6/6/2023

DISABILITY BOARD AGENDA
210 W. 6TH AVE, KENNEWICK CITY HALL
CASCADE CONFERENCE ROOM

11:45 AM

1. **CALL TO ORDER**
2. **ATTENDANCE**
3. **PUBLIC COMMENT**
4. **APPROVAL OF MINUTES**
   a. Approval of May 2, 2023 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**
   a. Update on WSLEA Conference (no attachments)
8. **NEW BUSINESS**
   a. Motion to Reschedule the July 4th, 2023 Meeting. (no attachments)
   b. Consideration of Dental Care Reimbursement for Police Member #2.
9. **BOARD COMMENTS/DISCUSSION**

NEXT MEETING DATE: As Scheduled by Board Action.

DISABILITY BOARD
REGULAR MEETING
May 2, 2023

CALL TO ORDER

Jim Kraft called the regular meeting of the Kennewick Disability Board to order at 11:45 a.m. at the Kennewick City Hall Building, 210 W. 6th Ave, in the Cascade Conference Room & Teleconference.

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

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

Member Absent: Brad Beauchamp, Council Member

PUBLIC COMMENT

None presented.

APPROVAL OF MINUTES

Bill McKay moved, seconded by Kathryn Armstrong to approve the minutes of the April 4th, 2023 meeting. The motion passed unanimously.

FIRE CLAIMS

Gary Williams presented the Fire claims in the amount of $6459.75. Kathryn Armstrong moved, seconded by Bill McKay to pay all claims as presented. The motion passed unanimously.

POLICE CLAIMS

Jim Kraft presented the Police claims in the amount of $1599.99. Gary Williams moved, seconded by Kathryn Armstrong to pay all claims as presented. The motion passed unanimously.

OLD BUSINESS

None presented.

NEW BUSINESS

None presented.

COMMENTS/DISCUSSION
ADJOURNMENT

The meeting adjourned at 11:52 a.m.

NEXT MEETING
Tuesday
June 6th, 2023
@
11:45 AM

APPROVED:

DRAFT – FOR CONSIDERATION 6-6-2023

Prepared by Christie Brown, Disability Board Secretary

MEETING DATE: JUNE 6th, 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
19			$ 198.99
29			$ 6,449.00

$ 6,647.99

JIM KRAFT, POLICE REPRESENTATIVE

GARY WILLIAMS, FIRE REPRESENTATIVE

KATHRYN ARMSTRONG, MEMBER AT LARGE

BILL MCKAY, COUNCIL MEMBER

BRAD BEAUCHAMP, COUNCIL MEMBER

LEOFF-1 CLAIMS - FIRE JUNE 2023

Meeting Date	ID	Vendor #	Date of Service	In	Claim #	Amount	Provider Type
6/6/2023		19	4/18/2023		RX PHARMACY	$ 198.99	BRAND DIRECT HEALTH
6/6/2023		29	04/01/2023-04/30/2023		LONG TERM CARE	$ 6,449.00	FARMINGTON SQUARE MEMORY CARE
					TOTAL	$ 6,647.99	
					TOTAL	**$ 6,647.99**	

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 [✓] city Fire pension

Date of Service	Condtion or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
4-18-2023	memory issus	PHI	$198.99	

TOTAL: 198.99

P PHI Sign PHI 4-28-2023 Date

Board Use Only

PHI PHI PHI

Medical Expense Report

PHI

DATE RANGE: 4/1/2023 - 4/20/2023

PHI

Item #1

PRODUCT INFORMATION						
DISPENSED DATE	**RX NUMBER**	**DRUG NAME PRODUCT CODE**	**SIG**	**QTY**	**DAYS SUPPLY**	**PRESCRIBER**
4/18/2023	PHI	Cerefolin NAC Levomefolate/Methylcob/N-Acetylcys/Algae-S 6/2/600/90.314 mg Tab PHI	TAKE 1 TABLET BY MOUTH EVERY DAY	90	90	PHI

PAYMENT INFORMATION						
ORDER	**PRODUCT PRICE**	**DATE(S) PAID**	**AMOUNT(S) PAID FOR PRODUCT+**	**SHIPPING FEE**	**SALES TAX**	**PAYMENT TYPE***
PHI	$195.99	4/18/2023	$195.99	$3.00	$0.00	FULL PAY

TOTAL AMOUNT PAID: $198.99

*If PAYMENT TYPE is 3 PAY, the amount charged was only 1/3 of the total Product Price that appears above. The second and third payments were automatically charged on the same date for the next two months. The 3 PAY Program has a convenience fee of $6.00 and is applied to the first payment.

+AMOUNT PAID FOR PRODUCT does not include sales tax or shipping fee. Payments have been scheduled as noted. The Amount Paid total reflects only amounts paid to date or within the date range noted above.

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
April 2023	Chronic Dementia / Alzheimers	PHI	Memory Care	$6449.00

TOTAL: $6449.00

PHI

04/25/2023
Date

Board Use Only

PHI

PHI

PHI

INVOICE

Invoice Period: 04/2023

IMPORTANT NOTICE

HAPPY EASTER

Print date: March 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 # 5081	:CHECKscan Payment	03/09/23	($6,449.00)
		Total Payments	**($6,449.00)**
Credits		**From**	
MC Rent Adjustments		04/01/23 - 04/30/23	($207.00)
		Total Credits	**($207.00)**
Charges		**From**	
Memory Care Rent		04/01/23 - 04/30/23	$5,300.00
Memory Care Level 3		04/01/23 - 04/30/23	$1,300.00

PHI

INVOICE

Invoice Period: 04/2023

Charges	From	
Personal Care Package Tier 1	04/01/23 - 04/30/23	$56.00
	Total Charges	**$6,656.00**
TOTAL DUE for PHI		**$6,449.00**

Please make check payable to PHI and include the above resident's name and unit number. Payments for EFT, Credit Card, or Debit Card are now available! Use the Resident & Family Portal button on our homepage at PHI to setup your preferred payment method.

If you have any questions regarding this invoice please contact our office. Thank you!

Remit Payment To: PHI

Friendly Reminder:
Please remit payment by the 1st of the month to avoid late fees.

PHI

PHI

MEETING DATE: JUNE 6, 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
25			$ 425.00
			$ 425.00

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 JUNE 2023

Meeting Date	ID	Vendor #	Date of Service	Insura	Claim #	Amount	Provider
6/6/2023	25		01/19/2023-05/01/2023		MASSAGE THERAPY	$ 425.00	COLUMBIA BASIN CHIROPRACTIC
					Total:	**$ 425.00**	

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	Condition or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
1/19/2023	SORE BACK	PHI (MASSAGE)	85.00	85.00
1/31/2023	SORE BACK	MASSAGE PHI	85.00	85.00
3/31/2023	SORE BACK	MASSAGE	85.00	85.00
4/14/2023	SORE BACK	MASSAGE	85.00	85.00
5/1/2023	SORE BACK	MASSAG	85.00	85.00

TOTAL: 425.00

PHI PHI 5/16/2023

Print Name Signature Date

Board Use Only

PHI

PHI

Payment Receipt

PAYMENT APPROVED

PHI

Payment Information

PHI

Amount	Payment Method		Payment Date
$85.00	Credit/Debit Card	PHI	01/19/2023 03:55:53 PM (EST)

Patient ID	Plan ID	Txn. Type	Notes
		Other Payment	MASSAGE THERAPY

01/19/2023

Signature

Date

Payment Receipt Generated On: 01/19/2023

Gmail

PHI

Receipt from PHI

PHI

PHI

Let PHI know how your experience was

$85.00

60 Min Massage with PHI × 1	$85.00
Whether you are looking for light to medium pressure general relaxation, or firm pressure deep tissue and/or trigger point work this is a...	
Total	$85.00

W 22

PHI

PHI

PHI

Shop Online

PHI

Gmail

PHI

Receipt from PHI
2 messages

PHI

Now when you shop at sellers who use Square, your receipts will be delivered automatically.

PHI

PHI know how your experience was

$85.00

60 Min Massage with PHI $85.00

Whether you are looking for light to medium pressure general relaxation, or firm pressure deep tissue and/or trigger point work this is a...

Total **$85.00**

PHI

Shop Online

PHI

Gmail

PHI

Receipt from PHI

PHI

Now when you shop at sellers who use Square, your receipts will be delivered automatically.

PHI

Let PHI know how your experience was

$85.00

60 Min Massage with PHI $85.00

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Total **$85.00**

PHI

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PHI

Gmail

PHI

Receipt from PHI

PHI

Now when you shop at sellers who use Square, your receipts will be delivered automatically.

PHI

Let PHI know how your experience was

$85.00

60 Min Massage with PHI $85.00

Whether you are looking for light to medium pressure general relaxation, or firm pressure deep tissue and/or trigger point work this is a...

Total **$85.00**

W 22

PHI

Shop Online

PHI

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 [✓] LEOFF 1

Date of Service	Condtion or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
4-27-2023		PHI Dental	$ 3,478 50	$ 3,478 50

TOTAL: $ 3,478 50

PHI PHI

4-28-2023
Date

Board Use Only

PHI

4-27-2023

#10 has internal resorption and has infected area at apex of root...tooth has hopeless prognosis and because PHI has limited remaining tooth a bridge is necessary for him to be able to chew and function...

PHI

PHI

PHI

[redacted]

April 27, 2023

[redacted]

[redacted]

Account Aging	
Current:	$3,257.00
30 Days:	$0.00
60 Days:	$0.00
90 Days:	$0.00
Contract:	$0.00
Balance Due:	$3,257.00
Estimated Insurance:	$0.00
Balance Due Now:	**$3,257.00**

[redacted]

Date	Transaction	Tth	Surface	Fee
4/27/2023	00220 - Periapical single, first	9		$23.50
	06740 - Crown-Porc/Ceramic	9		$794.00
	06740 - Crown-Porc/Ceramic	10		$794.00
	06245 - Pontic-Porcelain/Ceramic	10		$764.50
	06740 - Crown-Porc/Ceramic	11		$794.00

SubTotal:	$3,170.00
Tax:	$0.00
Charge(s):	$3,170.00
+ Previous Balance:	$87.00
Balance Due:	$3,257.00

Contract Balance	Estimated Insurance	Previous Balance	Charge(s)	Payment(s)	Adjustment(s)	Balance Due Now
$0.00	$0.00	$87.00	$3,170.00	$0.00	$0.00	**$3,257.00**

Future Family Appointments:

Patient:	Next Appointment:	Patient:	Next Appointment:	Patient:	Next Appointment:
[redacted]	[redacted]	[redacted]			

Thank You for Visiting our Office. Have a Nice Day!

PHI

PHI

April 27, 2023

PHI

ID: PHI

Account Aging	
Current:	$3,478.50
30 Days:	$0.00
60 Days:	$0.00
90 Days:	$0.00
Contract:	$0.00
Balance Due:	$3,478.50
Estimated Insurance:	$0.00
Balance Due Now:	**$3,478.50**

Date	Patient	Provider	Transaction	Tth	Surface	Fee
4/27/2023	PHI	PHI	07210 - Surgical Erupted	10		$221.50

SubTotal:	$221.50
Tax:	$0.00
Charge(s):	$221.50
+ Previous Balance:	$3,257.00
Balance Due:	$3,478.50

Contract Balance	Estimated Insurance	Previous Balance	Charge(s)	Payment(s)	Adjustment(s)	Balance Due Now
$0.00	$0.00	$3,257.00	$221.50	$0.00	$0.00	**$3,478.50**

Future Family Appointments:

Patient:	Patient:	Next Appointment:	Patient:	Next Appointment:
PHI	PHI			

Thank You for Visiting our Office. Have a Nice Day!


PHI
PHI
DEBIT SALE
PHI
Batch #: 144
04/27/22
PHI
ENCRYPTED BY ELAVON
Trace: 8
DEBIT
PHI
Chip
AMOUNT
$3,478.50
APPROVED
US DEBIT
PHI
THANK YOU
CUSTOMER COPY