



3/5/2024

**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 February 6, 2024 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

- a. Police Member #13 is requesting reimbursement of \$473.00 for mileage, lodging, and parking.

9. BOARD COMMENTS/DISCUSSION

NEXT MEETING DATE: April 2, 2024 @ 11:45 a.m.

DISABILITY BOARD
REGULAR MEETING
February 6, 2024

CALL TO ORDER

Jim Kraft called the regular meeting of the Kennewick Disability Board to order at 11:46 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
Chuck Torelli, Council Member; Kathryn Armstrong, Member at Large

Staff Present: Christie Brown, Secretary; Beth Goldberg, Interim Finance Director

Member Absent: Gretel Crawford, Mayor

PUBLIC COMMENT

None presented.

APPROVAL OF MINUTES

Kathryn Armstrong moved, seconded by Gary Williams to approve the minutes of the November 7, 2023 meeting. The motion passed unanimously.

FIRE CLAIMS

Gary Williams presented the Fire claims in the amount of \$1599.99. Kathryn Armstrong moved, seconded by Chuck Torelli to pay all claims as presented. The motion passed unanimously.

POLICE CLAIMS

None presented.

OLD BUSINESS

None presented.

NEW BUSINESS

A motion was made by Kathryn Armstrong, seconded by Gary Williams to reimburse Police Member #2 in the amount of \$1236.00 for a dental procedure

COMMENTS/DISCUSSION

ADJOURNMENT

The meeting adjourned at 11:55 a.m.

NEXT MEETING
Tuesday
March 5, 2024
@
11:45 AM

APPROVED:

DRAFT – FOR CONSIDERATION 3/5/2024

Prepared by Christie Brown, Disability Board Secretary

MEETING DATE: MARCH 5, 2024
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
21			\$ 41.99

\$ 41.99

JIM KRAFT, POLICE REPRESENTATIVE

GARY WILLIAMS, FIRE REPRESENTATIVE

KATHRYN ARMSTRONG, MEMBER AT LARGE

GRETEL CRAWFORD, MAYOR

CHUCK TORELLI, COUNCIL MEMBER

[illegible]

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 [] _____

Date of Service	Condition or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
1-03-24	Whizzing	Walgreens	41.99	—
08-28-23	teeth cleaning	Dr. Mathews	368.00	—
		NOT COVERED		

TOTAL:

~~410.99~~ 41.99

1-25-2024
Date

Board Use Only

RECEIVED JAN 25 2024

Your personal prescription information

Your Walgreens Pharmacy Location

If you have questions about your prescription, please contact your Walgreens pharmacist or call 800-WALGREENS (800-925-4733).

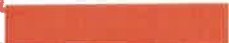
PATIENT		DOCTOR		DRUG DESCRIPTION
BIRTH DATE				
MEDICATION	PROCHAMBER AERO SPACER			
QUANTITY	1	PATIENT		
DIRECTIONS	USE WITH INHALER AS DIRECTED	ALLERGIES		

Call your doctor for medical advice about side effects.
You may report side effects to the FDA at 800-FDA-1088.

Do not flush unused medications or pour them down a sink or drain.

WIC# 986638

Keep out of reach of children: Store in safety container or secure area.

	 DATE: 01/03/24 PROCHAMBER AERO SPACER QTY: 1 NO REFILLS - DR. AUTH REQUIRED New-E NDC: 08373-9177-00 \$ 41.99		 DATE: 01/03/24 PROCHAMBER AERO SPACER QTY: 1 NO REFILLS - DR. AUTH REQUIRED New-E NDC: 08373-9177-00 \$ 41.99	
 		Customer receipt	 	 Duplicate receipt

Pharmacy use only

WED 3:44PM
New-E

PROCHAMBER AERO SPACER
08373-9177-00
UNIT OF USE

QTY 1

ALG/AJS/AJS/ /AJS

MEETING DATE: MARCH 5, 2024

POLICE PENSION BOARD

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

RE: POLICE PERSONNEL BUDGET NO. J2517210 . 520012

VENDOR#	LAST NAME	FIRST NAME	TOTAL
2			\$ 1,236.00
25			\$ 720.00

\$ 1,956.00

JIM KRAFT, POLICE REPRESENTATIVE

GARY WILLIAMS, FIRE REPRESENTATIVE

KATHRYN ARMSTRONG, MEMBER AT LARGE

GRETEL CRAWFORD, MAYOR

CHUCK TORELLI, COUNCIL MEMBER

LEOFF-1 CLAIMS - POLICE MARCH 2024

[illegible]

LEOFF I – CERTIFICATION CLAIM FORM – Police

#2

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

Date of
ServiceCondition or Illness
Or Prescription Name

Provider of Service

Bill Charged

Co-pay Amount

12-29-2023

Dental

Hanson Dental

\$1,236.00

\$1,236.00

TOTAL:

\$1,236.00

PHI

1-7-2024

Date

Board Use Only

Hansen Family Dental

PHI

December 29, 2023

PHI

PHI

Date
12/29/2023

PHI

Transaction

02700 - Seat Crown

02740 - 1-Crown Porcelain/Ceramic

00140 - Lim Oral Eval-Prob Focus

02331 - Resin, 2 surf, anterior

00220 - Periapical single, first

02950 - Core Buildup, including Pins

Account Aging

Current: \$1,236.00

30 Days: \$0.00

60 Days: \$0.00

90 Days: \$0.00

Contract: \$0.00

Balance Due: \$1,236.00

Estimated Insurance: \$0.00

Balance Due Now: \$1,236.00

<u>Tth</u>	<u>Surface</u>	<u>Fee</u>
12		\$0.00

12		\$794.50
----	--	----------

		\$63.50
--	--	---------

6	MF	\$163.00
---	----	----------

12		\$23.50
----	--	---------

12		\$191.50
----	--	----------

SubTotal: \$1,236.00

Tax: \$0.00

Charge(s): \$1,236.00

Balance Due: \$1,236.00

Contract Balance	Estimated Insurance	Previous Balance	Charge(s)	Payment(s)	Adjustment(s)	Balance Due Now
\$0.00	\$0.00	\$0.00	\$1,236.00	\$0.00	\$0.00	\$1,236.00

Future Family Appointments:

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

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

HANSEN FAMILY DENTAL

PHI

DEBIT SALE

PHI

PHI

12/29/23

PHI

ENCRYPTED BY ELAVON

Trace: 8

PHI

Chip

AMOUNT \$1,236.00

APPROVED

US DEBIT

AID: A0000000980840

TVR: 80 80 04 80 00

TSI: 68 00

THANK YOU

CUSTOMER COPY



12-29-2023

To whom it may concern:

PHI

was seen in our office on 12-29-23. Treating Doctor

PHI

Upon xrays and an evaluation PHI needs #6MF filling and #12 Core build up and crown. We did complete the recommended treatment on 12-29-2023.

PHI

Broken crown next to bridge

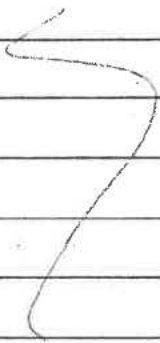
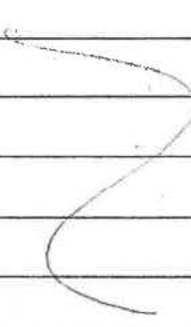
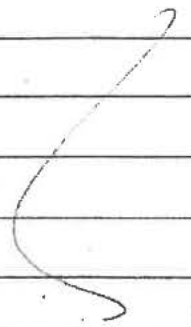
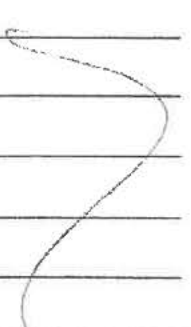
PHI
PHI

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 [] _____

Date of Service	Condition or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
10-24-2023	SOLE BACK	MASSAGE TRI-CITIES	\$ 90 ⁰⁰	\$ 90 ⁰⁰
10-10-2023				
11-7-2023				
11-30-2023				
12-12-2023				
01-02-2024				
01-23-2024				
02-06-2024	SOLE BACK	MASSAGE TRI-CITIES	\$ 90 ⁰⁰	\$ 90 ⁰⁰
TOTAL:			\$ 720	\$ 720

02-06-2024
Date

Board Use Only

RECEIVED FEB 06 2024



Receipt from Massage Tri-Cities



Tue, Oct 24, 2023 at 11:14 AM
qVX5b@reply2.squareup.com>

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

Massage Tri-Cities



Let Massage Tri-Cities know how your
experience was

\$90.00

60 Min Massage with Nancy \$90.00

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 \$90.00



W 22i

Massage Tri-Cities



Shop Online

**Receipt from Massage Tri-Cities**

Tue, Oct 10, 2023 at 11:16 AM

0KJC@reply2.squareup.com>

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

Massage Tri-Cities

Let Massage Tri-Cities know how your
experience was

\$90.00

60 Min Massage with Nancy \$90.00

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 \$90.00

W 221

Massage Tri-Cities[Shop Online](#)

**Receipt from Massage Tri-Cities**

ue, Nov 7, 2023 at 11:16 AM

5Yg@reply2.squareup.com>

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

Massage Tri-Cities

Let Massage Tri-Cities know how your
experience was

\$90.00

60 Min Massage with Nancy \$90.00

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 \$90.00

Massage Tri-Cities

[Shop Online](#)

**Receipt from Massage Tri-Cities**

1 message

Thu, Nov 30, 2023 at 11:27 AM

fohUE@reply2.squareup.com>

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

Massage Tri-Cities

Let Massage Tri-Cities know how your
experience was

\$90.00

60 Min Massage with Nancy	\$90.00
---------------------------	---------

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	\$90.00
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Massage Tri-Cities

[Shop Online](#)

**Receipt from Massage Tri-Cities**

Tue, Dec 12, 2023 at 11:16 AM

4v5bV@reply2.squareup.com>

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

Massage Tri-Cities

Let Massage Tri-Cities know how your
experience was

\$90.00

60 Min Massage with Nancy \$90.00

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 \$90.00

Massage Tri-Cities

[Shop Online](#)



Receipt from Massage Tri-Cities

Tue, Jan 2, 2024 at 11:19 AM

qIcY@reply2.squareup.com>

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

Massage Tri-Cities



Let Massage Tri-Cities know how your
experience was

\$90.00

60 Min Massage with Nancy \$90.00

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 \$90.00

Massage Tri-Cities

Shop Online





Receipt from Massage Tri-Cities

Tue, Jan 23, 2024 at 11:14 AM

DJTdRx@reply2.squareup.com>

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

Massage Tri-Cities



Let Massage Tri-Cities know how your experience was

\$90.00

60 Min Massage with Nancy \$90.00

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 \$90.00

Massage Tri-Cities

Shop Online



Receipt from Massage Tri-Cities



Tue, Feb 6, 2024 at 11:15 AM
rewD@reply2.squareup.com>

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

Massage Tri-Cities



Let Massage Tri-Cities know how your experience was

\$90.00

60 Min Massage with Nancy \$90.00

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 \$90.00



Massage Tri-Cities



Shop Online



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):

RECEIVED

Aspirin [✓]

Medicare [✓]

Other [] _____

Date of Service	Condition or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
11-29-23	SKIN CANCER / SURGERY	DERMATOLOGY ASSOC.	TRAVEL TO / FROM TIGARD ORE @ 220 MILES X 2 = 440	TOTAL = 288.20
11-30-23	SKIN CANCER / SURGERY	" "		
11-29-23	DOUBLE TREE HOTEL / TIGARD	LODGING BETWEEN SURGERIES	Room 202 - \$174.80	
			PARKING - 10.00	
			\$184.80	

RE-SUBMITTED

TOTAL: \$ 473 —

2-6-2024
Date

Board Use Only

RECEIVED FEB 06 2024



DOUBLETREE PORTLAND TIGARD

Room No: 202/NK
Arrival Date: 11/29/2023 3:20:00 PM
Departure Date: 11/30/2023 11:39:00 AM
Adult/Child: 1/0
Cashier ID: [REDACTED]
Room Rate: 154.89
AL:
HH #
VAT #
Folio No/Che 222904 B

Confirmation Number: [REDACTED]

DOUBLETREE PORTLAND TIGARD 11/30/2023 11:38:00 AM

DATE	REF NO	DESCRIPTION	CHARGES
11/29/2023	816762	GUEST ROOM	\$154.89
11/29/2023	816762	STATE OCC TAX	\$2.32
11/29/2023	816762	COUNTY TAX	\$13.92
11/29/2023	816762	CITY OF TIGARD TAX	\$3.87
11/30/2023	816950	MC *3627	(\$174.80)
BALANCE			\$0.00

THANK YOU FOR CHOOSING TO STAY WITH US HERE AT THE DOUBLETREE BY HILTON - PORTLAND/TIGARD! WE TRULY HOPE YOU ENJOYED YOUR STAY WITH US AND LOOK FORWARD TO SEEING YOU AGAIN!



DOUBLETREE PORTLAND TIGARD

Room No: 202/NK
Arrival Date: 11/29/2023 3:20:00 PM
Departure Date: 11/30/2023 11:38:00 AM
Adult/Child: 1/0
Cashier ID: [REDACTED]
Room Rate: 154.69
AL:
HH #
VAT #
Folio No/Che 222904 A

Confirmation Number: 80043997

DOUBLETREE PORTLAND TIGARD 11/30/2023 11:38:00 AM

DATE	REF NO	DESCRIPTION	CHARGES
11/30/2023	816873	PARKING FEE	\$10.00
11/30/2023	816949	MC *2455	(\$10.00)
BALANCE			\$0.00

THANK YOU FOR CHOOSING TO STAY WITH US HERE AT THE DOUBLETREE BY HILTON - PORTLAND/TIGARD! WE TRULY HOPE YOU ENJOYED YOUR STAY WITH US AND LOOK FORWARD TO SEEING YOU AGAIN!