5/2/2023

DISABILITY BOARD AGENDA
210 W. 6TH AVE
CASCADE CONFERENCE ROOM

11:45 AM

1. **CALL TO ORDER**
2. **ATTENDANCE**
3. **PUBLIC COMMENT**
4. **APPROVAL OF MINUTES**
   a. March Meeting Minutes
5. **FIRE CLAIMS**
   Summary of claims for signature.
   a. Fire Claims for Consideration
6. **POLICE CLAIMS**
   Summary of claims for signature.
   a. Police Claims for Consideration
7. **UNFINISHED BUSINESS**
8. **NEW BUSINESS**
9. **BOARD COMMENTS/DISCUSSION**

NEXT MEETING DATE: June 2, 2023 at 11:45 a.m.

DISABILITY BOARD
REGULAR MEETING
April 4, 2023

CALL TO ORDER

Jim Kraft called the regular meeting of the Kennewick Disability Board to order at 11:47 a.m. at the Kennewick Police Department, 211 W. 6th Avenue, 2nd Floor, in Administration Conference Room 222 & Teleconference.

Members Present: Jim Kraft, Police Representative; Bill McKay, Mayor; Gary Williams, Fire Representative; Kathryn Armstrong, Member at Large

Staff Present: Christie Brown, Secretary; Dan Legard, Finance Director

Member Absent: Brad Beauchamp, Council Member

APPROVAL OF MINUTES

Kathryn Armstrong moved, seconded by Bill McKay to approve the minutes of the March 7, 2023 meeting. The motion passed unanimously.

FIRE CLAIMS

Gary Williams presented the Fire claims in the amount of $6456.67. Kathryn Armstrong moved, seconded by Bill McKay to pay all claims as presented. The motion passed unanimously.

POLICE CLAIMS

Gary Williams presented the Police claims in the amount of $5924.00. Kathryn Armstrong moved, seconded by Gary Williams to pay all claims as presented. The motion passed unanimously.

OLD BUSINESS

None presented.

NEW BUSINESS

A motion was made by Bill McKay, seconded by Gary Williams to authorize a maximum benefit payment of $1128.00 with the final amount determined by the insurance payment for rehabilitation center care. The motion passed unanimously.

COMMENTS/DISCUSSION
ADJOURNMENT

The meeting adjourned at 12:04 p.m.

NEXT MEETING
Tuesday
May 2, 2023
@
11:45 AM

APPROVED:

DRAFT – FOR CONSIDERATION 5-2-2023

Prepared by Christie Brown, Disability Board Secretary

MEETING DATE: MAY 2, 2023

FIRE PENSION BOARD

FROM: CHRISTIE BROWN, SR. ACCOUNTING SPECIALIST/ DISABILITY BOARD SECRETARY

RE: FIRE PERSONNEL BUDGET NO. J2517210 . 520012

VENDOR#	LAST NAME	FIRST NAME	TOTAL
29			$ 6,459.75

$ 6,459.75

JIM KRAFT, POLICE REPRESENTATIVE

GARY WILLIAMS, FIRE REPRESENTATIVE

KATHRYN ARMSTRONG, MEMBER AT LARGE

BILL MCKAY, COUNCIL MEMBER

BRAD BEAUCHAMP, COUNCIL MEMBER

LEOFF-1 CLAIMS - FIRE MAY 2023

Meeting Date	ID	Vendor #	Date of Service	Ir	Claim #	Amount	Provider Type
5/2/2023	29		3/1/2023		LONG TERM CARE	$ 6,449.00	LONG TERM CARE FACILITIY
4/4/2023	29		12/14/2022		RX PHARMACY	$ 10.75	PHARMACY
					TOTAL	$ 6,459.75	
					TOTAL	**$ 6,459.75**	

LEOFF I – CERTIFICATION CLAIM FORM – FIRE

I hereby certify under penalty of perjury that this is a true and correct claim for necessary medical expenses incurred by me, and that no payment has been received by me on account thereof.
I further certify that I am an active/retired member of the Kennewick Fire Department; that the following claim was required by an allowable provider; **I am enclosing the required explanation of benefits**; and that I am eligible for reimbursement under the following plan(s):

Asuris [ ] Medicare [ ] Other [X] Per board approval

Date of Service	Condtion or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
March 2023	Chronic Dementia / Alzheimers	PHI	Memory Care	$6449.00
January 2023	OTC and supplements prescribed	PHI	Pharmacy	$10.75

TOTAL: $6459.75

PHI

04/17/2023
Date

Board Use Only

INVOICE

Invoice Period: 03/2023

PHI

IMPORTANT NOTICE

HAPPY St. Patrick's Day

Send To: PHI

Print date: February 22, 2023

Account Summary				
Prior Balance	**Payments**	**Credits**	**Charges**	**TOTAL DUE**
$6,449.00	($6,449.00)	($207.00)	$6,656.00	$6,449.00

Account Detail			
Prior Balance			**$6,449.00**
Payments		**Date**	
Check # 5079	:CHECKscan Payment	02/06/23	($6,449.00)
		Total Payments	**($6,449.00)**
Credits		**From**	
MC Rent Adjustments		03/01/23 - 03/31/23	($207.00)
		Total Credits	**($207.00)**
Charges		**From**	
Memory Care Rent		03/01/23 - 03/31/23	$5,300.00
Memory Care Level 3		03/01/23 - 03/31/23	$1,300.00

PHI

PHI Pharmacy Services

PHI

PHARMACY

RETURN SERVICE REQUESTED

86334

PHI

Fill in Below To Pay By Credit Card

☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

☐ Auto Charge Credit Card Monthly

Card Number | Exp. Date

Card Holder Name | Signature

Statement Date	Pay This Amount	Customer Number
01/31/23	$10.75	PHI

Payment Due Date	Show Amount Paid Here
02/25/23	$

PHI

☐ Please check if address or insurance information is incorrect and complete form on back.

PHI

PHI

PHI

Make Checks Payable To:

PHI Pharmacy Services

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Customer #: PHI

Facility Name: PHI

Please Pay: **$10.75**

Due Date: **02/25/23**

Happy New Year! Has your insurance changed for 2023? If so, let us know! Our friendly and knowledgeable billing staff will be happy to assist with any questions or concerns at PHI or PHI Please note: charges may be higher until your yearly deductible has been met.

Date	Rx No.	Description	Qty	RX/OTC	Insurance Paid	Sales Tax Included	Patient Amount Due
		Items highlighted in yellow add up to the total amount due					
		Balance Forward From Previous Statement					$ 7.76
01/04/23		Payment / Adjustment					$ -7.76
		Total Payments / Adjustments					$ -7.76
01/11/23	PHI	PHI 10MG TAB	30	OTC	NO		$ 7.76
01/15/23		PHI 81MG TAB	30	OTC	NO		$ 2.99
		Current Charges					$ 10.75

PAID @ RFCU 2/26/23 Conf# TQ3PT-GFTR1

Balance Forward From Previous Statement	Payments / Adjustments	Current Charges		TOTAL AMOUNT DUE
$7.76	$-7.76	$10.75	=	$ 10.75

Go Green with Electronic Statements and Autopay

Visit PHI and enter your Statement Pin: PHI

For Billing Questions Call Or Email

billing PHI

M-F 9:00am-5:00pm

Page 1 of 1

MEETING DATE: MAY 2, 2023

POLICE PENSION BOARD

CC: CHRISTIE BROWN, ACCOUNTING SPECIALIST/ DISABILITY BOARD SECRETARY

RE: POLICE PERSONNEL BUDGET NO. J2517210 . 520012

VENDOR#	LAST NAME	FIRST NAME	TOTAL
20			$ 1,599.99
			$ 1,599.99

JIM KRAFT, POLICE REPRESENTATIVE

GARY WILLIAMS, FIRE REPRESENTATIVE

KATHRYN ARMSTRONG, MEMBER AT LARGE

BILL MCKAY, COUNCIL MEMBER

BRAD BEAUCHAMP, COUNCIL MEMBER

LEOFF-1 CLAIMS - POLICE MAY 2023

Meeting Date	ID	Vendor #	Date of Service	Insura	Claim #	Amount	Provider
5/2/2023	20		2/3/2023		HEARING AIDS	$ 1,599.99	COSTCO
					Total:	**$ 1,599.99**	

LEOFF I – CERTIFICATION CLAIM FORM – POLICE

I hereby certify under penalty of perjury that this is a true and correct claim for necessary medical expenses incurred by me, and that no payment has been received by me on account thereof.
I further certify that I am an active/retired member of the Kennewick Police Department; that the following claim was required by an allowable provider; **I am enclosing the required explanation of benefits**; and that I am eligible for reimbursement under the following plan(s):

Asuris [ ] Medicare [ ] Other [ ] _____

Date of Service	Condtion or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
2/3/23		Costco Hearing Ctr		1599.99

TOTAL: _____

PHI

4-23-1
Date

Board Use Only

COSTCO
HEARING AID CENTER
8505A W. Gage Blvd
Kennewick, WA, 99336, USA
(509) 737-0637

9701048600000674753 4

6747534

SLIP PRINT RECEIPT
NPI: 1063806859
MEMBER #: PHI
F 1555200 BICORE BUNDL 1,599.99
KIOSK ORDER# 6747534
SUBTOTAL 1,599.99
TAX 0.00
**** TOTAL 1,599.99
Visa 1,599.99
CHANGE 0.00
TOTAL NUMBER OF ITEMS SOLD = 1

CASHIER: Kevin Mc.
02/03/2023 15:32 486 79 7 59

PHI

PHI
MEMBERSHIP NO.

PHI

PRINT NAME OF BUYER (INDICATE IF BUYER IS THE SAME AS USER) MEMBERSHIP NO.

ADDRESS

TELEPHONE NO.

Item Description	Item #	Model/Description	Manufacturer Warranty	Unit Price	Total Amount
Left Hearing Aid	1555200	BICORE LI PAIR RIC Left Loss & Damage Warranty Battery Size Rechargeable Serial Number	36 mths 24 mths	0.00	0.00
Right Hearing Aid		BICORE LI PAIR RIC Right Loss & Damage Warranty Battery Size Rechargeable Serial Number	36 mths 24 mths	0.00	0.00
Accessory		Rexton BiCore Portable Charger	12 mths	0.00	0.00
Accessory		Rexton BiCore Standard Charger	12 mths	0.00	0.00
Left Receiver		Rexton / RIC 3.0HP3	36 mths	0.00	0.00
Right Receiver		Rexton / RIC 3.0HP3	36 mths	0.00	0.00
Accessory		BICORE LI PAIR		1599.99	1599.99

☐ Check ☐ Cash ☐ Credit Card ☐ Debit

"GREY"

Tax (if applicable) _____
Total _____

Manufacturer warranty periods are noted above.

180-DAY TRIAL PERIOD: During the 180-day trial period following the Dispensing Date, you may return the hearing aid, component, ear mold, and accessories for any reason to receive a full refund provided you return the item to the Costco Hearing Aid Center in the same condition as when purchased, ordinary wear and tear excluded. The 180-day trial period shall commence from the date the hearing aid is originally delivered to you or the date this purchase agreement is delivered to you, whichever is later. No cancellation fee will be assessed by the Costco Hearing Aid Center.
LAST DAY TO RETURN ITEMS FOR FULL REFUND: _____

MANUFACTURER WARRANTY POLICY: Beginning on the Dispensing Date, as identified below, the hearing aid, components, ear mold and accessories you purchased are warranted by the manufacturer to be free from all defects in materials and workmanship, and the manufacturer agrees to make all necessary repairs or, at the manufacturer's option, provide a replacement without charge to the buyer during the warranty periods noted above.

PHI

ONE-TIME REPLACEMENT POLICY FOR LOSS OR DAMAGE: Beginning on the Dispensing Date, if the hearing aid you purchased is warranted for damage (as noted above) and is damaged beyond repair or is warranted for loss (as noted above) and is lost or stolen, the manufacturer will provide a one-time replacement with a comparable model for the same ear, at no additional charge. You will receive only one replacement of your hearing aid whether that replacement is provided under the damage policy or the loss policy. The manufacturer's warranty policy will continue to apply to the replacement hearing aid for the remainder of the manufacturer's warranty period indicated above. If you find the lost or stolen hearing aid after replacement, it becomes the property of the manufacturer and must be returned to the Costco Hearing Aid Center. **Please note that the hearing aid replaced under the Loss or Damage Policy cannot be returned for a refund.**

Buyer's Acknowledgement: I, the buyer, acknowledge that the hearing aid specialist or audiologist has:

- Advised me that the hearing aid is being sold by **[check one of the following]**:
  _X_ a licensed hearing aid specialist _____ a licensed audiologist.
- Scheduled a follow-up appointment to take place at the Costco Hearing Aid Center where the hearing aid was purchased.
  Follow-up Appt.: _____
- Advised me that any examination or representation made by a licensed hearing aid specialist or an audiologist in connection with the practice of fitting and selling of this hearing aid is not an examination, diagnosis, or prescription by a person licensed to practice medicine in this state, and shall not be considered a medical examination, opinion or advice.
- Advised me that all hearing aids are new on initial sale.
- Advised me that the hearing aid has been specifically built to fit the acoustic needs of my particular loss and is not intended to be used on any other ear except the one tested.
- Advised me that the use of a hearing aid will not restore normal hearing, nor will it prevent further hearing loss.
- Reviewed with me the 180-Day Trial Period, Manufacturer Warranty, Loss Policy and Damage Policy, as they apply to my purchase.
- Provided me with a "Notice to Buyer" (WAC 246-828-290).
  BUYER'S INITIAL: PHI

9701048600006747534

I hereby purchase from Costco Hearing Aid Center the hearing aid as shown above, and hereby acknowledge that I have read and understand the information in the Purchase Agreement.

Buyer: PHI 02/03/2023

Print Name

User (if different from Buyer): _____ **Purchase Date:** 02/03/2023

Signature

Sold by: PHI

Print Name and Title

Supervisor (if applicable): _____ **License No.:** _____

Signature

Print Name and Title

DELIVERY RECEIPT

Received by: PHI **Dispensing Date:** _____

Dispensed by: **License No.:** _____

Supervisor (if applicable): _____ **License No.:** _____

Signature

Print name and Title

Manufacturer's Name and Reg. No.: Rexton

9701048600000 6747534

6747534

Notice to Buyer
NOTICE TO BUYER UNDER WASHINGTON STATE LAW CHAPTER 18.35 RCW

Do not sign this agreement before you read it or if any spaces intended for the agreed terms are blank. You are entitled to receive a copy of this agreement at the time you sign it. The seller's business address must be shown on the agreement.

Section 1 CANCELLATION - WITHIN THREE DAYS

You may cancel this agreement within three days, without explaining your reasons, if the seller solicited it in person and you signed it at a place other than the seller's business address.

To cancel this agreement without explaining your reasons, you must notify the seller in writing that you are canceling the agreement. You may deliver the written notice to the seller at the seller's business address. Alternatively, you may send the written notice by certified mail, return receipt requested, to the seller at the seller's business address.

Your written notice must be postmarked or delivered by midnight of the third business day after you signed this agreement.

Any merchandise you received under this agreement must be in its original condition. You must return it to the seller's business address or make it available to the seller at the same place it was delivered to you.

The seller must refund to you all deposits, including any down payment, and must return to you all goods traded in as part of the agreement.

You will incur no additional liability for canceling the agreement.

Section 2 RESCISSION - WITHIN THIRTY DAYS

You may rescind (or terminate) the agreement within thirty days, for reasonable cause. This thirty-day period is called the "rescission period."

To rescind this agreement, you must notify the seller in writing that you are rescinding the agreement for reasonable cause pursuant to RCW 18.35.185(1). (Reasonable cause does not include cosmetic concerns or a mere change of mind.) You may deliver the written notice to the seller at the seller's business address. Alternatively, you may send the written notice by certified mail, return receipt requested, to the seller at the seller's business address.

Your written notice must be postmarked or delivered by midnight of the thirtieth day after delivery of the hearing instrument.

Any merchandise you received under this agreement must be in its original condition, except for normal wear and tear. You must return it to the seller's business address or make it available to the seller at the same place it was delivered to you.

PHI

The seller must refund to you all deposits, including any down payment, and must return to you all goods traded in as part of the agreement. However, for each hearing instrument you return, the seller may keep either one hundred fifty dollars or fifteen percent of the total purchase price, whichever is less, plus the price originally charged for custom-made earmolds.

The seller must refund your money and return your traded goods, or have them postmarked and in the mail to you, within ten business days after receiving your notice of rescission.

You will incur no additional liability for rescinding the agreement.

Section 3 EXTENSION OF RESCISSION PERIOD

If you notify the seller within the thirty-day rescission period that your hearing instrument has developed a problem that constitutes reasonable cause to rescind the agreement or that prevents you from evaluating your hearing instrument, the seller must extend the rescission period. The rescission period stops running on the date you notify the seller of the problem and starts running again on the date the seller notifies you that your hearing instrument is ready for redelivery.

You and the seller may agree to a rescission period longer than thirty days.

Whenever the rescission period is extended, the seller must provide you written notice of the last date upon which you may demand a refund and return of traded goods.

Section 4 NOTICE OF HEARING ASSISTIVE TECHNOLOGIES

Prior to initial fitting and purchase you must be informed, both orally and in writing, about the uses, benefits, and limitations of current hearing assistive technologies. Hearing assistive technologies can supplement your hearing aid and increase the intelligibility and clarity of speech in environments where hearing instruments alone may not provide optimal comprehension. Hearing assistive technology options can allow hearing aids to connect wirelessly and through direct connection to other electronic sound sources and assistive listening systems, compliant with the Americans with Disabilities Act.

I am aware that the hearing instrument(s) referenced in this document include (please select all that apply):

_____ Telecoil
__X__ Bluetooth
_____ Other technology (specify) _____

By signing this receipt, you acknowledge that you have been informed of your rescission rights derstand these rights.

PHI

PHI 2.3.23
Date

_____ _____
Delivery Acknowledgment - Signature of Purchaser Date

COSTCO
HEARING AID CENTER

Member Name: PHI

WAIVER OF MEDICAL EVALUATION REQUIREMENT

I have been advised by PHI that the Food and Drug Administration has determined that my best interest would be served if I had a medical evaluation by a licensed physician (preferably by a physician who specializes in diseases of the ear) before purchasing a hearing aid. I do not wish a medical evaluation before purchasing a hearing aid.

Member Signature PHI 2/3/23

By signing the above line, you are also stating that you are 18 years of age or older, you have read and understand the required FDA notice, and you have made an informed decision to purchase hearing aids without being seen by a physician.

FOR STAFF ONLY

Check one of these boxes and sign below:

☐ I have written medical clearance from a medical doctor on file for the member named above.

☒ I reviewed the Medical Evaluation Waiver with the member named above.

PHI _____ 2-3-23

Date

Title

PHI