7/2/2024

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

4:00 PM

1. **CALL TO ORDER**
2. **ATTENDANCE**
3. **PUBLIC COMMENT**
4. **APPROVAL OF MINUTES**
   a. Approval of June 4, 2024 Meeting Minutes
5. **FIRE CLAIMS**
   Summary of claims for signature.
   a. Fire Claims for Consideration
6. **POLICE CLAIMS**
   Summary of claims for signature.
7. **UNFINISHED BUSINESS**
   a. Fire Member #32 is requesting reimbursement over the approved vision reimbursement amount.
8. **NEW BUSINESS**
   a. Police Member #13 is requesting pre-approval for Hearing Aids over the approved Hearing Aid reimbursement amount.
   b. Fire Member #28 is requesting reimbursement for Hearing Aids over the approved Hearing Aid reimbursement amount.
9. **BOARD COMMENTS/DISCUSSION**

NEXT MEETING DATE:

a. August 6, 2024 @ 4:00 p.m.

DISABILITY BOARD
REGULAR MEETING
June 4, 2024

CALL TO ORDER

Jim Kraft called the regular meeting of the Kennewick Disability Board to order at 4:00 p.m. at the Kennewick City Hall Building, 210 W. 6th Ave, in the Cascade Conference Room.

Members Present: Jim Kraft, Police Representative; Gary Williams, Fire Representative; Kathryn Armstrong, Member at Large; Gretel Crawford, Mayor; Chuck Torelli, Mayor Pro-Tem

Staff Present: Dan Legard, Finance Director

Member Absent: None

PUBLIC COMMENT

None presented.

APPROVAL OF MINUTES

Kathryn Armstrong moved, seconded by Gary Williams to approve the minutes of the May 7, 2024 meeting. The motion passed unanimously.

FIRE CLAIMS

None presented.

POLICE CLAIMS

None presented.

OLD BUSINESS

Dan Legard provided an update on a request that was mailed to Fire Member #32 seeking additional information on the medical necessity of a claim that was submitted in excess of the amount allowed under Title 18.

NEW BUSINESS

Dan Legard reported to the Board that Christie Brown will be filling in as the Disability Board Secretary due to a recent resignation. The City hopes to fill the vacancy soon.

COMMENTS/DISCUSSION

None.

ADJOURNMENT

The meeting adjourned at 4:05 p.m.

NEXT MEETING
Tuesday
JULY 2, 2024
@
4:00 PM

APPROVED:

DRAFT – FOR CONSIDERATION 07/02/2024

Prepared by Dan Legard, Finance Director

MEETING DATE: July 2, 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
19			$ 198.99

$ 198.99

JIM KRAFT, POLICE REPRESENTATIVE

GARY WILLIAMS, FIRE REPRESENTATIVE

KATHRYN ARMSTRONG, MEMBER AT LARGE

GRETEL CRAWFORD, MAYOR

CHUCK TORELLI, COUNCIL MEMBER

LEOFF-1 CLAIMS - FIRE JULY 2, 2024

Meeting Date	ID	Vendor #	Date of Service	Insurance PD	Claim #	Amount	Provider Type
7/2/2024		19	5/2/2024		PRESCRIPTION RX	$ 198.99	BRAND DIRECT HEALTH
					TOTAL	**$ 198.99**	

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 [X] City FIRE pension

Date of Service	Condtion or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
5-2-2024	MEMORY [redacted] CONCERNS	B.D.H.	$ 198.99	0

TOTAL: $ 198.99

[redacted] June 2 2024

Pri **Date**

Board Use Only

P.O. Box 1017
Bedminster, NJ 07921-1017
Tel: 866.331.6440

NCPDP: 5732323
NPI: 1982936886

Medical Expense Report

[redacted]

16
T1 P1

DATE RANGE: 5/1/2024 - 5/7/2024 [redacted]

Item #1

PRODUCT INFORMATION

DISPENSED DATE	RX NUMBER	DRUG NAME PRODUCT CODE	SIG	QTY	DAYS SUPPLY	PRESCRIBER
5/2/2024	036745457r/2	Cerefolin NAC Levomefolate/Methylcob/N-Acetylcys/Algae-S 6/2/600/90.314 mg Tab 00525055590	TAKE 1 TABLET BY MOUTH DAILY	90	90	[redacted]

PAYMENT INFORMATION

ORDER	PRODUCT PRICE	DATE(S) PAID	AMOUNT(S) PAID FOR PRODUCT+	SHIPPING FEE	SALES TAX	PAYMENT TYPE*
1706042	$195.99	5/2/2024	$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.

#32

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 [L] Regence Other [ ] _____

Date of Service	Condtion or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
3/8/2024	Eye Glasses	Blink Eyecare	$420.20	~~420.20~~ $100.00 Covered $320.20 Not

TOTAL: ~~$420.20~~ $100.00 Cvd $320.20 Not

[redacted]
Print Name

Signature

4/8/2024
Date

Board Use Only

Blink Eyecare Transaction Receipt

From: [redacted]

To: [redacted]

Date: Friday, March 8, 2024 at 04:08 PM PST

Blink Eyecare

[redacted]

Transaction ID	4361702102
Transaction Result	A01 - Approved (ZIP MATCH)
Transaction Date	03/08/2024
Transaction Time	07:07:52 PM
Transaction Type	Sale
Cardholder Name	[redacted]
Card Brand	Visa
Card Class	Credit
Account Number	[redacted]
Requested Amount	420.20 USD

Amount 420.20 USD

Authorization ID	00405D
Entry Method	Keyed
Entry Mode	Virtual Terminal
Verification Method	No CVM

No Signature Required

Patient Name: [redacted]

Optician: [redacted] Date: 3/6

blink EYECARE [redacted]

[redacted]

Plan Name circle: Choice/Signature

Frame Cost	$ 329	Lenses Total	$ 317.00
Frame Benefit	- 200	Lens Discount	
Total	129	Lenses Total	
Frame discount	x 20%	Frame/Lenses Total	
Frame Total		Material Copay	
Frame eye size 61+		Exam Fees	
Frame Total	$ 103.20	**Grand Total**	

Lens Features:

Single Vision

Digital

Bifocal/Trifocal

Progressive: Custom Y/N $165.00

NVF Computer

Material:

Plastic

Poly

Trivex $47.00

1.67 High Index

1.70/1.74 High Index

Add-ons:

AR Blue/Premium $85.00

Photocromatic

Scratch Coating Included

Tints: Solid/Grd

Polarized

Mirror

UV

Roll/Polish

Polish

Other

All sales are final, no refunds will be issued.

Orders are custom & processed immediately.

I approve Blink to place this order: _____

Manufactor Warranty on:

Frames: _____

Lenses: _____

*Please don't try to repair your frames if they break, as it could void the warranty.

*We want you to be 100% satisfied with your eyeglasses. Please contact us within 90 days if we have not accomplished that.

*Still thinking about that second pair? You are eligible for a discount up to 50% within 30 days.

Lenses only = $317.00

Optician Note:

W/ New Eco frame includes polarized Sun clip = $420.20

Eco-Eyewear.com

Send payments to:
Blink Eyecare [redacted]

Invoice

Service Date	Invoice Date	Invoice #
03/08/2024	03/08/2024	[redacted]

Patient	Patient #
[redacted]	[redacted]

Provider	Tax ID
[redacted]	

Bill To
[redacted]

Code	Description	Price	Qty	Disc	Tax	Adjs	Paid	Balance
V2020	Eco [redacted]	$329.00	1	$0.00	$0.00	-$225.8	$0.00	$103.20
	Billed to Insurance - [redacted] ($329.00)							
	Transfer In - Exceeds VSP allowance : $103.20							
V2702	Lab Supplied Custom Measurements	$20.00	1	$0.00	$0.00	-$10.00	$0.00	$10.00
	Billed to Insurance - [redacted] ($20.00)							
	Transfer In - Exceeds VSP allowance : $10.00							
V2750	Lab Supplied Anti-Reflective Premium	$165.00	1	$0.00	$0.00	-$80.00	$0.00	$85.00
	Billed to Insurance - [redacted] ($165.00)							
	Transfer In - Exceeds VSP allowance : $85.00							
V2781	Custom Progressive iD Mystyle 2 Hoya	$297.50	1	$0.00	$0.00	-$122.5	$0.00	$175.00
	Billed to Insurance - [redacted] ($297.50)							
	Transfer In - Exceeds VSP allowance : $175.00							
V2782	Lab Supplied Trivex	$90.00	1	$0.00	$0.00	-$43.00	$0.00	$47.00
	Billed to Insurance - [redacted] ($90.00)							
	Transfer In - Exceeds VSP allowance : $47.00							
PAYMENT	[redacted]							-$420.20

Sub-Total	$901.50
Discounts	$0.00
Tax	$0.00
Total Amount	$901.50
Adjustments	-$481.30
Payments Received	$420.20
Credits Granted	$0.00
Balance Due	**$0.00**

Important: This notice explains your right to appeal our decision. Read this notice carefully. If you need help, you can call one of the numbers listed on the last page under "Get help & more information."

Notice of Denial of Payment

Date: 2024-03-28

[redacted]

[redacted]

Date(s) of Service: 2024-03-08

Provider Name: [redacted]

[redacted]

Your request was denied

We've denied the payment of the medical services/items listed below requested by your doctor:

CPT Code	Description of Service	Denial Code
V2782	LENS,INDEX 1.54-1.65PLAST OR1.60-1.79GLS,PER LENS	7K
V2781	PROGRESSIVE LENS, PER LENS	5N
V2750	ANTI-REFLECTIVE COATING PER LENS	7K
V2702	DELUXE LENS FEATURE	7K

Why did we deny your request?

We denied the payment of medical services/items listed above because:

Denial Code	Denial Description
7K	Service is not a covered benefit.
5N	Service code is not a covered service

You should share a copy of this decision with your doctor so you and your doctor can discuss next steps. If your doctor requested coverage on your behalf, we have sent a copy of this decision to your doctor.

You have the right to appeal our decision

You have the right to ask Regence MedAdvantage (PPO) to review our decision by asking for an appeal.

Plan Appeal: Ask Regence MedAdvantage (PPO) for an appeal within **60 days** of the date of this notice. We can give you more time if you have a good reason for missing the deadline. See section titled "How to ask for an appeal with Regence MedAdvantage (PPO)" for information on how to ask for a plan level appeal.

If you want someone else to act for you

You can name a relative, friend, attorney, doctor, or someone else to act as your representative. If you want someone else to act for you, call us at: 1-800-541-8981 to learn how to name your representative. TTY users call 711. Both you and the the person you want to act for you must sign and date a statement confirming this is what you want. You'll need to mail or fax this statement to us. Keep a copy for your records.

Important Information About Your Appeal Rights

There are 2 kinds of appeals with Regence MedAdvantage (PPO)

MONTHLY REPORT

Medical and Hospital Claims Processed in March 2024

[redacted]

This is not a bill:

- This monthly report of claims we have processed tells what care you have received, what the plan has paid, and how much you have paid out of pocket (or can expect to be billed).
- If you owe anything, your doctors and other health care providers will send you a bill.
- This report covers medical and hospital care only. We send a separate report on Part D prescription drugs.
- If you notice something suspicious that might be dishonest billing, you can report it by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. (TTY users should call 1-877-486-2048.)

Regence

Regence BlueShield serves select counties in the state of Washington and is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence is a HMO/PPO/PDP plan with a Medicare contract. Enrollment in Regence depends on contract renewal.
2057 Commerce Dr, PO Box 1827, Medford, OR 97501

www.regence.com

Regence Customer Service

If you have any questions or need help, call us at 1 (888) 319-8904. TTY users should call 711. Our hours are 8 a.m to 8 p.m. Monday through Friday. From Oct. 1 through March 31, we are available from 8 a.m. to 8 p.m. seven days a week.

Live online chat assistance is also available from 8 a.m to 5 p.m. Monday through Friday. To access online chat log in at www.regence.com and click the Contact Us link.

Y0062_PPO EOB_C

Details for claims processed in **March 2024**

Look over the information about your claims - does it seem correct?

- If you have questions or think there might be a mistake, start by calling the doctor's office or other service provider. Ask them to explain the claim.
- If you still have questions, call us at Customer Service (phone numbers are in the a box on page 1).

You have the right to make an appeal or complaint

- Making an appeal is a formal way of asking us to *change our decision* about your coverage. You can make an appeal if we deny a claim. You can also make an appeal if we approve a claim but you disagree with how much you are paying for the item or services. For information about making an appeal, call us at Customer Service (phone numbers are in a box on page 1).

Remember, this report is NOT A BILL:

- If you have not already paid the amount shown for "your share," wait until you get a bill from the provider.
- If you get a bill that is higher than the amount shown for "your share," call us at Customer Service (phone numbers are in a box on page 1).

[redacted]

Claim Number: [redacted] In-network provider	Date of Service	Amount the providers billed the plan	Total cost (amount the plan approved)	**Plan's share**	**Your share**
Assessment for prescriptive eye wear using a range of lens powers(billing code 92015)	3/8/2024	$0.00	$0.00	$0.00	$0.00
Eye and medical examination for diagnosis and treatment, established patient, 1 or more visits(billing code 92014)	3/8/2024	$264.00	$70.00	$70.00	$0.00
	TOTALS:	$264.00	$70.00	$70.00	$0.00

[redacted]

Claim Number [redacted] In-network provider	Date of Service	Amount the providers billed the plan	Total cost (amount the plan approved)	Plan's share	Your share
Progressive Lens Per Lens(billing code V2781)	3/8/2024	$595.00	$51.25	$51.25	$175.00
Lens Sphcyl Bifocal 4.00d/.1(billing code V2203) This service is included in another billed procedure for this date of service.	3/8/2024	$0.00	$0 DENIED (See Below)	$0.00	$0.00 Because the claim was denied, you may be responsible for paying this amount. Look below for information about your appeal rights.
Vision Svcs Frames Purchases(billing code V2020)	3/8/2024	$329.00	$200.00	$94.50	$103.20
Miscellaneous Vision Service(billing code V2702) Service is not a covered benefit.	3/8/2024	$20.00	$0 DENIED (See Below)	$0.00	$10.00 Because the claim was denied, you may be responsible for paying this amount. Look below for information about your appeal rights.
Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens(billing code V2782) Service is not a covered benefit.	3/8/2024	$90.00	$0 DENIED (See Below)	$0.00	$47.00 Because the claim was denied, you may be responsible for paying this amount. Look below for information about your appeal rights.

continue

[redacted]

Claim Number: [redacted] In-network provider	Date of Service	Amount the providers billed the plan	Total cost (amount the plan approved)	**Plan's share**	**Your share**
Anti-Reflective Coating(billing code V2750) Service is not a covered benefit.	3/8/2024	$165.00	$0 DENIED (See Below)	$0.00	$85.00 Because the claim was denied, you may be responsible for paying this amount. Look below for information about your appeal rights.
	TOTALS:	$1,199.00	$251.25	$145.75	$420.20

Things to know about your denied claim

- We have denied all or part of this claim and **you have the right to appeal.** Making an appeal is a formal way of asking us to change the decision we made to deny your claim. If we agree to change our decision, it means we will approve rather than deny it, and we will pay our share.
- The provider can also make an appeal, and if this happens you may not have to pay. You may wish to contact the provider to find out if they will ask for an appeal. If the provider properly asks for an appeal, you will not be responsible for payment, except for the normal cost-sharing amount, and you don't need to make an appeal yourself.
- **When we deny part or all of a claim, we send you a letter** ("Notice of Denial of Payment") explaining why the service or item is not covered. This letter also tells what to do if you want to appeal our decision and have us reconsider.
- IMPORTANT: If you do not have this letter, call us at Customer Service (phone numbers are in a box on Page 1)
- **If you have questions or need help with your appeal, you can contact:**
  - Our Customer Service (phone numbers are in a box on Page 1).
  - 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. (TTY users should call 1-877-486-2048.)

Blink Eyecare

Traci Anderson, OD
3150 E. 27th Ave. Suite 100
Spokane WA 99223
(509) 828-4561
Fax Number: (509) 228-8210

Eyeglass Rx

License #: WA 3653

Patient: [redacted]
DOB:
Address:

Date: 03/08/2024
Expires: 03/08/2026
Rx #: 241541993

Rx Details

	Sphere	Cyl	Axis	Near Add	Int Add	H Prism	V Prism
OD	0.00	-2.00	073	+2.50			
OS	-0.25	-1.75	148	+2.50			

T Anderson, O.D.

Traci Anderson, OD

Kennewick Disability Board

June 13,2024

Dear Board Members ,

I am requesting that the Board approve the attached request for a Bi- cross hearing device and right ear hearing aid for the acute hearing loss which I experienced in April , while out of the area and experienced emergency treatment and medication for that acute loss of hearing at that time .

The loss of hearing occurred on April 17th, and after suffering thru 2 days of loss of hearing, I experienced loss of equilibrium, dizziness and balance instability, I was treated at Brookings Urgent Care, Brookings , Oregon. At that time the doctor , advised I had a serious ear infection in the left ear , unknown to myself, and accumulated ear wax build up in my right ear. After irrigation of the right ear while being treated there , hearing returned to my right ear , however still being affected by the left ear acute loss of hearing, I immediately was prescribed anti biotics for the ear infection which was started that day, Friday , April 19th, and continued for 5 days . I was still experincing equilibrium issues, dizziness and balance instability altho to a lesser degree then before the antibotic medication.

I then contacted Kadlec urgent care , Richland , and secured an appt for May 16th for examination. Dr. Philip Biggs was the doctor that saw me. A hearing test was conducted at that time and acute loss of hearing in the left ear was determined thru the test with moderate impairment in the right ear of mid

range to high range frequencies. After his examination, Dr. Biggs indicated that the infection had cleared , however he advised that left ear hearing was non exsistant. He prescribed a 10 day steroid treatment plan for hopeful recovery of hearing. Also he requested am MRI to determine if any nerve damage to the brain had been affected . After the ten day steroid medication treatment was exhausted, another hearing test was conducted by audiologist, Christina Durocher, Kadlec ENT clinic on 05-29-24.

Attached are copies of her report and recommendations are attached. Her report indicates that I have a mild to moderate mid to high frequency sensorineural hearing loss in the right ear and a severe to profound sensorineural hearing loss in the left ear. No improvement in left ear hearing was determined thru this 2nd hearing test . Altho word recognition is excellent in the right ear , it could not be determined in the left ear. The recommendation by the audiologist was that I am a good candidate for traditional amplification in the right ear , however traditional amplification in the left ear , is of no value. Recommedation of Cros hearing system would be of benefit . Additional treatment was continued for the acute hearing loss in the left ear , by receiving three (3) ear drum , steroid injections over the course of three weeks to determine if hearing would come back thru this treatment by Dr. Biggs .No improvement in left ear hearing was discernable thru this 2nd test after receiving 2 steroid injections . The third injection was completed on June 12 th, however no improvement is noted .

Dr. Biggs indicated after the initial and follow up examinations and treatments, that a cochlear implant in the left ear might be

the only other option for treatment if bi cross amplification is not considered .

On 6-13-2024, Appointment with Rachel K. Allen, Au.D., CCC-A, Doctor of Audiology, Hearing Healthcare Associates, was held and review of test results from previous hearing tests were reviewed and determined to be sufficient for treatment determination by Dr. Allen. She advised that the right ear could be eligble for an amplification device with a bi cros device for the left ear . After the appointment , I proceded to Costco hearing center and spoke with Eric , manager at the location . He was advised of the recommendation and shown the results of the appointment with Dr. Allen. He advised they do not deal in that type of product and have nothing in comparison that is of like ability for hearing improvement.
I am requesting the Board consider authorization for the purchase of the hearing device and bi- cros device to improve my hearing loss as much as possible with out the need for major surgery for a hearing implant.
All copies of reports , test results , estimate of cost , and Doctor reports are attached and it is apparent that this treatment , is medically necessary to increase my hearing level to somewhat close to normal levels, even with the acute hearing loss suffered in my left ear.

Thank you for your review and consideration .

[redacted]

Hearing Healthcare Associates

☐ **PLATINUM CARE PLAN**
Bilateral Platinum Devices
5 Year Hearing Healthcare Plan
4 Year Device Warranty
5 Years Batteries Or 6 rechargeable

☐ **PLUS CARE PLAN**
Bilateral Plus Devices
4 Year Hearing Healthcare Plan
4 Year Device Warranty
4 Years Batteries Or 4 rechargeable

☒ **PREFERRED CARE PLAN**
Bilateral Preferred Devices
3 Year Hearing Healthcare Plan
3 Year Device Warranty
3 Years Batteries Or 4 rechargeable

☐ **PRIMARY CARE PLAN**
Bilateral Primary Devices
2 Year Hearing Healthcare Plan
2 Year Device Warranty
2 Years Batteries Or 2 rechargeable

Bi-CROS - Rechargeable

DEVICE STYLES

☒ Receiver in Canal (R)	☐ In the Canal (ITC)
☐ Custom Earmold	☐ Mini Canal
☐ ITE	☐ Micro Canal (CIC)
☐ Half-Shell	☐ Invisible ITC (Nano)
☐ BTE	
☐ Open Fit	CROS - (L)
☐ Earmold	Non-refundable $ _____

Device Manufacturer: Oticon
Model: (R) PX2-R / (L) CROS-R (PX-R)
Color: C091

ACCESSORIES

included	Bluetooth	_____	Remote Microphone
_____	TV Adapter	_____	Dry & Store Unit
_____	FM System	_____	Remote Control
included	Charger	_____	Advanced Remote

Your Hearing Healthcare Plan Includes:

___ Initial Hearing Aid Selection Assessment
___ Initial Electroacoustic Analysis
___ Hearing Aid Fitting and Orientation
___ Speech Mapping
___ Post-fitting Aided Processing Assessment
___ 3 Month Follow-up and Adjustment
___ Annual Electroacoustic Analysis
___ Annual Aided Processing Assessment
___ Annual Hearing Evaluation
___ Life-Time Programming Adjustments
___ Life-Time Quality Control Checks
___ Unlimited Office Visits

Hearing Healthcare Plan Total: $3898.00
(Price valid 30 days)

Rachel K Allen
Audiologist/Specialist

6/13/2024
Date

[redacted]

License #LD00000983, LD60384234, HA60018339

4.19.24

CURRY MEDICAL CENTER
500 5TH ST, BROOKINGS, OR 974159702 - 541-412-2000

Patien: Name: [redacted]
M RN· 1_7040
No_e Type: SD DISCHARGE INSTRUCTIONS GREEN

[redacted]

CURRY HEALTH NETWORK

Same Day Clinic
541-412-2000

Julie Green, PA

DIAGNOSIS:	Acute left otitis media right cerumen impaction
INSTRUCTIONS:	antibiotic has been emailed to Fred Meyer **Please follow up with your PCP.** **Please return to Curry Medical Center Same Day Clinic if needed.**

GREEN - 415

Safety Caps

Fred Meye Pharmacy

FRED MEYER PHARMA
70100030

325 FIFTH ST
BROOKINGS, OR 97415
PH:(541) 469-1643
NCPDP: 3811519

RX#: 6906415 *New Rx* DATE: 04/19/2024

AZITHROMYCIN 250 MG TAB (6CT)

GENERIC FOR: ZITHROMAX 250 MG Z-PAK T

NDC: 69452-0171-73

TAKE 2 TABLETS BY MOUTH TODAY, THEN TAKE 1 TABLET DAILY FOR 4 DAYS

QTY: 6 DAYS SUPPLY: 5

DAW: 0 NO REFILLS REMAINING

PRESCRIBER:
J GREEN
NPI: 1669434262
AUTH#: 241105898384016

BILL TO: MEDICARE D-REGENCE
PRICE: $0.00

YOUR INSURANCE BENEFIT SAVED YOU: $17.49

RX# **6906415** **04/19/2024**
Signature not required by Insurance

RX# **6906415** **04/19/2**
HIPAA Acknowledgement on file

Progress Notes

Philip Biggs, MD at 05/16/24 1100

Subjective:
Referring Provider:
No ref. provider found

Subjective
[redacted] who I am asked to see in consultation for evaluation of bilateral hearing loss.
States this began on 4/16/2024. Patient reports he had cerumen impaction in the right ear and a left ear infection. He was treated with antibiotics at that time. Patient states the infection has cleared up, however he continues to have left sided hearing loss.
Symptoms
left ear with worse hearing, left-sided aural fullness, and vertigo/dizziness
Duration/onset
1 month(s)
Sudden
Past workup/treatment
none
Past history
The patient reports the following:
Exposure to loud noise: No
Head trauma: No

05/16/24 I reviewed the patient's chart and he was seen by urgent care back in April and treated for an ear infection

Additional history

History of Present Illness
The patient presents for evaluation of left-sided sudden sensorineural hearing loss.

The patient first observed an abrupt loss of hearing in his left ear on 04/17/2024 or 04/18/2024. Despite not experiencing severe dizziness, he reported feeling unsteady upon standing a day or two post-injury, necessitating the use of a cane. He described the sensation as a spinning sensation, particularly when standing up too quickly or lying down in bed. He also reported experiencing a buzzing sensation when rolling over onto his side while sitting on the edge of the bed. Two days later, he sought medical attention at an emergency care facility in Berkingdor, where he was diagnosed with an infection in his ear. His ear was irrigated, revealing a large amount of wax buildup. Following the irrigation, one ear cleared, while the other did not. He completed a 5-day course of antibiotics, which he believes resolved the infection, but has not yet regained his hearing. He has not previously used hearing aids and has no history of ear infections. He reported feeling unwell a week prior to the onset of his hearing loss, which led him to postpone his trip. However, he felt better for a few days before driving. He has taken steroids in the past. He denies any neck issues.

Supplemental Information
He has diabetes and is on metformin. He checks his blood sugars and blood pressure regularly. His blood sugars are consistent with the medication. He has kidney stones. He is seeing a urologist in Yakima. He has had a hip replacement.

Objective:

Objective
Pulse 83 | SpO2 94%

Physical Exam
The ear canals are clear. Tympanic membranes are intact

Head thrust test was negative.

AUDIOGRAM
I personally reviewed the audiogram from today and provide my interpretation below:
Left-sided severe to profound sensorineural hearing loss and right-sided mild to severe sensorineural hearing loss

I reviewed his creatinine lab from 2019 which was within normal limits

Assessment/Plan:

Assessment & Plan
1. Left-sided sudden sensorineural hearing loss.
A comprehensive discussion was held with the patient regarding the pathophysiology of sudden sensorineural hearing loss. The potential treatment strategies, including a high-dose course of steroids, were discussed. The potential risks of steroid treatment, including hyperglycemia, mood changes, gastric ulcers, bone necrosis, and changes in sleep, were also discussed. The rationale for conducting an MRI was discussed to identify any intracranial causes of the sudden hearing loss. Creatinine blood level lab will be ordered to assess kidney function for the MRI with contrast that was ordered, and a high-dose course of corticosteroids will be initiated. Patient was prescribed omeprazole to help prevent gastric ulcers while on prednisone.

Follow-up
The patient is scheduled for a follow-up visit in the clinic in 2 weeks subsequent to the completion of the steroid course for a repeat hearing test.

E&M - illness with risk of loss of bodily function (hearing) and review of prior notes, prior labs, and ordering of labs and imaging, and Rx management

Philip C. Biggs, MD
05/16/24

Patient Instructions

MA Karina S, Medical Assistant at 05/16/24 1100

10 days course of steroids.

To schedule your Diagnostic Imaging appointment, please call Central Scheduling
Phone: 509-942-2655
Address: 945 Goethals Dr. Richland, WA 99354
Monday through Friday 8:30am-4pm.

Progress Notes

Christina D, AUD at 05/16/24 1100

5/16/2024

[redacted] was seen today in collaboration with ENT Dr. Philip Biggs.
Chief complaint: Left ear sudden hearing loss.

RESULTS
Immitance Evaluation:
Immittance Measures: 226 Hz
Right Ear: Normal middle ear function
Left Ear: Normal middle ear function

Pure tone thresholds: Air and bone conduction pure-tone thresholds were established from 250 to 8000Hz through insert phones. Threshold testing revealed a mild to moderate mid to high-frequency sensorineural hearing loss in the right ear and a severe to profound sensorineural hearing loss in the left ear.

Speech Audiometry:
Right Ear: Speech Reception Threshold (SRT) was obtained at 35 dBHL
Word Recognition Scores were excellent at 100% correct when presented at 75 dBHL
Left Ear: Speech Awareness Threshold (SAT) was obtained at 85 dBHL (masked)
A Word Recognition scores could not be determined due to severity of loss.

Reliability: Reliability was found to be good.

IMPRESSIONS: Patient's test results indicate a mild to moderate mid to high-frequency sensorineural hearing loss in the right ear and a severe to profound sensorineural hearing loss in the left ear. Word recognition is excellent in the right ear and could not be determined in the left ear. Tympanometry showed normal middle ear function bilaterally.

[redacted]s a good candidate for traditional amplification in the right ear; however he is not a good candidate for traditional amplification in the left ear. Patient may benefit from either a CROS hearing system, or possibly a power Baha.

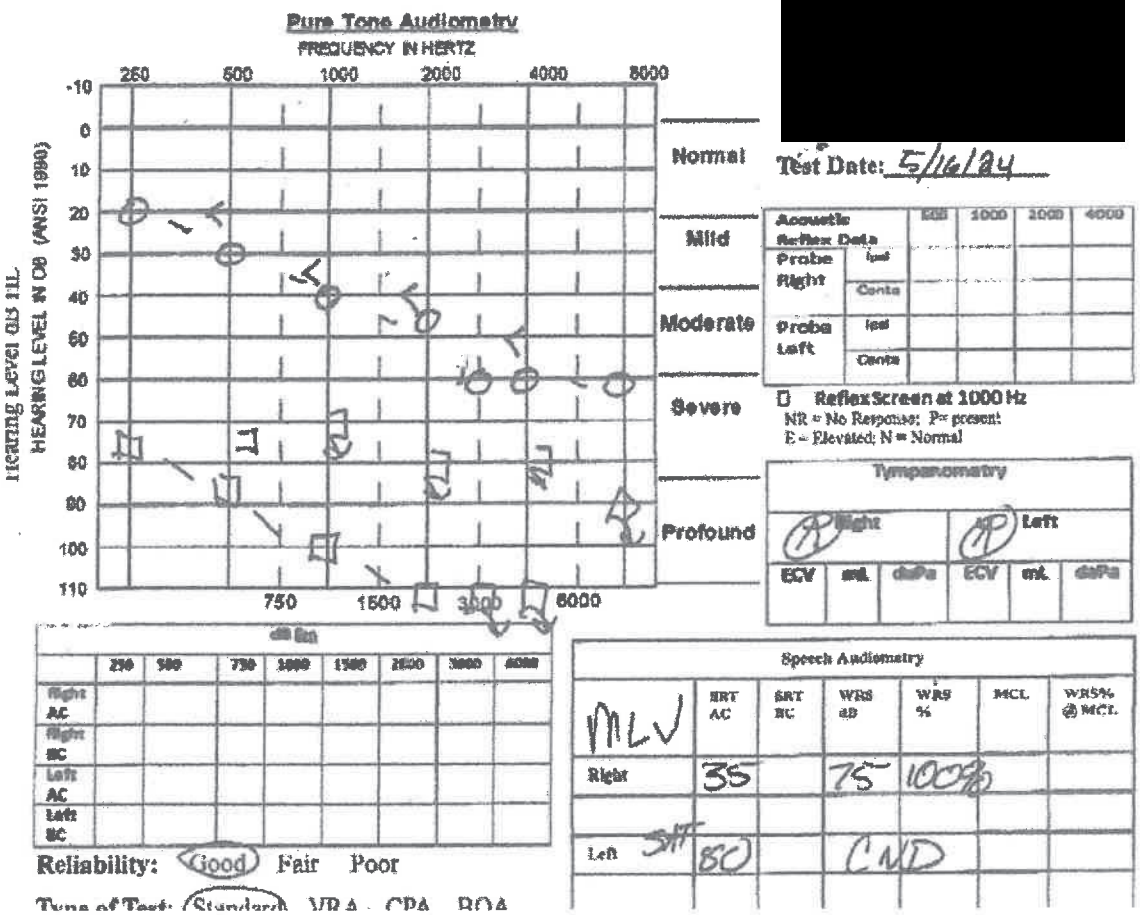
Patient followed up medically with Dr. Philip Biggs.

Christina Durocher, AuD, CCC-A
Clinical Audiologist

Audiological Evaluation

[redacted]

Test Date: 5/16/24



Acoustic Reflex Data		500	1000	2000	4000
Probe Right	Ipsi				
	Contra				
Probe Left	Ipsi				
	Contra				

☐ Reflex Screen at 1000 Hz
NR = No Response; P= present
E = Elevated; N = Normal

Tympanometry					
(R) Right			(R) Left		
ECV	mL	daPa	ECV	mL	daPa

	250	500	750	1000	1500	2000	3000	4000
Right AC								
Right BC								
Left AC								
Left BC								

Reliability: (Good) Fair Poor

Type of Test: (Standard) VRA CPA BOA

Speech Audiometry

MLV	SRT AC	SRT BC	WRS dB	WRS %	MCL	WRS% @ MCL
Right	35		75	100%		
Left SHF	80		CND			

IMAGING

I personally reviewed the imaging from 5/26 and provide my interpretation below:
No IAC or CPA lesions; incidental finding of right-sided sphenoid sinusitis

Progress Notes

Philip Biggs, MD at 05/29/24 1545

Subjective:
Referring Provider:
No ref. provider found

Subjective
[redacted] who I am seeing for follow up of sudden sensorineural hearing loss. Patient was originally seen on May 16 for left-sided sensorineural hearing loss that began on April 16. He reported feeling unwell the week before his sudden hearing loss. He had some imbalance and dizziness around the time the hearing loss occurred. He was started on a course of steroids and an MRI was ordered.

Since last visit
Hearing has unchanged
Patient states very minimal increase after 10 days of prednisone.

History of Present Illness
The patient presents for evaluation of sensorineural hearing loss.

The patient expresses uncertainty regarding the presence of inflammation in his ear. He acknowledges the need for a steroid injection prior to considering hearing aids, noting that his right ear appears to be in a satisfactory condition, albeit with some hearing loss. He is contemplating exploring more invasive interventions. His part-time employment involves significant exposure to individuals with hearing difficulties.

Objective:

Objective
Pulse 78 | Ht 1.905 m (6' 3") | Wt 120.2 kg (265 lb) | SpO2 97% | BMI 33.12 kg/m²

AUDIOGRAM
I personally reviewed the audiogram from 5/16 and today and provide my interpretation below:
Today - No change from prior audiogram

5/16 - Left-sided severe to profound sensorineural hearing loss and right-sided mild to severe sensorineural hearing loss

IMAGING
I personally reviewed the imaging from 5/26 and provide my interpretation below:
No IAC or CPA lesions; incidental finding of right-sided sphenoid sinusitis

PROCEDURE: transtympanic injection of steroid

Preprocedure diagnosis - sudden left-sided hearing loss
Postprocedure diagnosis - same
After consent was obtained, the patient was positioned and the left tympanic membrane was exposed with a speculum and 0.8 mL of dexamethasone 20 mg/mL was injected into the middle ear space. The patient was then directed to lay on his right side for 20 minutes. The patient tolerated the procedure well.

Dexamethasone Sodium Phosphate 10 mg per ml
NDC : 0641-0367-21
Lot # : J23047
Exp: 09/2025

Assessment/Plan:

Assessment & Plan
1. Sensorineural hearing loss.
The patient's condition did not improve with the administration of oral steroids. A discussion was held regarding the administration of tympanitic steroid injections, considering the associated risk of persistent ear perforation and dizziness. The patient expressed a preference to proceed with the procedure, which was performed as outlined above.

2. Chronic sphenoid sinusitis
Discussed that there was an incidental finding of sinusitis in the right sphenoid sinus. Patient reports no symptoms. Discussed the possibility of the disease being caused by a mycetoma.

Follow-up
The patient is scheduled for a follow-up visit in approximately 1 week for a repeat steroid injection.

Philip C. Biggs, MD
05/29/24

KADLEC | CLINIC

AUDIOLOGY

☑ Christy Durocher, AuD, CCC-A
☐ Curtis Woolf, AuD, CCC-A

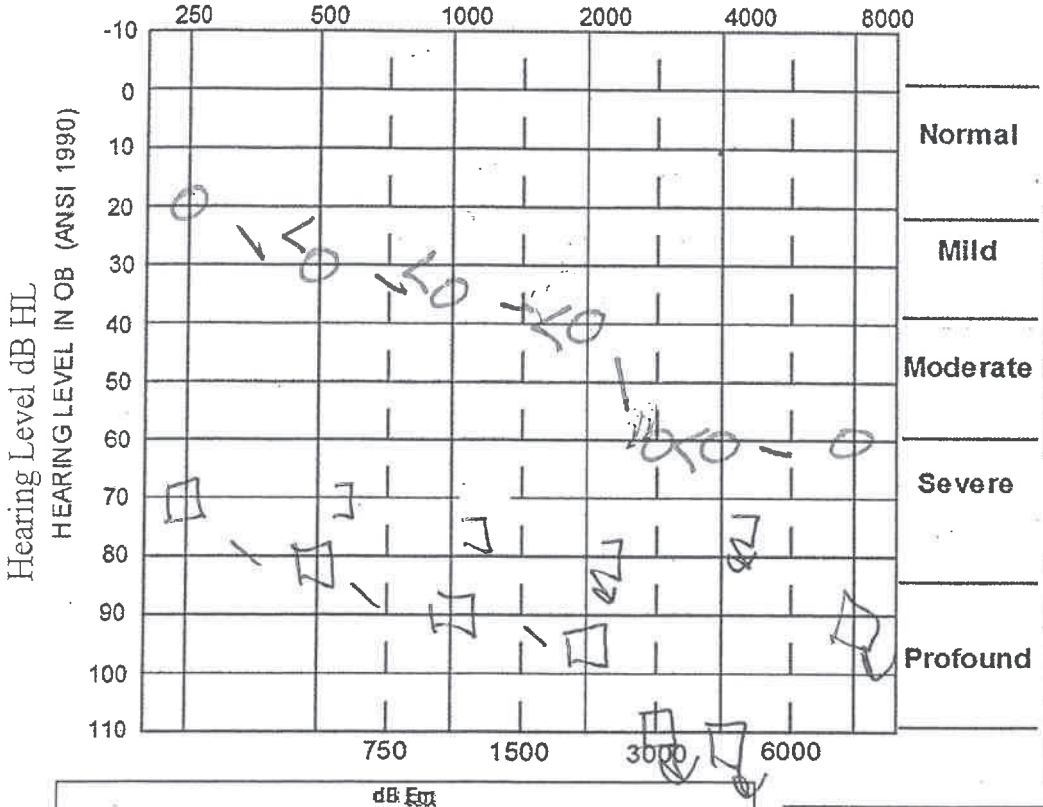
Kadlec Clinic Audiology
780 Swift Blvd. #301
Richland, WA 99352
P: 509-942-3054
F: 509-942-2534

Audiological Evaluation

[redacted]

Test Date: 5/29/25

Pure Tone Audiometry



Acoustic Reflex Data		500	1000	2000	4000
Probe Right	Ipsi				
	Conta				
Probe Left	Ipsi				
	Conta				

☐ Reflex Screen at 1000 Hz
NR = No Response; P= present
E = Elevated; N = Normal

Tympanometry

Right			Left		
A			A		
ECV	mL	daPa	ECV	mL	daPa
1.2	1.1	0	1.1	.76	0

dB Eff

	250	500	750	1000	1500	2000	3000	4000
Right AC								
Right BC								
Left AC								
Left BC								

Speech Audiometry

RV	SRT AC	SRT BC	WRS dB	WRS %	MCL	WRS% @ MCL
Right	35		70	96%		
	(M)					
Left	90		CND			
Binaural						
Soundfield						

Reliability: (Good) Fair Poor

Type of Test: (Standard) VRA CPA BOA

Transducer: TDH (Insert) Soundfield

Word list: (W-22) NU-CHIPS NU-6 PBK

AUDIOGRAM KEY	Right	Left
AC Unmasked	○	×
AC Masked	△	□
BC Mastoid Unmasked	<	>
BC Mastoid Masked	[	]
BC Forehead Masked	⌐	⌐
No Response	↙	↘

Notes: W/ DR.
(L) HL FU

Appointment Details

Notes

Progress Notes

Christina D, AUD at 05/29/24 1545

5/29/2024

[redacted] was seen today in collaboration with ENT Dr. Philip Biggs. Chief complaint: Sudden sensorineural hearing loss FU; left ear.

RESULTS
Immitance Evaluation:
Immittance Measures: 226 Hz
Right Ear: Normal middle ear function
Left Ear: Normal middle ear function

Pure tone thresholds: Air and bone conduction pure-tone thresholds were established from 250 to 8000Hz through insert phones. Threshold testing revealed a mild to moderate mid to high-frequency sensorineural hearing loss in the right ear and a severe to profound sensorineural hearing loss in the left ear.

Speech Audiometry:
Right Ear: Speech Reception Threshold (SRT) was obtained at 35 dBHL
Word Recognition Scores were excellent at 100% correct when presented at 75 dBHL
Left Ear: Speech Awareness Threshold (SAT) was obtained at 90 dBHL (masked)
A Word Recognition scores could not be determined due to severity of loss.

Reliability: Reliability was found to be good.

IMPRESSIONS: Patient's test results indicate a mild to moderate mid to high-frequency sensorineural hearing loss in the right ear and a severe to profound sensorineural hearing loss in the left ear. There does not appear to be a change in hearing since his last evaluation on 5/16/2024. Word recognition is excellent in the right ear and could not be determined in the left ear. Tympanometry showed normal middle ear function bilaterally.

[redacted] is a good candidate for traditional amplification in the right ear; however he is not a good candidate for traditional amplification in the left ear. Patient may

benefit from either a CROS hearing system, or possibly a power Baha. A copy of today's evaluation was provided to the patient and it was recommended he contact his insurance to see if he has a hearing aid benefit.

Patient followed up medically with Dr. Philip Biggs.

Christina Durocher, AuD, CCC-A
Clinical Audiologist

Letter Details

KADLEC CLINIC EAR NOSE AND THROAT
780 SWIFT BLVD STE 301
RICHLAND WA 99352-3524
Phone: 509-942-3178
Fax: 509-946-1735

KADLEC

June 5, 2024

[redacted]

Date of Visit: **6/5/2024**

To Whom it May Concern:

[redacted] was seen in my clinic on 6/5/2024. He is medically cleared for hearing amplification.

If you have any questions or concerns, please don't hesitate to call.

Sincerely,

Philip Biggs, MD

This letter was initially viewed by [redacted] *at 6/13/2024 3:53 PM.*

Appointment Details

Notes

Progress Notes

Philip Biggs, MD at 06/05/24 1345

Subjective:
Referring Provider:
No ref. provider found

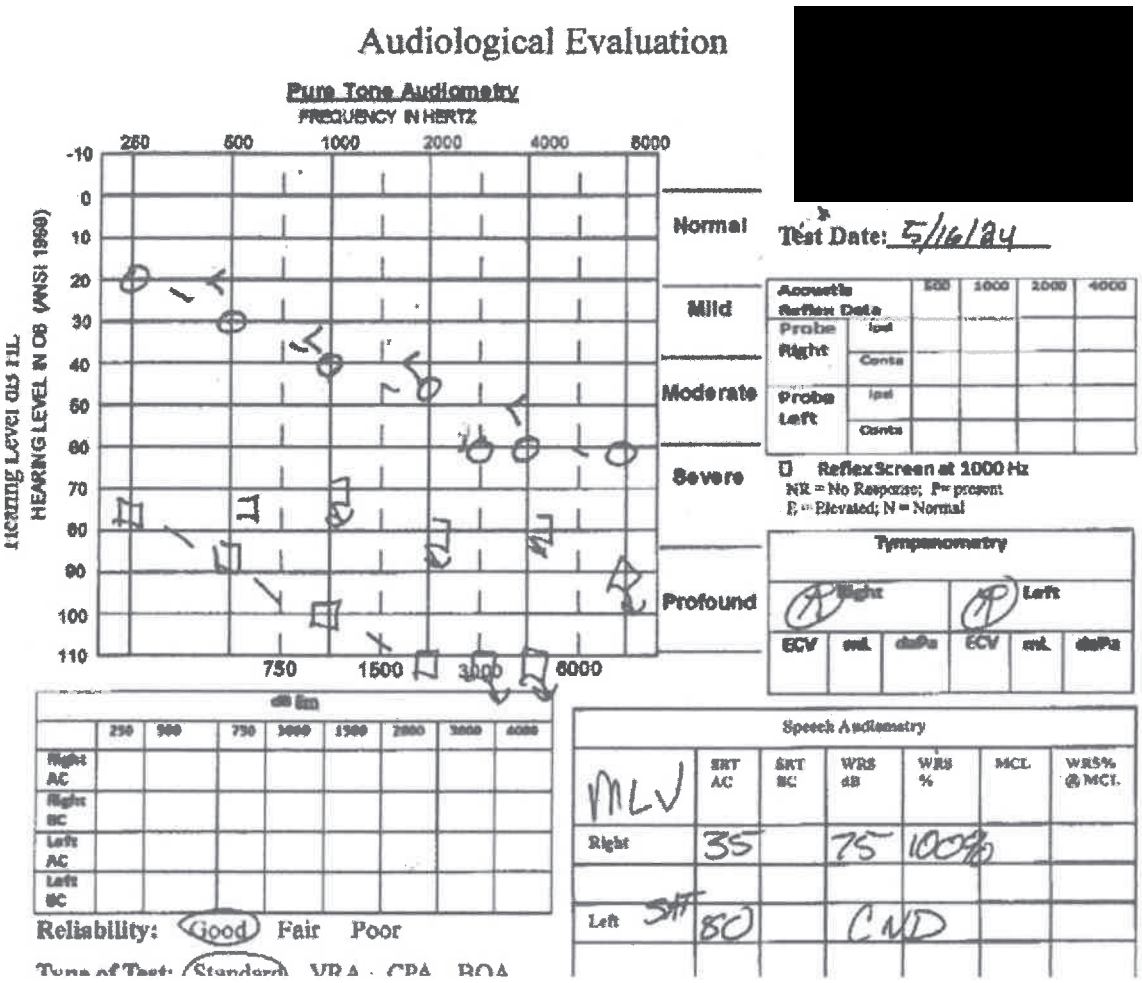
Subjective
[redacted] who I am seeing for follow up of left-sided sudden sensorineural hearing loss.
Patient was originally seen on May 16 for left-sided sensorineural hearing loss that began on April 16. He reported feeling unwell the week before his sudden hearing loss. He had some imbalance and dizziness around the time the hearing loss occurred. He was started on a course of steroids and an MRI was ordered. He was seen on 5/29 and reported no change in hearing. Steroid injection was performed in the left middle ear.

Since last visit
Hearing has unchanged

Objective:

Objective
Pulse 84 | SpO2 96%

AUDIOGRAM
I personally reviewed the audiogram from 5/29 and 5/16 and provide my interpretation below:
5/29



IMAGING
I personally reviewed the imaging from 5/26 and provide my interpretation below:
No IAC or CPA lesions; incidental finding of right-sided sphenoid sinusitis

PROCEDURE: transtympanic injection of steroid
After consent was obtained, the patient was positioned and the left tympanic membrane was exposed with a speculum and 0.7 mL of dexamethasone 20 mg/mL was injected into the middle ear space. The patient was then directed to lay on his right side for 20 minutes. The patient tolerated the procedure well.

Deamethasone injection
NDC: 0641-0367-21
LOT: J23047
EXP: 2025-Sep

Assessment/Plan:

Sudden left-sided sensorineural hearing loss
Second intratympanic steroid injection was done today. Patient has not had any improvement in hearing so far.

Bilateral hearing loss
Referral placed to hearing Healthcare Associates for hearing aids per the patient's request. Also provided a letter of medical clearance for hearing amplification.

Philip C. Biggs, MD
06/06/24

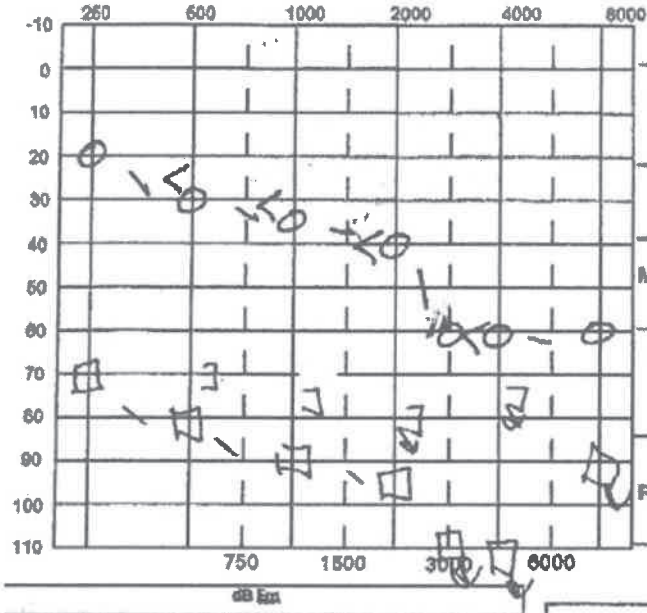
Audiological Evaluation

[redacted]

Test Date: 5/29/18

Pure Tone Audiometry

FREQUENCY IN HERTZ



dB HL

	250	500	750	1000	1500	2000	3000	4000
Right AC								
Right BC								
Left AC								
Left BC								

Reliability: (Good) Fair Poor

Acoustic Reflex Data		500	1000	2000	4000
Probe Right	Ipsi				
	Contra				
Probe Left	Ipsi				
	Contra				

☐ Reflex Screen at 1000 Hz

NR = No Response; P = present

E = Elevated; N = Normal

Tympanometry

Right			Left		
ECV	mL	daPa	ECV	mL	daPa
1.2	1.1	0	1.1	.76	0

Speech Audiometry

RV	SRT AC	SRT BC	WRS dB	WRS %	MCL	WRS% @ MCL
Right	35		70	96%		
	(50)					
Left	90		CND			

5/16

Progress Notes

MA Daise S, Medical Assistant at 06/12/24 1345

Subjective:
Referring Provider:
No ref. provider found

Subjective
[redacted] who I am seeing for follow up of left-sided sudden sensorineural hearing loss. Patient was originally seen on May 16 for left-sided sensorineural hearing loss that began on April 16. He reported feeling unwell the week before his sudden hearing loss. He had some imbalance and dizziness around the time the hearing loss occurred. He was started on a course of steroids and an MRI was ordered. He was seen on 5/29 and reported no change in hearing. Steroid injection was performed in the left middle ear. Second steroid injection was performed on 6/5. He was provided with a letter of medical clearance for hearing amplification.

Since last visit
Hearing has unchanged
Has occasional bubble sound in the Left ear..

Objective:

Objective
Pulse 69 | SpO2 95%

Septum midline, mild mucosal inflammation and nasal cavities with crusting at the nares

AUDIOGRAM
I personally reviewed the audiogram from 5/29 and 5/16 and provide my interpretation below:
5/29

sphenoidotomy procedure. We will further discuss this at next visit so he has time to think about the recommendation to undergo surgery. He states that he recently had a Mohs surgery on the nose which is caused some crusting and congestion on the right.

Philip C. Biggs, MD
06/12/24

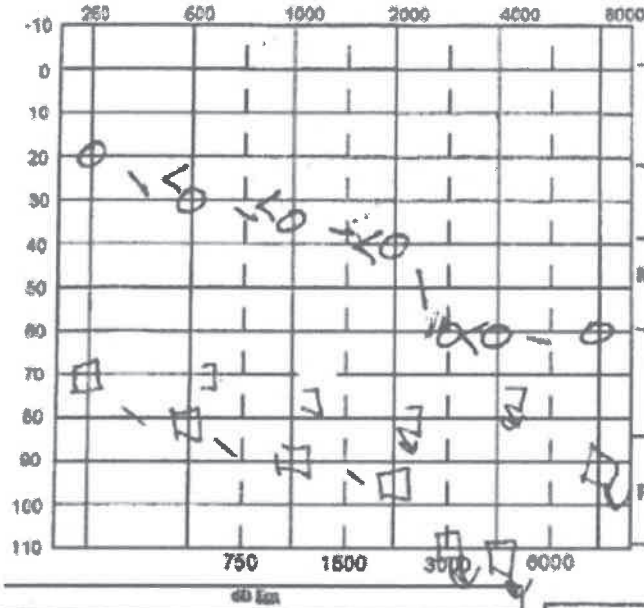
Audiological Evaluation

[redacted]

Test Date: 5/29/18

Pure Tone Audiometry

FREQUENCY IN HERTZ



dB Ion

	250	500	750	1000	1500	2000	3000	4000
Right AC								
Right BC								
Left AC								
Left BC								

Reliability: (Good) Fair Poor

Acoustic Reflex Data		500	1000	2000	4000
Probe Right	Ipsi				
	Contra				
Probe Left	Ipsi				
	Contra				

O Reflex Screen at 1000 Hz
NR = No Response; P = present
E = Elevated; N = Normal

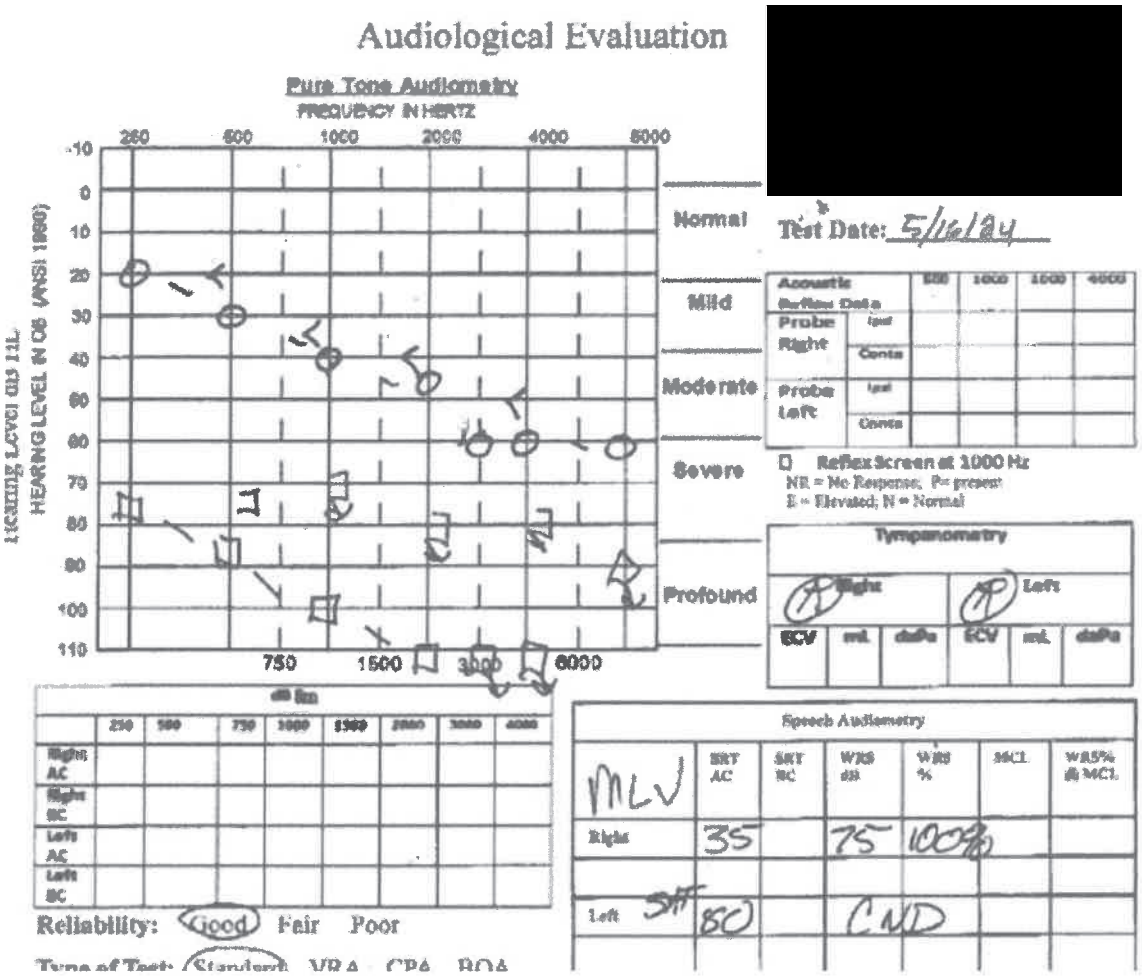
Tympanometry

(A) Right			(A) Left		
ECV	mL	daPa	ECV	mL	daPa
1.2	1.1	0	1.1	.76	0

Speech Audiometry

RV	SRT AC	SRT BC	WRS dB	WRS %	MCL	WRS% @ MCL
Right	35		70	96%		
	(50)					
Left	90		CND			

5/16



IMAGING
I personally reviewed the imaging from 5/26 and provide my interpretation below:
No IAC or CPA lesions; incidental finding of right-sided sphenoid sinusitis

PROCEDURE: transtympanic injection of steroid
Preprocedure diagnosis: Left-sided sudden sensorineural hearing loss
Postprocedure diagnosis: Same
After consent was obtained, the patient was positioned and the left tympanic membrane was exposed with a speculum and 0.6 mL of dexamethasone 20 mg/mL was injected into the middle ear space. The patient was then directed to lay on his right side for 20 minutes. The patient tolerated the procedure well.

NDC: 0641036721
Lot: J23047
EXP: 2025-09

Assessment/Plan:

Left-sided sudden sensorineural hearing loss
Patient still reports no significant subjective improvement in the hearing of the left ear. Third transtympanic injection of dexamethasone performed today is noted above. He will return to clinic in 7 to 10 days for audiogram.

Right-sided sensorineural hearing loss
Patient is arranging to get hearing aids tomorrow at hearing Healthcare Associates.

Right-sided chronic sphenoid sinusitis
Discussed the recommendation to remove the likely mycetoma of the right sphenoid sinus that was identified on the MRI. Discussed that if left untreated it could spread out of the sinus and cause issues with his cranial nerves including his vision. Briefly discussed

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	Condtion or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
5/20/2024	Mid to Severe hearing loss	Columbia Basin Hearing Center	$8,250.00	

These are needed for Treatment of Occupational hearing loss from 2008. I'm having difficulty understanding and speaking to people.

HISTORY: Gradual decrease in hearing sensitivity, bilaterally. Noise Exposure: Significant History (occupational).

RESULTS: Audiometric test results are consistent with a cochlear disorder. Otoscopy: Bilateral - Clear ear canals. **Pure Tone Testing (Asymmetric): Right Ear** - Mild-Severe Sensorineural Sloping Hearing Loss; **Left Ear** - Mild-Severe Sensorineural Sloping Hearing Loss. QuickSIN: Moderate Signal-to-Noise Ratio (SNR) loss indicating significant difficulty with speech understanding in the presence of background noise. Speech Recognition Thresholds (SRTs) of 30 dBHL and 25 dBHL were obtained in the left and right ears respectively. Speech Recognition Thresholds (SRTs) were in agreement with Pure Tone Averages (PTAs) indicating good reliability for today's behavioral results. Test Reliability: Excellent. Tympanometry: Normal TM mobility, middle ear pressure, and ear canal volume, bilaterally. Word Recognition: Good bilaterally.

TOTAL: $8,250.00

[redacted]

6-11-2024
Date

Board Use Only

Columbia Basin HEARING CENTER

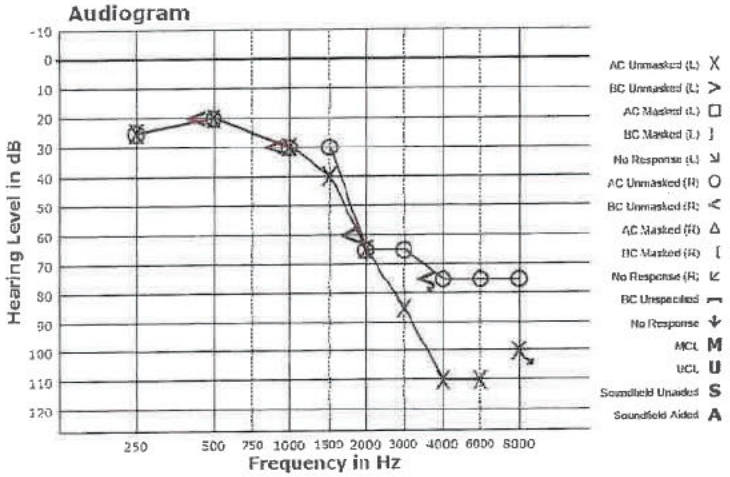
Audiologic Report

Columbia Basin Hearing Center LLC
4015 West Clearwater Avenue
Kennewick, Washington 99336
Phone: (509) 736-4005
Fax: (509) 737-9525
columbiabasinhearing.com

Patient Name: [redacted]
Date of Birth:
Visit Date: 04/25/2024

Audiologist: Shannon Marie
Title: Doctor of Audiology / Owner

Audiogram



CONFIGURATION	
Audiometer	Kennewick Front Inventis
Calibration	11/13/2023
Reliability	Excellent
Test Method	Conventional
Transducer	Headphones

QuickSIN []
SNR Degree (Loss)

TYMPANOMETRY [226 Hz]		
	Right	Left
Pressure (daPa)	-18	-75
Admittance (cc)	0.2	0.4
ECV (cc)	1.8	2.4

PTA (.5, 1, 2kHz)	
Right	Left
38.33	38.33

Neg: No significant reflex decay **Pos:** Significant reflex decay **Abs:** Absent **Pres:** Present **WNL:** Within Normal Limits **Red:** Reduced
NR: No Response **CNS:** Could Not Seal **CNT/DNT:** Could/Did Not Test **WR:** Word Recognition **SF:**Soundfield **EP:** Earphones

WORD RECOGNITION						
	dBHL	%	Mask	dBHL	%	Mask
Right	60	80				
Left	60	76				

SPEECH AUDIOMETRY					
	SAT	SRT	Mask	MCL	UCL
Right		25		60	
Left		30		60	

HISTORY: Gradual decrease in hearing sensitivity, bilaterally. Noise Exposure: Significant History (occupational).

RESULTS: Audiometric test results are consistent with a cochlear disorder. Otoscopy: Bilateral - Clear ear canals. **Pure Tone Testing (Asymmetric): Right Ear** - Mild-Severe Sensorineural Sloping Hearing Loss; **Left Ear** - Mild-Severe Sensorineural Sloping Hearing Loss. QuickSIN: Moderate Signal-to-Noise Ratio (SNR) loss indicating significant difficulty with speech understanding in the presence of background noise. Speech Recognition Thresholds (SRTs) of 30 dBHL and 25 dBHL were obtained in the left and right ears respectively. Speech Recognition Thresholds (SRTs) were in agreement with Pure Tone Averages (PTAs) indicating good reliability for today's behavioral results. Test Reliability: Excellent. Tympanometry: Normal TM mobility, middle ear pressure, and ear canal volume, bilaterally. Word Recognition: Good bilaterally.

RECOMMENDATIONS:

1. Utilize strategies for improving speech understanding (i.e. encourage face-to-face conversation, reduce background noise, enhance room lighting, etc).
2. Return to clinic for annual hearing assessments, or sooner as needed.
3. Pursue a trial with amplification. Based on the suspect Auditory Processing Disorder and Mr. Waters difficulty hearing in noise, he needs a premium hearing aid with the most advanced noise reduction technology available to help him hear and understand speech clearly in a variety of acoustic environments. Therefore I recommend a binaural set of Oticon Intent 1 hearing aid, which is included in our treatment plan for $8250.
4. Quick SIN scores obtained today indicated possible difficulty with Auditory Processing, therefore full evaluation of Auditory Processing Disorder was recommended to help determine if this is an underlying factor of the reported problems hearing in noise. If this condition is confirmed with testing, a 12 week APD treatment can be obtained at our sister clinic All Ears Therapy with Speech Pathology and Audiology working in conjunction to monitor progress and patient outcomes.

[redacted]

Columbia Basin HEARING CENTER

Audiologic Report

Columbia Basin Hearing Center LLC
4015 West Clearwater Avenue
Kennewick, Washington 99336
Phone: (509) 736-4005
Fax: (509) 737-9525
columbiabasinhearing.com

Audiologist: Shannon Marie
License #: LD60043875

Date: 04/25/2024

[redacted]

Office Locations

4015 W. Clearwater Avenue
Kennewick, WA 99336
(509) 736-4005

300 S. 2nd Avenue
Walla Walla, WA 99362
(509) 876-4541

Audiology Staff

Shannon Marie, Au.D.
Doctor of Audiology

Melanie Muhlestein Au.D.
Doctor of Audiology

Cassidy E. White, Au.D.
Doctor of Audiology

Professional Audiology Services

Diagnostic Hearing Evaluation & Management

Geriatric Hearing Evaluation & Management

Pediatric Hearing (5+) Evaluation & Management

Otoacoustic Emission Testing

Industrial Hearing Testing

Hearing Aid Evaluation

Hearing Aid Sales and Service

Hearing Aid Counseling

All Make & Model Hearing Aid Repair Services

Assistive Listening Device Sales

Tinnitus Evaluation, Treatment and Management

Cochlear Implant Evaluation and Mapping

Bone Anchored Hearing Aid Evaluation and Programming

Forensic Audiology Services

Audiology Expert Witness Services

Public Speaking Services

Columbia Basin HEARING CENTER

Receipt and Contract
Hearing Aid Technology

LEFT
MAKE: Oticon
MODEL: Intent 1 miniRITE
SERIAL #: B827GZ
REPAIR WARRANTY: 4 Yr (5/20/2028)
L&D WARRANTY*: 4 Yr (5/20/2028)
Batteries: Rechargable
Investment: $4125.00

RIGHT
MAKE: Oticon
MODEL: Intent 1 miniRITE
SERIAL #: B9P6N6
REPAIR WARRANTY: 4 Yr (5/20/2028)
L&D WARRANTY*: 4 Yr (5/20/2028)
Batteries: Rechargable
Investment: $4125.00

TOTAL INVESTMENT: $ 8250.00

ACCESSORIES
TELEPHONE ADAPTER.....$0.00
TV ADAPTER $0.00
FM MIC.....$0.00
STREAMER.....$0.00

DISCOUNTS
PROFESSIONAL..... $0.00

Additional Costs: **$0.00** **Total Discounts:** **$0.00**

[redacted] agrees to pay the **total sum of $ 8250.00** for the hearing aid(s) described above and associated accessories, in full, cash payment, due at time of fit. In the event the hearing aids are returned within the 75-day fitting optimization period and no other devices are selected for treatment, a $400 fitting fee may be applied for our doctor's expertise, staff's time, and for nonrecoverable costs.
4-Years of supplies & professional in-office services are included with the contract.

[redacted]

PROVIDER
Shannon Marie, Au.D.
Signature
License # LD60042875 SA
LD61508445 MM
LD61322664 CW

May 20, 2024

Notice: All balances owing not paid within the terms of this contract are subject to a 1½% interest charge and a $25.00 monthly late fee. **Failure to make payment when due will be considered default, and Columbia Basin Hearing Center will, subject to applicable law, demand immediate payment of the entire amount owed under this agreement. Failure to pay the amount owed under this agreement, Columbia Basin Hearing Center will refer the matter to a collection agency or attorney, who will require payment of balance to Columbia Basin Hearing Center plus all reasonable collection costs and attorney fees.** A $400 nonrefundable fee on all returns. Allow for 10-14 business days to process any refund. **A ONE TIME Deductible (per hearing aid) for the Loss & Damage coverage is as follows: $550.00 per digital hearing aid, and $110.00 per ear mold if needed, or $325.00 per AP mold (if needed), does apply-L&D Warranty expiration date stated above. L&D coverage begins with receipt of Hearing Aids. *A comparable substitution may be made if the manufacturer no longer carries or services your device. "In certain circumstances, damage to the case of the hearing aid is not covered under the repair warranty and may ensue additional charges."** Surety #081 S 103336035 BCM

Hear for You Mobile fittings are subject to a $500 non-refundable return fee if hearing aids are returned-due to travel time

CBHC will service hearing aids for 8 years maximum based on limited availability of parts and manufacturer support past this date.

Appointments following the included years of included services will be billable based on usual and customary fees.

Columbia Basin Hearing Center LLC
4015 West Clearwater Avenue
Kennewick, Washington 99336
Phone: (509) 736-4005
Fax: (509) 737-9525
columbiabasinhearing.com

Columbia Basin HEARING CENTER

[redacted]

Invoice Statement
Invoice #: 111238
Invoice Date: 05/20/2024

Date	Code	Description	Qty	Cost
05/20/2024		Oticon Intent 1 miniRITE (Right) Serial Number: B9P6N6 Repair Warranty Expiration Date: 05/20/2028 Loss & Damage Warranty Expiration Date: 05/20/2028 Loss & Damage Replacement Cost: $550.00 Battery: RC	1	$4,125.00
05/20/2024		Oticon Intent 1 miniRITE (Left) Serial Number: B827GZ Repair Warranty Expiration Date: 05/20/2028 Loss & Damage Warranty Expiration Date: 05/20/2028 Loss & Damage Replacement Cost: $550.00 Battery: RC	1	$4,125.00
			Cost	$8,250.00
			Tax	$0.00
			Total Cost	$8,250.00
05/20/2024	Private Payer - Credit Card Payment [MasterCard - Ending [redacted]			$8,250.00
			Total Paid	$8,250.00
			Balance Due	**$0.00**

[redacted]

BiOSH
Bi-state Occupational Safety & Health

4303 W. 27th Avenue, Suite D
Kennewick, WA 99338
Phone: 509-783-8100 Fax: 509-783-8101

April 10, 2008

City of Kennewick Disability Board
[redacted]
210 W 6th Avenue
Kennewick, WA 99337

Re: Case Review: Summary Findings and Recommendations Report for:
[redacted]
Hearing Loss, Hearing Aid Rehabilitation

[redacted]

As requested by the Disability Board (herein after referred to as the Board) I saw [redacted] in consultation. I have completed the case review of his hearing loss and the request for hearing aid purchase for his disabling impairment. This letter serves as the Summary Findings and Recommendations Report. The chart note is included for the Boards reference as part of their deliberations.

The following concerns are being addressed by this review:

Disability impairment – rehabilitation / treatment concerns:
1) Cost of Hearing Aids: Disability Board has upper limit of $3,200.00 for hearing aids. Devices recommended for [redacted] problem cost $5598.00 ($2977/ear), but includes 3 yr warranty for loss, damage, and repair and 3 years of batteries for free. Are these hearing aids medically justified?

Return to Work concerns:
2) Does employee meet current work standards for his position – based on hearing impairment, with or without use of hearing aids? (Does his hearing impairment warrant disability retirement?)

3) If hearing aids are not recommended for this employee's work environment are there any suitable hearing protection/hearing assist devices available that might address the concerns above.

Records have been reviewed and identify the following diagnosis:

- Moderate – severe mid to high frequency Neurosensory hearing loss in both ears, noise induced
- Tinnitus (ringing in the ears), bilateral
- Hyperacusis (abnormal painful hyper sensitivity to sound)

Of the three conditions, the Hyperacusis is in my opinion the most clinically significant. It is this condition that prompted the ENT and audiology evaluations. The employee reports that listening to fire station tone alerts, vehicle sirens, and other similarly intense sounds are incredibly painful. Once triggered the pain may persist for hours and often does not abate until 5-6 hours of noise free quiet time. It is this condition that has most profound adverse impact on his ability to continue working in his present job position.

Employee reports that on practical functional basis in the office and for many field operations he is experiencing difficult communications daily. He has become frustrated at having to request numerous repeats to capture the message and is often not sure that what he obtained accurately reflects what was communicated. This pattern has been ongoing for several years and is getting worse. This functional problem is very typical for individuals with [redacted] degree of hearing loss.

Although, unaided audiogram test and speech recognition test (SRT) scores meet present employment standards (see comments below) for his position the data is incomplete. It does not address SRT performance when competing back ground noise is present. However, this test is functionally performed daily by the individual as he conducts his activities of daily living, both on the job and off. As indicated above [redacted] has stated he fails this functional test. This "functional use" test standard is the more important occupational medicine guideline used in fit for duty considerations. Because this employee has self identified that overall function is poor he is a safety concern and does not meet work requirements without better information to further characterize this concern.

Personal hearing aids are not recommended for use in the type of noise environments typical for work activities of his position. They likely would aggravate (worsen) his hearing loss. They should not be used when engaged in any high noise activities. Therefore, they should not be considered as part of his functional assessment to work safely. An alternative electronic hearing protection device with limited custom hearing assist features could be considered, but only if [redacted] is to return to work. This device would be considered custom safety equipment and usually is provided by the employer under the American's with Disabilities Act (ADA) as a reasonable accommodation.

Current City of Kennewick Firefighter Medical Guidelines for Hearing, (2005 – the most current guideline available) specify:

- use of hearing aids: unacceptable if there is impairment of hearing function despite acceptable performance on pure tone audiometry; test of hearing functions such as speech discrimination and speech threshold should be routinely performed
- hearing loss is unacceptable if average loss on pure tone audiometry at 500, 1000 and 2000 Hz is > 40 dB in the unaided better ear
- further evaluation by a specialist is required if pure tone thresholds in the unaided worst ear are:
    - > 25 dB in 3 of the 4 frequencies: 500, 1000, 2000 & 3000 Hz,

Or

    - > 30 dB in any one of the 3 frequencies: 500, 1000, & 2000

And

    - An average of > 30 dB for all 4 frequencies: 500, 1000, 2000 & 3000

The required specialist evaluation has been conducted.

As indicated in comments above, [redacted] currently meet these "number" guidelines. However, from the specialty evaluation and the information provided during this case review [redacted] has impairment of hearing function which is disqualifying for his position. As use of personal hearing aids is not recommended for many of his work conditions his failure to meet the essential functions of his position will persist even with hearing aid rehabilitation.

[redacted] degree of hearing loss is typical for work related noise induced hearing loss and would otherwise qualify for compensability through the worker's compensation system were he eligible to file a claim through Labor & Industries (L&I). He is not. This disability is covered by the Disability Board.

The type hearing aid recommended is typical of those currently being provided for work injury claims with L&I. Currently, the average cost of hearing aids provided in the L&I system runs $5,000.00 - $6,000.00. This generally does not include cost of annual maintenance, batteries for life and periodic hearing aid replacement. When claims are accepted by L&I they provide on going maintenance, batteries for life and periodic replacement over time. Hearing aids on average need to be replaced about every 5-7 years. This on going support is required for the duration of employee's lifetime.

Conclusions:

Disability impairment – rehabilitation / treatment concerns:

1) Hearing Aid Cost:

I believe the features of the requested hearing aid/s are medically indicated in this case. The Board should consider in their deliberations not only the cost of the current initial hearing aids but the future ongoing need for annual maintenance, batteries for life and replacement hearing aids every 5-7 years. Insurance for loss of the hearing aids is not covered in the L&I system. This disability is permanent and can be expected to worsen over time.

The current cost quote includes a 3 year warranty and batteries. From a purely practical stand point, the Board may wish to enquire about the cost of an extended warranty for maintenance and batteries for up to 5-7 years as a means to control future costs associated with this impairment. Insurance for loss could reasonably be considered an expense for the individual.

Return to Work concerns:

2) Hearing Impairment, Hyperacusis & Use of Hearing Aids at Work:

I recommend medical disability retirement.

The degree of Hyperacusis and hearing loss for [redacted] is functionally impairing. I concur with the recommendation of his personal Ear, Nose and Throat specialist – Dr. Carl – employee should consider medical disability retirement. As discussed above, hearing aids are not recommended for use in many of his type work situations. They would only provide limited benefit to improved hearing function at work? They are intended primarily to help with hearing for non hazardous noise conditions and will provide no benefit in assisting a possible return to work.

3) Recommendation for suitable alternative electronic hearing protection (with build in hearing assist features) for safety use at work:

Not recommended. It has been previously recommended that [redacted] does not meet functional hearing qualifications for work based on his hearing disability and should seek disability retirement.

Thank you for allowing BiOSH to be of assistance in this matter. I hope the information provided will be of value as you consider the best course of action to take in this matter. The above information has been discussed with [redacted] and he is aware of these recommendations. If you need any additional information or points of clarification please do not hesitate to contact me at the number listed above.

Sincerely,

Anthony Carabba, PAC
Occupational Medicine

[ ] N/A or I have reviewed this record and concur with the findings and recommendations.
Robert Taber, MD _____ Date Signed: 04/12/08

[ ] N/A or I have reviewed this report and concur with the findings and recommendations.
Susan Forrest, MD MPH Susan Forrest Date Signed: 04/15/08

[X] N/A or I have reviewed this report concur with the findings and recommendations.
Steven R. Smith, MD MPH N/A Date Signed: _____

[redacted]