



3/4/2025

**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 February 4, 2025
- 5. FIRE CLAIMS:**
 - a. Summary of Claims
- 6. POLICE CLAIMS:**
 - a. Summary of Claims
- 7. NEW BUSINESS:**
 - a. Claim: Police Member #2 is requesting reimbursement for a claim
- 8. UNFINISHED BUSINESS: NONE**
- 9. BOARD COMMENTS/DISCUSSION:**
- 10. ADJOURNMENT:**

NEXT MEETING DATE: APRIL 1, 2025

**DISABILITY BOARD
REGULAR MEETING
February 4, 2025- 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:**

Board Members Present:

Gretl Crawford, *Mayor*
Chuck Torelli, *Mayor Pro Tem*
Jim Kraft, *Police Representative*
Gary Williams, *Fire Representative*
Kathryn Armstrong, *Member-At-Large*

City Staff Present:

Brandi Ralston, *Board Secretary*
Jessica Platt, *Finance Director*
Chad Crouch, *Executive Services Director*

3. **PUBLIC COMMENT:** NONE

4. **APPROVAL OF MINUTES:** The minutes of January 7, 2025, were unanimously approved as presented.

5. **FIRE CLAIMS:** NONE

6. **POLICE CLAIMS:** NONE

7. **NEW BUSINESS:**

- a. **Election Results for Fire and Police Representatives:** Ms. Ralston announced elections Dennis Waters was elected as the Fire Representative and James Kraft was re-elected as the Police Representative. The new terms begin April 1, 2025. **The Board expressed their congratulations to the representatives.**

8. **UNFINISHED BUSINESS:** NONE

9. **BOARD COMMENTS/DISCUSSION:**

Ms. Ralston highlighted several key points. Firstly, Police Member #20's claim for \$16,585.00, which received pre-approval at the November 5, 2024, meeting, has been submitted and will be processed in accordance with the prior approval.

Secondly, Ms. Ralston has been coordinating with Police Member #25 concerning his efforts to collect the necessary documentation as requested by the Board on January 7, 2025.

Lastly, Ms. Ralston has been advised the Board's authority is restricted to approving or denying claims submitted to it. The statute establishing the Disability Board does not grant the power to appeal coverage decisions made by external insurance providers, Medicaid, Medicare, and others. Furthermore, the Board is not empowered to coordinate or subrogate claims. This led to an extensive discussion regarding the responsibilities of the Board and the Secretary.

10. **ADJOURNMENT:** Mr. Kraft concluded the meeting at 4:59 p.m.

Draft

Brandi Ralston, CPRO
Disability Board Secretary

MEETING DATE: 3-4-2025
DISABILITY BOARD
FROM: BRANDI RALSTON, PUBLIC RECORDS OFFICER DISABILITY BOARD SECRETARY
RE: FIRE PERSONNEL BUDGET NO. J2517210 . 520012

Member #	Date of Service	Claim Type	Provider Type	TOTAL
19	2/3/2025	Perscription	Brand Direct Health	\$ 198.99

\$ 198.99

JIM KRAFT, POLICE REPRESENTATIVE

GARY WILLIAMS, FIRE REPRESENTATIVE

KATHRYN ARMSTRONG, MEMBER AT LARGE

GRETL CRAWFORD, MAYOR

CHUCK TORELLI, COUNCIL MEMBER

LEOFF I – CERTIFICATION CLAIM FORM – FIRE

I hereby certify under penalty of perjury that this is a true and correct claim for necessary medical expenses incurred by me, and that no payment has been received by me on account thereof.

I further certify that I am an active/retired member of the Kennewick Fire Department; that the following claim was required by an allowable provider; I am enclosing the required explanation of benefits; and that I am eligible for reimbursement under the following plan(s):

Asuris []

Medicare []

Other ☒ city FIRE pension

Date of Service

Condition or Illness Or Prescription Name

Provider of Service

Bill Charged

Co-pay Amount

2-3-25

memory problems

B.D.H.

\$ 198.99

0

TOTAL: \$ 198.99

Print Name

Date

2-3-25

Board Use Only

RECEIVED

FEB 18 2025

CITY OF KENNEWICK
CITY CLERK'S OFFICE

Member #19

Brand Direct Health

5455 W Waters Ave, Tampa, FL 33634

Phone: 866-331-6440

Rx # 036838404-03r

Date 02/03/2025

Cerefolin NAC Levomefolate/Methylcob/N-Acetylcys/Algae-S
6/2/600/90.314 mg Tab Alfasigma

KARLSON, K.

Written: Cerefolin NAC Levomefolate/Methylcob/N-Acetylcys/Algae-S
6/2/600/90.314 mg Tab

RPh: /DV/DH/LD

TAKE 1 TABLET BY MOUTH EVERY DAY

Self Pay - CASH

NDC: 00525055590

Exp: 09/30/2027

Qty: 90 TABLET

Fills Rem: 10 @ 90 until 07/28/2025



\$ 195.99

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

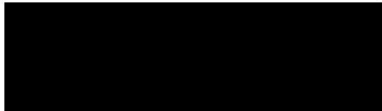
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P.O. Box 1017
Bedminster, NJ 07921-1017
Tel: 866.331.6440

NCPDP: 5732323
NPI: 1982936886

Medical Expense Report



7

DATE RANGE: 2/1/2025 - 2/4/2025

DOB:

Item #1

PRODUCT INFORMATION

DISPENSED DATE	RX NUMBER	DRUG NAME PRODUCT CODE	SIG	QTY	DAYS SUPPLY	PRESCRIBER
2/3/2025	036838404r/1	Cerefolin NAC Levomefolate/Methylcob/N -Acetylcys/Algae-S 6/2/600/90.314 mg Tab 00525055590	TAKE 1 TABLET BY MOUTH EVERY DAY	90	90	KARLSON, KATIE

PAYMENT INFORMATION

ORDER	PRODUCT PRICE	DATE(S) PAID	AMOUNT(S) PAID FOR PRODUCT+	SHIPPING FEE	SALES TAX	PAYMENT TYPE*
1914734	\$195.99	2/3/2025	\$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.



MEETING DATE: 3-4-2025

DISABILITY BOARD

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

RE: POLICE PERSONNEL BUDGET NO. J2517210 . 520012

Member #	Date of Service	Claim Type	Provider Type	TOTAL
15	12/23/2024	Perscription	Elk Drug	\$ 12.66

\$ 12.66

JIM KRAFT, POLICE REPRESENTATIVE

GARY WILLIAMS, FIRE REPRESENTATIVE

KATHRYN ARMSTRONG, MEMBER AT LARGE

GRETLE CRAWFORD, MAYOR

CHUCK TORELLI, COUNCIL MEMBER

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
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12-23-24	Benzonate 100mg	ELB Drug	12.66	12.66

TOTAL: 12.66

Print Name

Date

Board Use Only

RECEIVED

JAN 02 2025

CITY OF KENNEWICK
CITY CLERK'S OFFICE

Member # 15

Sale



SINCE 1889

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

Receipt: 114225
Date: 12/26/24 04:04pm
Cashier: ANGELA
Register: POS Lane2
Customer: [REDACTED]

Item	Flags	Qty	Price	Value
Rx 232996-03	RF			\$0.00
Rx 261182-01	RF			\$0.00
Rx 264395-00	RF			\$12.66
Rx 264393-00	RF			\$0.00

Flags: T=Taxable F=FSA R=Rx P=Promo A=Auto Refill

Rx count:4

Subtotal	\$12.66
Exempt	\$0.00
Total	\$12.66
Tender Credit (#8282)	\$12.66

Mastercard Card - Approved

Amount:\$12.66

Mastercard:*****[REDACTED]

Transaction:CREDIT

Approval:02918Z

Response Code:0

Entry Method:Contactless

MASTERCARD [REDACTED]

Trace Code [REDACTED]

Cryptogram: [REDACTED]

FSA Total:\$12.66



Customer Copy

264395 12/23/24 Rel: 0 CR /JP #30
\$12.66
Dr STODDARD, JOHN ROBERT FS-1640261
BENZONATATE 100 MG CAPS 42806-714-01
OS: 6 CASH EPIC PHARM

ELK DRUG SINCE 1889
176 East Main • Dayton, WA 99328
Ph: 509-382-2536
RX# 264395 N 12/23/24 Rpt: CR /JP

BENZONATATE 100 MG CAPS
EA [EPIC PHARM]
NDC: 42806-714-01 Qty: 30

DR. STODDARD, JOHN ROBERT
1111 SOUTH 2ND AVE
Walla Walla, WA 99362
509-897-3700 FS-1640261

CASH

Not
covered

Your Cost: \$12.66



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):

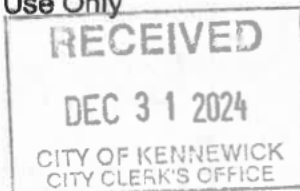
Asuris [] Medicare [] Other [] _____

Date of Service	Condition or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
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12-30-24	BROKEN TOOTH	Hansen Family Dental	\$314.50	\$314.50
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		\$ 314.50
Print Name		Date

Board Use Only



Police member #2

ACCOUNT HISTORY REPORT

FOR

From Dec 30, 2024 To Dec 30, 2024

Account Aging	
Current:	\$0.00
30 Days:	\$0.00
60 Days:	\$0.00
90 Days:	\$0.00
Contract:	\$0.00
Balance Due:	\$0.00
Estimated Insurance:	\$0.00
Balance Due Now:	\$0.00

Date	Name	Provider	Type	Description	Debit	Credit
>>>>>>> Sum of all account activity prior to 12/30/2024						
12/30/2024		60	Service	00140 Lim Oral Eval-Prob Focus	\$60.00	
12/30/2024		60	Service	00220 Periapical single, first Tooth 22	\$23.50	
12/30/2024		60	Service	02335 Resin, 4+ surf, anterior Tooth 22 Surface MIFL	\$231.00	
12/30/2024			Acct Pmt	Visa		\$314.50
					\$314.50	\$314.50

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



Account Aging	
Current:	\$0.00
30 Days:	\$0.00
60 Days:	\$0.00
90 Days:	\$0.00
Contract:	\$0.00
Balance Due:	\$0.00
Estimated Insurance:	\$0.00
Balance Due Now:	\$0.00

Date:

12/30/2024

Payment:

Account Payment - Visa

Amount:

\$314.50

Contract Balance	Estimated Insurance	Previous Balance	Payments Today	Balance Due Now
\$0.00	\$0.00	\$314.50	\$314.50	\$0.00

SIGNED

I agree to pay the above payment amount according to my card issuer agreement.



12-30-24

██████ needed a MIFL on number 22 due to recurrent decay and previous fill missing.



James Hansen DMD

HANSEN FAMILY DENTAL
6615 W ARGENT RD
PASCO, WA. 99301
509-547-9951

DEBIT SALE

REF#: 00000024
Batch #: 528 RRN: 1230220714
12/30/24 14:07:14
APPR CODE: 514116
ENCRYPTED BY ELAVON
Trace: 24
DEBIT Chip

AMOUNT \$314.50

APPROVED

US DEBIT



THANK YOU

CUSTOMER COPY