBROOK HOSPITAL	7074 GROVE RD SUITE C BROOKSVILLE, FL 34609	MORE FULLY	26-0800286
		DESCRIBED ON	
		THE ATTACHED	
		"EXHIBIT A"	
Signature Date Date Date			
STATE OF FLORIDA ) SS: COUNTY OF HEYMAND)			
The foregoing instrument was acknowledged before me, by means of N physical presence or online notarization this			
Notary Public or the State of Florida  FVELYN F. SALVATORE  Notary Public - State of Florida  Commission # HH 168513  Name Type, Frint or Stamped  My Commission expires: 12/19/3035			
	My Commi	ssion expires: 13/19/ 3	VgS

## **EXHIBIT** "A"

**Legal Description:** 

Behavior Health Hospital