11/5/2024

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

4:30 PM

1. **CALL TO ORDER:**
2. **ATTENDANCE:**
3. **PUBLIC COMMENT:**
4. **APPROVAL OF MINUTES:**
   a. Approval of the minutes dated October 1, 2024
5. **FIRE CLAIMS: NONE**
6. **POLICE CLAIMS:**
   a. Summary of claims
7. **NEW BUSINESS:**
   a. Preapproval: Police Member #20 is requesting preapproval of a claim
   b. Claim: Police Member #12 is requesting reimbursement for a claim
   c. Claim: Police Member #13 is requesting reimbursement for a claim
8. **UNFINISHED BUSINESS:**
9. **BOARD COMMENTS/DISCUSSION:**
10. **ADJOURNMENT:**

NEXT MEETING DATE: DECEMBER 3, 2024

DISABILITY BOARD
REGULAR MEETING
October 1, 2024- DRAFT

1. **CALL TO ORDER:** Police Representative Jim Kraft called the regular meeting of the Kennewick Disability Board to order at 4:30 p.m.

2. **ATTENDANCE:** In addition to Police Representative Jim Kraft, present were Mayor Gretl Crawford, Mayor Pro Tem Chuck Torelli, Finance Director Jessica Platt, Deputy City Clerk Brandi Ralston, Gary Williams and Kathryn Armstrong.

3. **PUBLIC COMMENT: NONE**

4. **APPROVAL OF MINUTES: The minutes of September 3, 2024, were unanimously approved as presented.**

5. **FIRE CLAIMS: The motion to approve the fire claim was unanimously approved as presented.**

6. **POLICE CLAIMS: NONE**

7. **UNFINISHED BUSINESS: NONE**

8. **NEW BUSINESS:**
    a. **Police Member #5 is requesting reimbursement for two claims. The motion to approve both of Police Member #5's claims, in the amount of $307.53, was unanimously approved as presented.**
    b. **Introduce Jessica Platt as Finance Director.** Mrs. Ralston introduced Finance Director Jessica Platt.
    c. **Staff Report: Regarding inconsistencies in agenda materials and minutes and supporting materials at the September 2024 meeting.** Mrs. Ralston noted that the September 2024 packet incorrectly referenced a member number as Police Number #12 instead of Fire Member #28. Only the member number was been listed incorrectly. There are no repercussions in processing the claim/benefit and no further action needed of the board.

9. **COMMENTS/DISCUSSION: NONE**

10. **ADJOURNMENT:** Mr. Kraft concluded the meeting at 4:35.

Draft
Brandi Ralston, CPRO
Deputy City Clerk

MEETING DATE: NOVEMBER 5, 2024

POLICE PENSION BOARD

CC: BRANDI RALSTON, PUBLIC RECORDS OFFICER/ DISABILITY BOARD SECRETARY

RE: POLICE PERSONNEL BUDGET NO. J2517210 . 520012

VENDOR#	Date of Service	Claim Type	Provider Type	TOTAL
#15	9/6/2024	Perscription RX	Elk Drug	$ 8.18

$ 8.18

JIM KRAFT, POLICE REPRESENTATIVE

GARY WILLIAMS, FIRE REPRESENTATIVE

KATHRYN ARMSTRONG, MEMBER AT LARGE

GRETEL CRAWFORD, MAYOR

CHUCK TORELLI, COUNCIL MEMBER

LEOFF I – CERTIFICATION CLAIM FORM – Police #15

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
Sept 16-2024	folic acid	Elk Drug	8.18	8.18

TOTAL: 8.18

[redacted] [redacted] Sept 23-2024

Print Name Date

Board Use Only

243073 09/06/24 Ref: 3 CS / #90
[redacted]
$8.18
Dr THAPA, SUDEEP DHOJ FT – 7338040
FOLIC ACID 1 MG TABS 69315 – 127 – 10
DS: 90 CASH LEADING PH

[redacted]

ELK DRUG
SINCE 1889
176 East Main · Dayton, WA 99328
509-382-2536

Rx 243073 B 09/06/24 Rfl: 03

[redacted]

FOLIC ACID 1 MG TABS
EA [LEADING PH]
NDC: 69315 – 127 – 10 Qty: 90

DR. THAPA, SUDEEP DHOJ
520 N 4TH AVE
PASCO, WA 99301
509 – 546 – 2306 FT – 7338040

CASH

Your Cost: $8.18

Sale

ELK DRUG

Elk Drug
176 E. Main Street
Dayton, WA 99328
Ph : 509-382-2536

Receipt: 99643
Date: 09/07/24 09:57am
Cashier: LISA
Register: POS Lane1
Customer: [redacted]

Item	Flags	Qty	Price	Value
Rx 243073-01	RF			$8.18

Flags: T=[illegible] F=FSA R=Rx P=Promo A=Auto Refill

Rx count:1

Subtotal	$8.18
Exempt	$0.00
Total	**$8.18**
[illegible]der Credit (#8282)	$8.18

Mastercard Card - Approved
Amount:$8.18
Mastercard:[redacted]
Transaction:CREDIT
Approval:01782Z
Response Code:0
Entry Method:Contactlcc
MASTERCARD [redacted]
Trace Code: [redacted]
Cryptogram: [redacted]

FSA Total:$8.18

Customer Copy

Police #20

8/15/2024

Proposed Treatment Plan

Hansen Family Dental

James R Hansen, DMD
6615 W Argent Rd.
Pasco, WA 99301
(509)547-9951

[redacted]

ID: 13173

Phase	Date Plan	Appt	Provider	Service		Tth	Surf	Fee	Ins.	Pat.
1	8/15/2024		NB	06190	Implant Surgical Guide			$425.00	$0.00	$425.00
1	8/15/2024		NB	00366	Cone Beam Upper			$200.00	$0.00	$200.00
					Subtotal for This Phase:			$625.00	$0.00	$625.00
2	8/15/2024		NB	06010	Implant Body Placement	5		$2,979.00	$0.00	$2,979.00
2	8/15/2024		NB	06010	Implant Body Placement	7		$2,979.00	$0.00	$2,979.00
2	8/15/2024		NB	06010	Implant Body Placement	10		$2,979.00	$0.00	$2,979.00
2	8/15/2024		NB	06010	Implant Body Placement	12		$2,979.00	$0.00	$2,979.00
					Subtotal for This Phase:			$11,916.00	$0.00	$11,916.00
3	8/15/2024		NB	06191	Semi Precision Abutment on Impla	5		$562.00	$0.00	$562.00
3	8/15/2024		NB	06191	Semi Precision Abutment on Impla	7		$562.00	$0.00	$562.00
3	8/15/2024		NB	06191	Semi Precision Abutment on Impla	10		$562.00	$0.00	$562.00
3	8/15/2024		NB	06191	Semi Precision Abutment on Impla	12		$562.00	$0.00	$562.00
3	8/15/2024		NB	06192	Semi Precision Attachment on Dent	5		$449.00	$0.00	$449.00
3	8/15/2024		NB	06192	Semi Precision Attachment on Dent	7		$449.00	$0.00	$449.00
3	8/15/2024		NB	06192	Semi Precision Attachment on Dent	10		$449.00	$0.00	$449.00
3	8/15/2024		NB	06192	Semi Precision Attachment on Dent	12		$449.00	$0.00	$449.00
3	8/15/2024		NB	05400	Seat Denture			$0.00	$0.00	$0.00
					Subtotal for This Phase:			$4,044.00	$0.00	$4,044.00
					Subtotal:			$16,585.00	$0.00	$16,585.00

Insurance coverage is only an estimation. Guarantor is responsible for all treatment not covered by insurance.

Total Proposed:	$16,585.00
Total Completed:	$0.00
Total Accepted:	$0.00
Proposed Insurance:	$0.00

Fees are guaranteed for 6 months. Procedures are subject to change during the course of treatment.

My signature is an acknowledgement of receipt of the above treatment plan. I request and authorize the dentist or qualified assignee to perform the work described above.

Patient or Guarantor's Signature _____ Date _____

August 22, 2024

To whom it may concern,

I write you concerning [redacted] is a patient at our dental clinic and has not been able to adapt to his upper denture. He reports he is not wearing his upper denture and is unable to eat well with just his gums.

He had implants placed on his lower that help his lower denture stay in place, but since his upper denture doesn't stay in place he isn't able to wear his lower either because it cuts into his upper gums.

[redacted] would greatly benefit from the placement of upper implants to help stabilize his existing denture. These implants would snap onto his denture and help keep it stable so that he can function well enough to eat.

Four implants would be ideal so that he has the most retention and this would also give some backup to the denture in the case that one implant might not gain osseointegration.

Feel free to call or contact us if you have any questions.

Sincerely,

Dr. Nathan Bushman, DDS

Hansen Family Dental
6615 W. Argent Rd.
Pasco, WA 99301
Phone: 509-547-9951 Fax: 509-547-3008
office@hansenfamilydental.com

Police #12

LEOFF I – CERTIFICATION CLAIM FORM – POLICE

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

Asuris [ ] Medicare [ ] Other [ ] _____

Date of Service	Condtion or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
	Dr Appt w/ Surgeon Hans Chapman MD			
9.22.24	Hotel plus Curt's meal	Hotel Sorrento	$466.92	$466.92
9.23.24	Parking at Swedish Cherry Hill		$ 9.00	$ 9.00
9.22 – 9.23.24	Mileage [redacted]	Subaru	440.2	milage total: $294.93

Total: $770.85

TOTAL: $475.92 plus 440.2 mileage

[redacted]

Print Name

[redacted]

10-22-24
Date

Board Use Only

Milage rate is $0.67 per mile

Police # 12

LEOFF 1 Disability Board:
On September 23, 2024 I was in Seattle to attend a follow up appointment with Surgeon Jens Chapman, Md.at Swedish Medical Center at Cherry Hill. The appointment was at 9:00 am. Due to the distance, I stayed the prior night at a hotel in Seattle. My son and his fiancé came to visit us at Hotel Sorrento and I accidently put their parking on our hotel bill.I have removed that $20.00 from the hotel charges for reimbursement. I included my meal (at Stella- the Restaurant) only on the hotel bill. I noticed that the Hotel Sorrento desk clerk only printed an invoice and not an actual paid receipt. I paid with a credit card - so I copied and pasted the credit card charge to a notepad file for you. I also copied and pasted the charge for the parking at Swedish Cherry Hill when I went to the appointment. ($9.00) The mileage is calculated by the mileage home in [redacted] Subaru and just doubled.

Please re-imburse me when you can. Thank you very much,

[redacted]

Invoice

Hotel Sorrento
900 Madison St.
Seattle WA 98104
United States of America

[redacted]

Invoice Date: 09/23/2024 08:40:08
Invoice Number: 7847

Arrival Date: 09/22/2024
Departure Date: 09/23/2024
Room Number: 215
Confirmation Number: 105607
: USD

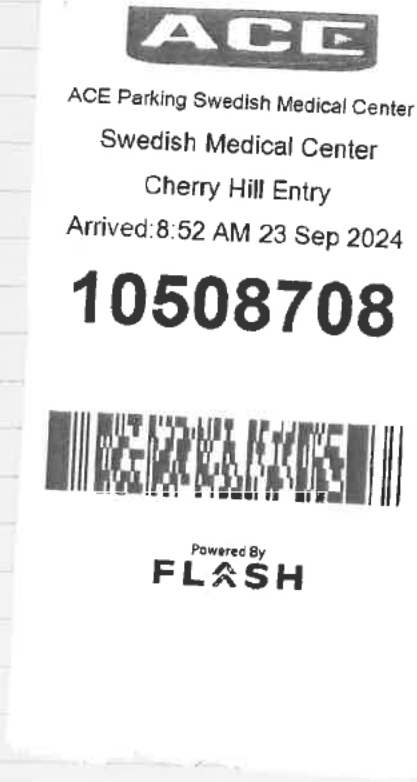
Date of Charge	Charge Description	Charge Amount	Credit Amount
09/22/2024	Parking - Hourly Guest	$ 16.02	– take out
09/22/2024	Sales Tax - 10.35%	$ 1.66	"
09/22/2024	Parking Tax 14.5%	$ 2.32	"
09/22/2024	Best Flexible Rate	$ 269.00	
09/22/2024	State Tax - 15.7%	$ 42.23	
09/22/2024	City Tax - 2.3%	$ 6.19	
09/22/2024	Facility Fee	$ 25.00	
09/22/2024	Sales Tax - 10.35%	$ 2.59	
09/22/2024	Parking - Overnight Charge	$ 60.00	
09/22/2024	Sales Tax - 10.35%	$ 6.21	
09/22/2024	Parking Tax 14.5%	$ 8.70	
09/22/2024	*Stella Restaurant #1091*	[redacted] Only $ 47.00	

Total Charge	**$ 486.92**
Total Credits	**$ 0.00**
Net Amount	**$ 0.00**
Balance	**$ 486.92**
State Tax - 15.7%	$ 42.23
City Tax - 2.3%	$ 6.19
Sales Tax - 10.35%	$ 10.46
Parking Tax 14.5%	$ 11.02

$486.92
-20.00
466.92
Total for Hotel

09/26/2024
Interest Charge on Purchases
-$36.79
09/25/2024
HOTEL SORRENTO SEATTLE WA
-$486.92
09/24/2024
MCMENAMINS SIX ARMS PUB SEATTLE WA
-$193.17
09/24/2024
WSFERRIES-BAINBRIDGE SEATTLE WA
-$22.25
09/24/2024
STELLA SEATTLE WA
-$184.00
****
09/24/2024
Withdrawal / 22029193 RICHLAND WA SAFEWAY #0333
5411
-$2.29
$1,489.48
09/24/2024
Withdrawal / 03966839 SEATTLE WA ACE PARKING 3381
7523
-$9.00
$1,491.77
09/24/2024
Withdrawal / VBASE2 SEATTLE WA SBUX SWEDISH CHERRY
HIL 5814
-$18.52

092324
7900.7 Home
7680.6 leave.
220.1 Swedish miles



Police # 13

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.
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Asuris [ ] Medicare [ ] Other [ ] _____

Date of Service	Condtion or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
9-20-24	SURGERY-SKIN CANCER	DR. HESTER-DERMATOLOGY ASSOCIATES-TIGARD, OR	220 MILES = 440 miles X2	milage total: $294.80
10-2-24	FOLLOW-UP-SURGERY, LAB RESULTS, WOUND CONSULTATION	" "	220 MILES = 440 miles X2	milage total: $294.80

CONTINUATION OF 11-23 SURGERY
PREVIOUSLY APPROVED TRAVEL REIMBURSEMENT

[redacted] TOTAL: $589.60

[redacted] 10-2-24
Print Name Date

Board Use Only

Milage rate is $0.67 per mile

10-7-2024

DISABILITY BOARD.

I AM REQUESTING TRAVEL REIMBURSTMENT FOR ADDITIONAL TRAVEL TO TIGARD, ORE, DERMATOLOGY ASSOCIATES ON 9-20-24 AND 10-2-24 FOR SKIN CANCER RELATED PROCEDURES: ADDITIONAL SAME DAY SURGERY ON 9-20-24, THEN ADDITIONAL APPT. ON 10-2-24 FOR WOUND INSPECTION, LAB RESULTS, CONSULTATION ON PROCEDURES, SURGERY SITE INSPECTION AND SUTURE REMOVAL. ALL ASSOCIATED WITH NOVEMBER 2023 SKIN CANCER SURGERY THAT NEEDED TO COMPLETELY HEAL BEFORE THESE OTHER ISSUES COULD BE ADDRESSED.

THANK YOU FOR YOUR CONSIDERATION.

THE BOARD HAD PREVIOUSLY COVERED THE TRAVEL AND LODGING FOR THE INITIAL SURGERY IN NOV. 2023

[redacted]