



7/1/2025

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

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4:30 PM

- 1. CALL TO ORDER**
- 2. ATTENDANCE**
- 3. PUBLIC COMMENT**
- 4. APPROVAL OF MINUTES**
  - a. Approval of the minutes dated June 3, 2025
- 5. FIRE CLAIMS**
  - a. Summary of Claims
- 6. POLICE CLAIMS**
  - a. Summary of Claims
- 7. NEW BUSINESS**
  - a. Claim: Fire Member # 19 requesting reimbursement for medical supplies
  - b. Claim: Fire Member #28 requesting reimbursement for dental work
  - c. Claims: Fire Member #21 requesting reimbursement for three claims
    1. Claim for reimbursement submitted 4-9-2025
    2. Claim for reimbursement submitted 5-22-2025
    3. Claim for reimbursement submitted 6-16-2025
- 8. UNFINISHED BUSINESS**
  - a. Claim: Police Member #25 requesting reimbursement for massage
- 9. BOARD COMMENTS/DISCUSSION**
- 10. ADJOURNMENT**

**NEXT MEETING DATE: AUGUST 5, 2025**

**DISABILITY BOARD  
REGULAR MEETING  
JUNE 3, 2025- DRAFT**

1. **CALL TO ORDER:** Mayor Pro Tem Torelli called the regular meeting of the Kennewick Disability Board to order at 4:30 p.m.
2. **ATTENDANCE:**

<b>Board Members Present:</b> Gretl Crawford, <i>Mayor</i> Chuck Torelli, <i>Mayor Pro Tem</i> Dennis Waters, <i>Fire Representative</i> Kathryn Armstrong, <i>Member-At-Large</i>	<b>City Staff Present:</b> Brandi Ralston, <i>Board Secretary</i> Jessica Platt, <i>Finance Director</i>
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3. **PUBLIC COMMENT:** NONE
4. **APPROVAL OF MINUTES:** The minutes of May 6, 2025, were unanimously approved as presented.
5. **FIRE CLAIMS:** NONE
6. **POLICE CLAIMS:** NONE
7. **NEW BUSINESS:**
  - a. **Claim: Police Member #5 requesting reimbursement and pre-approval for dental work:** The Board briefly discussed the claim. **The motion to approve Police Member #5's claim for reimbursement in the amount of \$169.00 and pre-approval for dental work in the amount of \$8,326.00, was unanimously approved as presented.**
  - b. **Claim: Fire Member #21 requesting pre-approval of long-term care services** The Board briefly discussed the claim. **The motion to pre-approve in home care services in an amount not to exceed \$7,436.00, was unanimously approved as presented.**
8. **UNFINISHED BUSINESS:**
  - a. **Claim: Police Member #23 requesting reimbursement for hearing aids:** The Board briefly discussed the claim. **The motion to approve Police Member #23's claim for reimbursement in the amount of \$1599.99, was unanimously approved as presented.**
9. **BOARD COMMENTS/DISCUSSION:**

Ms. Ralston noted that the July meeting will be the last meeting she staffs as Secretary of the Board. The replacement Secretary has not been identified at this time but will be announced at the July meeting.

**ADJOURNMENT:** Mayor Pro Tem Torelli concluded the meeting at 4:4 3p.m.

Draft

Brandi Ralston, CPRO  
Disability Board Secretary

MEETING DATE: 7-1-2025  
FIRE DISABILITY BOARD  
FROM: BRANDI RALSTON, DISABILITY BOARD SECRETARY  
RE: FIRE PERSONNEL BUDGET NO. J2517210 . 520012

Member #	Date of Service	Claim Type	Provider Type	TOTAL
19	5/20/2025	Perscription	Brand Direct Health	\$ 192.00

\$ 192.00

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JIM KRAFT, POLICE REPRESENTATIVE

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DENNIS WATERS, FIRE REPRESENTATIVE

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KATHRYN ARMSTRONG, MEMBER AT LARGE

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GRETL CRAWFORD, MAYOR

---

CHUCK TORELLI, MAYOR PRO TEM

**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	Condition or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
-----------------	---	---------------------	--------------	---------------

5-20-25	MEMORY CONCERN	B.D.H.	\$ 192.00	0

TOTAL: \$ 192.00

Print Name [REDACTED] [REDACTED]                      Date 5-20-25

Board Use Only member #19	<div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">                     RECEIVED                      MAY 22 2025                      CITY OF KENNEWICK                      CITY CLERK'S OFFICE                 </div>
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P.O. Box 1017  
 Bedminster, NJ 07921-1017  
 Tel: 866.331.6440

NCPDP: [REDACTED]  
 NPI: [REDACTED]

## Medical Expense Report



6

DATE RANGE: 5/1/2025 - 5/5/2025  
 DOB: [REDACTED]

### Item #1

PRODUCT INFORMATION						
DISPENSED DATE	RX NUMBER	DRUG NAME PRODUCT CODE	SIG	QTY	DAYS SUPPLY	PRESCRIBER
5/2/2025	[REDACTED]	Cerefolin Brain Wellness Levomefolate/Methylcob/N- Acetylcys 6/2/600 mg Tab 00525052590	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*
[REDACTED]	\$195.99	5/2/2025	\$189.00	\$3.00	\$0.00	FULL PAY

**TOTAL AMOUNT PAID: \$192.00**

\*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: 7-1-2025

POLICE DISABILITY BOARD

CC: BRANDI RALSTON, DISABILITY BOARD SECRETARY

**RE: POLICE PERSONNEL BUDGET NO. J2517210 . 520012**

Member #	Date of Service	Claim Type	Provider Type	TOTAL
5	5/13/2025	Prescription	Richland RX	\$ 77.77
15	5/1/2025	Prescription	Elk Drug	\$ 10.84
15	5/16/2025	Prescription	Elk Drug	\$ 10.84

**\$ 99.45**

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JIM KRAFT, POLICE REPRESENTATIVE

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DENNIS WATERS, FIRE REPRESENTATIVE

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KATHRYN ARMSTRONG, MEMBER AT LARGE

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GRETL CRAWFORD, MAYOR

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CHUCK TORELLI, MAYOR PRO TEM

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):

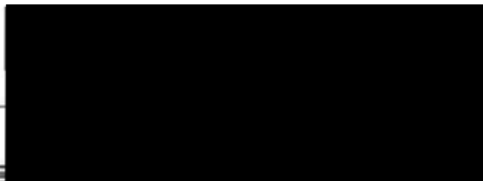
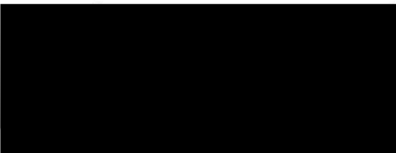
Asuris [ ]      Medicare [ ]      Other [ ] \_\_\_\_\_

Date of Service	Condition or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
-----------------	---	---------------------	--------------	---------------

5/13/25	Hydrocodone	Richland RX	\$ 77.77	\$ 77.77

TOTAL: 77.77

6-6-25  
Date



Board Use Only member #5	<p align="center"><b>RECEIVED</b></p> <p align="center">JUN 06 2025</p> <p align="center">CITY OF KENNEWICK CITY CLERK'S OFFICE</p>
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June 6, 2025

TO: Kennewick Disability Board

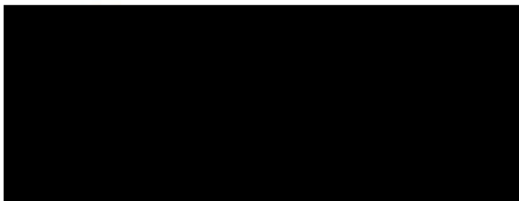
RE: Attached Documentation Ref. Rejected Prescription Payment Reimbursement Request

Dear Board;

In early May, my wife's sister suffered a stroke, necessitating travel to Spokane in order to help care for her and assist her family. Our absence during this time conflicted with receiving my pain medication (hydrocodone), which I am prescribed for chronic back pain. Our pain specialist, Dennis Ang with Apex Spine had no problem prescribing my medication earlier than he normally would have to accommodate me not running out, however because it was refilled early, Regence refused to pay for the prescription. I was, therefore, forced to pay cash for the medication in order to leave with my wife to care for her sister.

I am submitting the paperwork I was supplied with by Richland RX Pharmacy including the sales receipt. My purchase was a bit vague on the receipt so I used a highlighter in an effort to enhance it but unfortunately that made it even more vague and I apologize for that. I hand wrote the amount and if one looks closely, the printed numbers \$77.77 are visible. The amount is also noted on the prescription information card, which is also attached.

Your consideration for reimbursement of this purchase is greatly appreciated.



Prescriber: DENNIS ANG APNP

RPh: JJ-rj

5/13/2025 2:50:28 PM

Prescriber Phone: (509) 606-5040

**\*\* REJECTED - [REDACTED] \***

210.00000 00406012510 HYDROCODON-ACETAMINOPHN 10-325MG TAB

Extended Message

REFILL PAYABLE ON OR AFTER 05-18-25 +DUR2: ADDITIVE TOXICITY:APAP DAILY DOSEON ALL ACTIVE RX'S >4GM/DAY.SUBMIT PPSCODES TO OVERRIDE.HELP DESK 18554570229 For RxLocal Coupon Price of: \$72.62 submit to BIN: 014798 PCN: CP Group: COUPON --Service provided at no cost and no switch fee to the pharmacy--

Reject Reason(s)

88	DUR Reject Error
943	DUR Reject ? Pharmacy Override Using DUR/PPS Not Allowed
924	Cumulative Dose Exceeded Across Multiple Prescriptions

DUR Messages

Reason Code	Previous Fill	Previous Quantity	Message
ID	4/22/2025	210.000	HYDROCO/APAP TAB 10-325MG
AT	4/22/2025	210.000	DAILY ACETAMINOPHEN>4GM
TD	4/22/2025	210.000	SHORT-ACTING OPIOID ANALGESICS
TD	4/22/2025	210.000	ACETAMINOPHEN
HD			MAX DLY=6 TABLET

Patient:

[REDACTED]

DOB:

[REDACTED]

Pay Plan:

Relation:

Group:

Card ID:

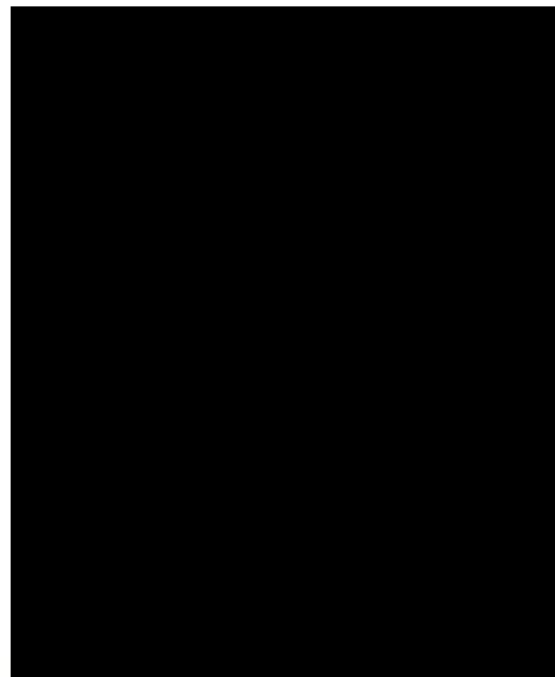
Rx Pharmacy  
800 Swift Blvd Ste 140  
Richland, WA 99352-3559  
Phone: (509) 713-7444  
Fax: (509) 713-7422

May 13 2025 2:41PM

Receipt # [REDACTED]

Cashier: Estella V

Drawer #: POS01 - 22545



Rx 852504 DU [REDACTED] (77.77)

Subtotal: 263.97

Tax Total: 0.00

# Items: 11	Total	263.97
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Visa Tendered: 263.97

Acct #: [REDACTED]

Approval #: [REDACTED]



800 Swift Blvd. Suite 140  
Richland, WA 99352  
**(509) 713-7444**

**THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.**

Rx: [REDACTED]

DOB: 05/13/2025 [REDACTED]

**NEW**

Plan: **RXLOC**

Auth:

**Driver**

TAKE ONE TABLET BY MOUTH FOR UP TO 7 TIMES  
DAILY AS NEEDED FOR PAIN

DAW 0 DS: 30 Refills: 0  
NDC: 00406-0125-10

**HYDROCODON-ACETAMINOPHN 10-**  
white scored oblong tablet SIDE 1: M367

**210EA**



**Copay \$77.77**

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
-----------------	---	---------------------	--------------	---------------

May 1 - 2025	Bubble Pak 2 weeks	Elk Drug	10.84	10.84
May 16 - 2025	Bubble Pak 2 weeks	Elk Drug	10.84	10.84

**TOTAL:** 21.68

[Redacted]

[Redacted]

May 19 - 2025  
Date

<p><b>Board Use Only</b> member #15</p>	<p align="center"><b>RECEIVED</b> MAY 22 2025 CITY OF KENNEWICK CITY CLERK'S OFFICE</p>
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**BUBBLE PACK 2-  
WEEK**

BUBBLE PACK

E



025

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

Receipt: 133128  
Date: 05/16/25 09:27am  
Cashier: Danielle  
Register: POS Lane1  
Customer: [REDACTED]

Item	Flags	Qty	Price	Value
Rx [REDACTED]	RF			\$0.00
Rx [REDACTED]	RF			\$0.00
Bubble PK 2 WK	T	1x	\$10.00	\$10.00

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

Rx count:2  
Retail count:1  
Total count:3  
  
Rx Total:\$0.00  
Retail Total:\$10.00

Subtotal	\$10.00
Standard Tax on \$10.00	\$0.84
<b>Total</b>	<b>\$10.84</b>
Tender Credit [REDACTED]	\$10.84

**Visa Card - Approved**

Amount:\$10.84  
Visa:\*\*\*\*\*[REDACTED]

Transaction:CREDIT  
Approval:[REDACTED]

Response Code:0  
Entry Method:Contactlcc  
Chip AID [REDACTED]  
Trace Code [REDACTED]  
Cryptogram [REDACTED]



**Customer Copy**

**BUBBLE PACK 2-  
WEEK**

BUBBLE PACK

G



025

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

Receipt: 131272  
Date: 05/02/25 03:54pm  
Cashier: LACY  
Register: POS Lane1  
Customer: [REDACTED]

Item	Flags	Qty	Price	Value
Bubble PK 2 WK	T	1x	\$10.00	\$10.00
Rx [REDACTED]	RF			\$0.00
Rx [REDACTED]	RF			\$0.00
Rx [REDACTED]	RF			\$0.00

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

Rx count:3  
Retail count:1  
Total count:4  
  
Rx Total:\$0.00  
Retail Total:\$10.00

Subtotal	\$10.00
Standard Tax on \$10.00	\$0.84
<b>Total</b>	<b>\$10.84</b>
Tender Credit [REDACTED]	\$10.84

**Mastercard Card - Approved**

Amount:\$10.84

Mastercard:\*\*\*\*\*[REDACTED]  
Transaction:CREDIT

Approval:[REDACTED]

Response Code:0  
Entry Method:Contactlcc  
MASTERCARD [REDACTED]  
Trace Code [REDACTED]  
Cryptogram [REDACTED]



**Customer Copy**

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	Condition or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
5-20-25	Lower leg swelling	Descreeet suplies	#16304	0

TOTAL: # 163.04

Print Name [REDACTED]                      Signature [REDACTED]                      Date 5-20-25

<p>Board Use Only</p> <p>member #19</p>	<div data-bbox="1522 1291 1827 1477" style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>RECEIVED</b></p> <p>MAY 22 2025</p> <p>CITY OF KENNEWICK CITY CLERK'S OFFICE</p> </div>
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# DELIVERY TICKET

Date 5/20/2025 12:50:14 PM

Sales Order

Customer ID

## Discreet Supplies LLC

5215 W. Clearwater Ave #106, Kennewick, WA 99336-1900, Phone: (509) 491-3266

Customer [REDACTED] DOB [REDACTED] Height [REDACTED] Weight [REDACTED] Sex [REDACTED]

Bill to [REDACTED] Deliver to [REDACTED]

Insurance None

Comments or Special Instructions

HIPAA Signature on file No

Delivery Date		Time		CSR	Branch			
5/20/2025				Estephany	Kennewick			
Qty	UOM	Type	Bin	Item	Ext. Amt.	Tax	Co-Pay	
Warehouse				Discreet Supplies				
1		Purchase		2001AD FF IV Beige / KNEE HIGH COMPRESSION 2030 / 2001AD FF IV Beige LEFT SIDE	\$75.00	\$6.52	\$81.52	
1		Purchase		2001 AD 111 FF Beig / 2030 knee high compression / 2001 AD 111 FF Beig RIGHT SIDE	\$75.00	\$6.52	\$81.52	
<b>TOTAL</b>					<b>\$150.00</b>	<b>\$13.04</b>	<b>\$163.04</b>	

1. I have received the products listed in good condition and have been instructed on their proper use. I have been informed not to use expired medication in nebulizers.
  2. I have received the Terms and Conditions, Patient Rights and Responsibilities and Medicare standards. I was notified that a printed copy of the Notice of Privacy Practices will be provided to me upon request. Also is available at the CSR desks for review.
  3. Assignment and waiver- I request that payment under Medicare or any other insurance program be made directly to Discreet Supplies LLC. I hereby authorize release of my information for billing purposes. If for some reason the insurance does not make a payment the patient is responsible to pay for such item.
  4. I have received warranty info and manufacturers maintenance instructions as applicable.
  5. Hours of operation Monday - Friday 8:00 am-- 5:00 pm
  6. The process for submitting and addressing complaints if Discreet Supplies LLC fails to resolve the issues, I may call ACHC at 1-855-937-2242 or Medicare at 1-800-633-4227.
  7. Any concerns that you might have with health product or procedures you can call Washington State Health Department at 1-800-525-0127.
- I have received a copy of the Medicare Supplier Standards
- \*\* I have been informed of the 13-month capped rental items for Medicare. I also was informed that Medicare beneficiaries may rent or purchase inexpensive or routinely purchase DME items. Initial that you were told and understand.
- There is a 30 day return policy for all non-used items. Must be in package along with receipt. Refunds will be done by either debit or credit card.
- If it was a special order, there will be a 20% restocking fee taken off of your refund.

Thank You for Your Business !!!



Sales Order  
Customer  
Customer ID



Page 1 of 1

Customer Copy

5/19/25, 3:54 PM

Media Information

Scan on 5/19/2025 1546 by Veronica M Carrillo: compression rx

**Physician's Rx**

Patient's Name: [Redacted]  
 Diagnosis: [Redacted]  
 ICD-10 Code: [Redacted]  
 Progression: [Redacted]

**Compression Levels:**  
 Therapeutic:  15-20 mmHg  
 Medical:  20-30 mmHg  30-40 mmHg  40-50 mmHg


**Style:**  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
open toe	open toe	open toe	open toe	open toe	open toe	open toe	open toe	open toe
with laces	with laces	with laces	with laces	with laces	with laces	with laces	with laces	with laces

**Product Selections:**  
 medium elastic for venous conditions  
 medium support for lymphedema  
 medium support for venous conditions w/ comorbidities (PAD, Diabetes)  
 circular "juxtatile"  
 circular "juxtatile" HD  
 circular "juxtatile"  
 include specific anti-embolic action necessary

Physician Signature: *[Signature]*  
 Printed Name: *Ally D. Drake PAC*  
 Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

[Redacted]



**DISCREET SUPPLIES**  
**Invoice #284172088**

May 20, 2025 3:52:59 PM

<b>Express Item x1</b>	<b>\$163.04</b>
Subtotal	\$163.04
Tax	\$0.00
<b>Total</b>	<b>\$163.04</b>

**Sold to** [REDACTED]

Application Label: [REDACTED]  
Terminal ID: 2

Merchant ID: XXXXXXXX0460

BRIC #: [REDACTED]

Approved Online

AID: [REDACTED]

AC: [REDACTED]

Response Code: 00

**DISCREET SUPPLIES**  
5215 W Clearwater Ave  
Kennewick, WA 99336  
(509) 491-3266  
amber@discreetsupplies.net

**CUSTOMER COPY**

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  None

Date of Service	Condition or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
-----------------	---	---------------------	--------------	---------------

3-24-2025	Dental Implant	Replace Crown with Implant.	\$ 5,893.20	- 0
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While eating Dinner Crown came off of Tooth. The dentist unable to replace Crown due to damage to Tooth & Root. The cost is \$6548.00, due to no Dental Insurance the total cost is \$5893.20. They required a down payment of \$3,356.10. The balance due when the implant is installed. \$ 2537.10

6/16/2025. Attached is the receipt for The second Payment of \$2,537.10.

TOTAL: \$ 5893.20

Print Name [Redacted]

[Redacted]

May 25 2025  
Date

Board Use Only

member #28



## STATEMENT OF SERVICES RENDERED

Grandridge Dental  
 7103 W Grandridge Blvd Ste G  
 Kennewick, WA 99336-6713  
 (509)737-1800

CHART NO.	PAGE NO.
[REDACTED]	1

BILLING DATE  
06/16/2025

**GUARANTOR NAME AND MAILING ADDRESS**

[REDACTED]

PATIENT	TOOTH	SURF	DESCRIPTION	CHARGE	CREDIT
[REDACTED]			Periodic oral evaluation	75.00	
			Bitewing Four Image	86.00	
			Treatment sim. using 3D Imgs	0.00	
			Oral hygiene instruction	0.00	
			Perio Evaluation	0.00	
			Periodontal maintenance	175.50	
	30		Custom abutment-incl placement	909.90	
	30		Abutment supported poro/cer cm	1537.20	
			Visa/MC/Discover - Thank you		-2783.60
				<i>2,537.10</i>	

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE	DENTAL INS. EST.	PLEASE PAY
0.00	- 2783.60	+ 2783.60	= 0.00	- 0.00	= 0.00

PATIENT	DATE	TIME	REASON
[REDACTED]			

Any appointment that is cancelled in less than 24 hours or that you fail to show will result in a minimum \$35.00 charge being applied to your account.

**Grandridge Dental**

7103 W Grandridge Blvd Ste G  
Kennewick, WA 99336-6713

Monday, June 16, 2025 16:58:14

Patient Name [REDACTED]  
Type SALE  
Account MC  
Card Number \*\*\*\*\* [REDACTED]  
Order ID [REDACTED]  
Reference Number [REDACTED]

**AMOUNT \$2,783.60**

App Preferred Name [REDACTED]  
EMV AID [REDACTED]  
Entry [REDACTED]  
Response Code [REDACTED]  
Approval Number [REDACTED]

**APPROVED - THANK YOU**

---

Signature

**IMPORTANT - retain this copy for your records**

**\*\*\* Cardholder Copy \*\*\***

3/24/2025 - 3/25/2025

All Providers

Patient: [REDACTED]

Patient: [REDACTED]  
Birthdate: [REDACTED]

SS #: [REDACTED]  
Chart #: [REDACTED]

3/24/2025 10:35:45 AM JM7R

Note Created On: 3/24/2025 10:35:45 AM

D0140 Limited Oral Evaluation

Patient presents for limited problem focused exam due to Pt crown came off on the LR side, pt is not having pain but the tooth doesn't feel right.

Patient has been experiencing discomfort for the past: 3 days/weeks

Medical History Reviewed by Dr

Chief Complaint: There is evidence of Pain to tooth or teeth #'s 30 From the patient's description it is determined that the pain level is 1 on a scale of 1-10.

Pt informed consent for x-rays/photos and evaluation.

X-Rays: PA taken for diagnosis and reviewed with patient for diagnosis.

Diagnosis and treatment options discussed including benefits/risks

Recommended TX: Dr. Morgan wants pt to stop taking his blood thinners today and tomorrow for extraction.

NV: #30 EXT/BG/IMP

Exam by: Jeffrey Morgan, DMD

Team member: Daniella Duarte, DA

3/25/2025 3:43:59 PM JM7R

Note Created On: 3/25/2025 3:43:59 PM

Tooth: 30 D7210 Surgical removal of erupted tooth

Tooth: 30 D6010 Surgical placement of implant body: endosteal implant

3/25/2025 3:54:38 PM JM7R

Note Created On: 3/25/2025 3:54:38 PM

Clinical Summary: Pt presents for implant placement # 30

Doctor reviewed consent form and patient understands the potential risks and consequences as outlined on consent form. Patients' questions all addressed and answered by Doctor.

Consent forms reviewed and signed by patient.

Medical History reviewed by Dr.

Diagnosis for treatment needed due to Extracted tooth

Implant type placed today: biohorizons

Manufacturer Biohorizon,

Platform/diameter size #30- 5.8x10.5 4.5plat REF#TLX5810, Length 5.8x10.5

Estimated Healing and Osseointegration Time: 4-6 months

Operative Prep: Pt's draped and mouth prepped in the usual fashion for this surgical procedure; pt rinsed with Chlorohexidine for 30 sec;

Current Radiographs, CT reviewed prior to procedure;

Summary of Procedure:

Anesthetic used: Benzocaine 20% topical gel was placed prior to injection. 3 .00 carpules of Lidocaine HCL, 2% with Epinephrine 1:100,000, was injected by Dr Jeffrey Morgan, DMD. A self-aspirating syringe was used to avoid intra-vascular injection. The patient tolerated the injection and had no adverse reactions to the anesthetic.

Implant handpiece/motor was then utilized with copious irrigation. Typical sequential drilling to ideal width and depth to accept the following implant was completed.

Maintaining sterile technique, implant was placed to recommended torque. Implant checked for stability and 3 mm healing collar hand tightened to implant. Bone graft: MinerOss Cortical and Cancellous Sutures: 1

Hemostasis achieved.

Pt stable and discharged with Post-op instructions reviewed verbally as well as written instructions.

Rx: Amoxicillin 500 mg prescribed following standard protocol

Personal comments:

NV: Post op appt in 2 weeks and suture removal

DR: jeffmorgan

# Jeffrey D. Morgan, DMD

Name



## TREATMENT CASE

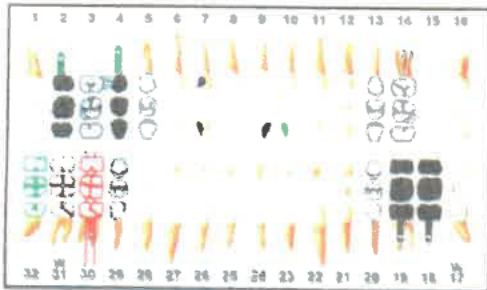
#30 EXT/BG/MP

DATE	VISIT	TOOTH	SURF	CODE	DESCRIPTION	FEE	PATIENT	Office
03/24/2025	1	30		D6010	Surg place implant, endosteal	2233.80	2233.80	2482.00
03/24/2025	1	30		D6104	Bone Graft, Implant Placement	662.40	662.40	736.00
03/24/2025	1	30		D7210	Extract, erupted th. remoth	324.90	324.90	361.00
Visit 1 Totals						3221.10	3221.10	3579.00
03/24/2025	2			D9607	Post Op Check	0.00	0.00	0.00
Visit 2 Totals						0.00	0.00	0.00
03/24/2025	3	10		D6011	Second stage implant surgery	225.00	225.00	250.00
Visit 3 Totals						225.00	225.00	250.00
03/24/2025	4	30		D6057	Custom abutment-incl placement	909.90	909.90	1011.00
03/24/2025	4	30		D6058	Abutment supported por/cer crn	1537.20	1537.20	1708.00
Visit 4 Totals						2447.10	2447.10	2719.00
03/24/2025	5	30		D9504	Crown Delivery	0.00	0.00	0.00
Visit 5 Totals						0.00	0.00	0.00

7103 W Granddige Blvd Ste C  
Kennerick, WA 98536-5713  
PHONE: (509) 37-1810

INSURANCE PROVIDER(S)  
 Primary: \_\_\_\_\_  
 Secondary: \_\_\_\_\_

TOTALS		
Fee	Patient	Office
5893.20	5893.20	8548.00



FINANCIAL SUMMARY				
Treatment Plan Total				5893.20
Estimated Deductible to be Applied				0.00
Estimated Insurance Payment				0.00
Estimated Patient's Portion				5893.20
Fee Expiration Date				04/24/2025

	Patient		Family	
	Primary	Secondary	Primary	Secondary
Annual plan benefits	0.00	0.00	0.00	0.00
Paid Benefits YTD	1500.00	0.00	0.00	0.00
Pending Insurance Estimates YTD	0.00	0.00	0.00	0.00
Estimated Benefits Remaining YTD	0.00	0.00	0.00	0.00
Benefits Expire	NA	NA		
Deductible Chgd YTD	Standard	0.00	0.00	0.00
	Preventative	0.00	0.00	0.00
	Other	0.00	0.00	0.00

Alternate Cases  
Case notes

Insurance benefits are ESTIMATED based upon information from the insurance company. It is not a guarantee of payment. Patient/Guardian is responsible for amount not paid by insurance. The fees listed above will be valid for up to 30 days.

Patient/Guardian agrees to pay their portion day of treatment. Payment will be made by:

Cash/Check     Visa/MasterCard     Finance Pgm

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Team Member Signature

REPORT  
DATE:  
03/25/2025



# Clinical Notes

3/24/2025 - 3/25/2025

All Providers

Patient: [REDACTED]

Note Created On: 3/25/2025 3:54:38 PM

3/25/2025 3:54:38 PM JM7R (Continued)  
DA:Katie Yeager, DA

**Grandridge Dental**

7103 W Grandridge Blvd Ste G  
Kennewick, WA 99336-6713

Tuesday, March 25, 2025 15:47:14

Patient Name [REDACTED]  
Type SALE  
Account MC  
Card Number \*\*\*\*\* [REDACTED]  
Order ID [REDACTED]  
Reference Number [REDACTED]

AMOUNT \$3,356.10

App Preferred Name [REDACTED]  
EMV AID [REDACTED]  
Entry [REDACTED]  
Response Code [REDACTED]  
Approval Number [REDACTED]

APPROVED - THANK YOU

Signature \_\_\_\_\_

IMPORTANT - retain this copy for your records

\*\*\* Cardholder Copy \*\*\*



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
1/3/25	Benzonatate	Walmart	18.03	18.03
2/13/25	Benzonatate	Walmart	18.03	18.03
2/22/25	Wal-Tussin Cough Pills	Walgreens	33.95	33.95
1/17/25	Sheets for hospital bed	Walmart	43.13	43.13
1/17/25	Hospital Bed rental	Belleve	257.18	257.18
2/17/25	Hospital Bed rental	Belleve	257.18	257.18
3/17/25	Hospital Bed rental	Belleve	257.18	257.18
3/3/25	Nebulizer Kit w/ mask	Belleve	10.29	10.29

**TOTAL:** 894.97



4-19-2025  
Date

<p>Board Use Only</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p><b>RECEIVED</b></p> <p>APR 09 2025</p> <p>CITY OF KENNEWICK CITY CLERK'S OFFICE</p> </div>
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LEOFF I – CERTIFICATION CLAIM FORM – FIRE

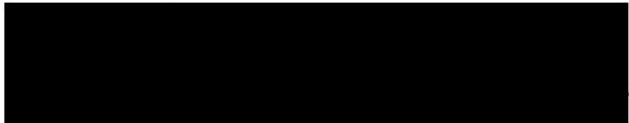
I hereby certify under penalty of perjury that this is a true and correct claim for necessary medical expenses incurred by me, and that no payment has been received by me on account thereof.

**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
2/25/25	Benzonate	Walmart	18.03	18.03
3/15/25	Wal-tussin Cough Pills	Walgreens	23.07	23.07

TOTAL: \_\_\_\_\_ 41.10



4-15-2025  
Date

Board Use Only

member #21

**RECEIVED**

APR 09 2025

CITY OF KENNEWICK  
CITY CLERK'S OFFICE

**Total: \$18.03**  
**Total RX: 2**  
**Signature Required: Y**  
**Counsel: N**  
**Counter Pickup**



GR 532  
 OR 299



Always find your medication and health information when you need it. Scan the QR code on your prescription label for a convenient way to access drug information.

Pharmacy hours:

Mon: 09:00 AM - 07:00 PM	Tue: 09:00 AM - 07:00 PM
Wed: 09:00 AM - 07:00 PM	Thu: 09:00 AM - 07:00 PM
Fri: 09:00 AM - 07:00 PM	Sat: 09:00 AM - 07:00 PM
Sun: 10:00 AM - 06:00 PM	Lunch Time Varies



BENZONATATE 100MG CAP EPI NDC: 42806-0714-01  
 DIRECTIONS: TAKE 1 CAPSULE BY MOUTH THREE TIMES DAILY AS NEEDED FOR COUGH

OC# [REDACTED]  
 WAL-MART PHARMACY 10-2101 PRIORITY: DR CALL IN  
 2720 SO. QUILLAN ST. NEW Cash  
 KENNEWICK, WA 99337 -0000  
 NABP: [REDACTED] NPI: [REDACTED]  
 RX: [REDACTED] Ref = 0 DATE: 02/24/25  
 Patient Pay: \$18.03

FRUGONE LARREA, DAVID F  
 Prescriber NPI: 1902037377  
 QTY: 30 DAW: 0 DAY SUPPLY: 10

Total: \$18.03  
Total RX: 2  
Signature Required: Y  
Counsel: Y  
Counter Pickup



GR 419  
BL 165



Always find your medication and health information when you need it. Scan the QR code on your prescription label for a convenient way to access drug information.

Pharmacy hours:

Mon: 09:00 AM - 07:00 PM	Tue: 09:00 AM - 07:00 PM
Wed: 09:00 AM - 07:00 PM	Thu: 09:00 AM - 07:00 PM
Fri: 09:00 AM - 07:00 PM	Sat: 09:00 AM - 07:00 PM
Sun: 10:00 AM - 06:00 PM	Lunch Time Varies



4 79361 75850 7

OC#

WAL-MART PHARMACY 10-2101  
2720 SO. QUILLAN ST.  
KENNEWICK, WA 99337 -0000

PRIORITY: WILL PICKUP  
NEW Cash

NABP: NPI:

RX: Ref = 0 DATE: 02/13/25

Patient Pay: \$18.03

BENZONATATE 100MG CAP EPI NDC: 42806-0714-01  
DIRECTIONS: TAKE 1 CAPSULE BY MOUTH THREE TIMES DAILY  
AS NEEDED FOR COUGH

FRUGONE LARREA, DAVID F  
Prescriber NPI: 1902037377  
QTY: 30 DAW: 0 DAY SUPPLY: 10

Total: \$18.03  
Total RX: 3  
Signature Required: Y  
Counsel: Y  
Counter Pickup



LP 2218  
GY 930



Always find your medication and health information when you need it. Scan the QR code on your prescription label for a convenient way to access drug information.

Pharmacy hours:

Mon: 09:00 AM - 07:00 PM	Tue: 09:00 AM - 07:00 PM
Wed: 09:00 AM - 07:00 PM	Thu: 09:00 AM - 07:00 PM
Fri: 09:00 AM - 07:00 PM	Sat: 09:00 AM - 07:00 PM
Sun: 10:00 AM - 06:00 PM	Lunch Time Varies

[Redacted]  
4 79361 38195 8  
OC# [Redacted]  
WAL-MART PHARMACY 10-2101 PRIORITY: DR CALL IN  
2720 SO. QUILLAN ST. NEW Cash  
KENNEWICK, WA 99337 -0000  
NABP: [Redacted] NPI: [Redacted]  
RX: [Redacted] Ref = 0 DATE: 01/03/25  
Patient Pay: \$18.03

BENZONATATE 100MG CAP EPI NDC: 42806-0714-01  
DIRECTIONS: TAKE 1 CAPSULE BY MOUTH THREE TIMES DAILY AS NEEDED FOR COUGH  
  
FRUGONE LARREA, DAVID F  
Prescriber NPI: 1902037377  
QTY: 30 DAW: 0 DAY SUPPLY: 10



**Date** 3/3/2025, 11:08:26 AM

**Sales Order** 1425581

**Customer ID** [REDACTED]

223 West 1st Ave, Kennewick, WA 99336-3930, Phone: (509) 586-2778

**Customer** Walk in Cash Customer - Kennewick, Kennewick      **DOB** 01/01/2001      **Height**      **Weight**      **Sex** F

**Bill to** 223 W 1ST AVE  
KENNEWICK, WA 99336-3930  
(509) 586-2778

**Deliver to** 223 W 1ST AVE  
KENNEWICK, WA 99336-3930

**Insurance** None

**Referral** Walk In, Customer

**Comments or Special Instructions**

**HIPAA Signature on file** Yes

Delivery Date	Time	CSR	Branch				
3/3/2025		Jacob	Kennewick				
Qty	UOM	Type	Bin	Item	Ext. Amt.	Tax	Co-Pay
<b>Warehouse</b>				Kennewick			
3	EA	Purchase		RES090 / Nebulizer Kit w/ Mask Sunset HCS / RES090	\$9.47	\$0.82	\$10.29
<b>TOTAL</b>					\$9.47	\$0.82	\$10.29



1|2651|2994117

**Sales Order** 1425581      **Customer ID** [REDACTED]  
**Customer** Walk in Cash Customer - Kennewick, Kennewick

**Customer Copy**



**DELIVERY TICKET**

Date 3/17/2025 1:25:21 PM

Sales Order 1406124

Customer ID [REDACTED]

223 West 1st Ave, Kennewick, WA 99336-3930, Phone: (509) 586-2778

Customer [REDACTED] DOB [REDACTED] Height [REDACTED] Weight [REDACTED] Sex [REDACTED]

Bill to [REDACTED] Deliver to [REDACTED]

Insurance None Referral [REDACTED]

Comments or Special Instructions HIPAA Signature on file No

9:30-10:30

Y

Paid in Full  
CC on file  
Need to collect signatures

Delivery Date	Time	CSR	Branch				
1/17/2025		Jennifer	Kennewick				
Qty	UOM	Type	Bin	Item	Ext. Amt.	Tax	Co-Pay
Warehouse				Kennewick			
1		Rental		RR BED FE / Bed Full Electric Make _____ Model _____ / SN/Asset _____  Serial No. _____ Asset No. _____	\$230.00	\$0.00	\$230.00
1		Rental		RR Bed Rails / Bed Rails (specify half or full length)  Half	\$0.00	\$0.00	\$0.00
1	EA	Rental		RR Group 1 Mattress / Mattress Group 1 80" or 84"	\$25.00	\$2.18	\$27.18
<b>TOTAL</b>					\$255.00	\$2.18	\$257.18



1|2651|2931656

Sales Order 1406124 Customer ID [REDACTED]  
Customer [REDACTED]

**Customer Copy**

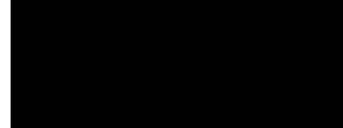
Bellevue Healthcare Inc  
 2015 152ND AVE NE  
 REDMOND, WA 98052-5521  
 (425) 451 2842

# Invoice

**Misc**

Print Date 3/24/2025  
 First Print 3/24/2025  
 Invoice [REDACTED]  
 Order [REDACTED]  
 Account No. [REDACTED]

**Customer**



Qty	Date	Description	Charges/Debits	Payments/Credits
1	02/17/2025	RR BED FE Bed Full Electric  ASSET # 2720KEN	\$230.00	
1	02/17/2025	RR Group 1 Mattress Mattress Group 1 80" or 84"	\$25.00	
	02/17/2025	Tax	\$2.18	

<b>Total</b>	\$257.18	\$0.00
<b>Balance</b>	\$257.18	

<b>PAY THIS AMOUNT :</b>	<b>\$257.18</b>
--------------------------	-----------------

Bellevue Healthcare Inc  
 2015 152ND AVE NE  
 REDMOND, WA 98052-5521  
 (425) 451 2842

# Invoice

**Misc**

Print Date 3/24/2025  
 First Print 3/24/2025  
 Invoice [REDACTED]  
 Order [REDACTED]  
 Account No. [REDACTED]

**Customer**



Qty	Date	Description	Charges/Debits	Payments/Credits
1	03/17/2025	RR BED FE Bed Full Electric  ASSET # 2720KEN	\$230.00	
1	03/17/2025	RR Group 1 Mattress Mattress Group 1 80" or 84"	\$25.00	
	03/17/2025	Tax	\$2.18	

<b>Total</b>	\$257.18	\$0.00
<b>Balance</b>	\$257.18	

<b>PAY THIS AMOUNT :</b>	<b>\$257.18</b>
--------------------------	-----------------

# Regence



P.O. Box 64813 St. Paul, MN 55164  
Toll Free: 1 (844) 765-6823 TTY: 711

## NOTICE OF DENIAL OF MEDICARE PART D DRUG COVERAGE

Date: 04/21/2025

Enrollee Name: [REDACTED]

Member Number: [REDACTED]

### Coverage of your drug was denied

We denied coverage under Medicare Part D for the following drug(s) you or your prescribing provider asked for: BENZONATATE 100MG CAPSULE

### Why was coverage for this drug denied?

We denied coverage for this drug because:

Drug-Dosage-Strength	Request Type	Outcome
Benzonatate Oral Capsule 100 MG	Non-Utilization Management	Denied

We have denied your request for coverage under your Medicare Part D benefit. This decision is based on Medicare rules regarding Excluded Drugs. These rules are found in the Medicare Prescription Drug Benefit Manual, Chapter 6 Section 20.1.

Drugs categorized as cough and cold drugs are excluded and cannot be covered. They cannot be covered no matter the intended use. The requested drug is in this excluded category.

For more information, please visit your prescription drug plan's website. You may also call the number on the back of your insurance card. A list of drugs covered by your plan, known as the formulary, can be found at this website. Drugs are categorized based on their Food and Drug Administration (FDA) labeling and/or use of the drug. Please contact your prescriber for treatment options.



# Bellevue Healthcare

05/20/2025

Dear [REDACTED]

This letter is in regards to hospital bed rental that you are attempting to pursue insurance coverage for. Our Intake team has reviewed the documents sent in to us on 05/13/2025 for the encounter date 05/08/2025. Their determination is as follows (I have added some clarifying information in the brackets):

*SUMMARY: FTF [face-to-face] encounter notes are lacking. Missing the specific SOB [shortness of breath] issue just states to manage COPD. Also missing amount of time for HOB elevation. The 05/08/2025 encounter may be addended through 06/08/2025*

*PATIENT DOES NOT MEET MEDICARE CRITERIA: As written in the current notes. At this time, what we have on file does not qualify the patient. To pursue coverage by Medicare for a hospital bed one must obtain a narrative in a face to face visit summary that ties a 30° head of bed elevation requirement more than half the time to a specific condition that causes a respiratory or a swallowing dysfunction that is supported in the medical history and how that elevation will treat that symptom and discuss a frequent need for change in body position and why (please see coverage criteria in LCD). Please note ordering this type of equipment for prevention or risk is not covered. Fax sent to F: 509 567 6018. (see template in deactivated notes) to inform the referral.*

What this means is at this time we are unable to bill your insurance for the hospital bed. Medicare puts the responsibility on Bellevue Healthcare to determine if a patient meets their established criteria before we attempt to bill them for any equipment. This also means that we cannot bill for a formal denial from the insurance company. As the Intake Team's notes mention, the ordering provider may addend their notes, this would require another review from our Intake Team.

Thank you,  
Nathalia Marhenke  
Bellevue Healthcare

BELLEVUE HEALTHCARE- KENNEWICK  
223 W 1ST AVE  
KENNEWICK WA 99336  
509-586-2778

03/03/2025 11:11:40

CREDIT CARD  
VISA SALE

Card # [REDACTED]  
Chip Card: [REDACTED]  
AID: [REDACTED]  
SEQ #: 5  
Batch #: 5  
Trans #: 5  
Approval Code: [REDACTED]  
TRANS ID: [REDACTED]  
Entry Method: Chip Read  
Mode: Issuer

SALE AMOUNT \$10.29

THANK YOU

CUSTOMER COPY

You could win a \$1000 GiftCard!  
Visit survey.walmart.com#7VMYW2QRHCO  
For more details, see back of receipt.



WM Supercenter  
509-586-1554 Mgr: CARLY  
2720 S QUILLAN ST  
KENNEWICK WA 99337  
ST# 02101 OP# 003957 TE# 40 TR# 07411  
# ITEMS SOLD 4  
TC# 6240 4680 8506 1288 8496



[REDACTED]

RX# [REDACTED] - REG D38 QTY 1H 18.03 N

SUBTOTAL 28.03  
TOTAL 28.03  
VISA TEND 28.03  
\*\*\*\* \*\* I 3

APPROVAL # [REDACTED]  
REF # [REDACTED]  
TRANS ID - [REDACTED]  
VALIDATION - [REDACTED]  
PAYMENT SERVICE - E  
AID A0000000031010  
AAC 7C9B4714COADE5D5  
TERMINAL # 21961295  
\*NO SIGNATURE REQUIRED  
01/03/25 14:44:20  
CHANGE DUE 0.00

E-Cycle Washington: Free Recycling  
for Computers, Monitors, and TV's  
www.ecyclewashington.org  
1-800-RECYCLE

\*\*\*CUSTOMER COPY\*\*\*



Get free delivery  
from this store  
with Walmart+

Scan for 30-day free trial.

Low Prices You Can Trust. Every Day.  
01/03/25 14:44:21

You could win a \$1000 GiftCard!  
Visit survey.walmart.com#7VNB6QRBBP  
For more details, see back of receipt.



WM Supercenter  
509-586-1554 Mgr: CARLY  
2720 S QUILLAN S  
KENNEWICK WA 99336  
ST# 02101 OP# 000104 TE# 42 TR# 02534  
# ITEMS SOLD 2  
TC# 8656 9786 3985 6733 9905



RX# [REDACTED] D38 QTY 1H 18.03 N  
[REDACTED]

- REG  
SUBTOTAL 18.03  
TOTAL 18.03  
VISA TEND 18.03  
\*\*\*\* \*\* I 4

APPROVAL # [REDACTED]  
REF # [REDACTED]  
TRANS ID - [REDACTED]  
VALIDATION - [REDACTED]  
PAYMENT SERVICE - E  
AID A0000000031010  
AAC F6C49659891A35E4  
TERMINAL # 22034957  
\*NO SIGNATURE REQUIRED  
02/14/25 09:27:17  
CHANGE DUE 0.00

E-Cycle Washington: Free Recycling  
for Computers, Monitors, and TV's  
www.ecyclewashington.org  
1-800-RECYCLE

\*\*\*CUSTOMER COPY\*\*\*



Get free delivery  
from this store  
with Walmart+

Scan for 30-day free trial.

Low Prices You Can Trust. Every Day.  
02/14/25 09:27:18

# Walgreens

#09596 585 GAGE BLVD  
RICHLAND, WA 99352  
509-628-3629

399 2972 0071 02/22/2025 12:31 PM  
ECOMMERCE ORDER PICKUP

ORDER ID: [REDACTED]  
Date Placed: 02/22/2025  
Date Paid: 02/22/2025

\*\*\*\*\*

WAL-TUSSIN DM COUGH GELS 20S  
FSA [REDACTED] OTC QTY: 5 33.95

SAVE 8.50  
RETURN VALUE 6.79 ea

WALG/DR STRNG BNDGE FLX FBRC XL  
FSA 31191715702 OTC QTY: 2 4.18

SAVE 1.05  
RETURN VALUE 2.09 ea

NYX EPIC INK LNR DRK CHCLT .030Z  
80089725513 QTY: 1 9.99

RETURN VALUE 9.99

SHOPPING BAG FEE  
41000000900 QTY: 1 0.08

\*\*\*\*\*  
NYX EPIC INK LNR MFG ECPN -2.00

SUBTOTAL 46.20

SALES TAX 4.19

TOTAL 50.39

[REDACTED] 50.39

CHANGE .00

TOTAL FSA ITEMS 41.45  
TOTAL RX ITEMS 0.00  
TOTAL FSA AND RX ITEMS 41.45

APPROVED FSA/HRA AMOUNT 0.00

PROMOTIONAL SAVINGS 0.00

THANK YOU FOR SHOPPING AT WALGREENS

You could win a \$1000 GiftCard!  
Visit survey.walmart.com#7VNCKPQRBYW  
For more details, see back of receipt.

## Walmart

WM Supercenter  
509-586-1554 Mgr: CARLY  
2720 S QUILLAN ST  
KENNEWICK WA 99337

ST# 02101 OP# 003957 TE# 42 TR# 03191  
# ITEMS SOLD 2  
TC# 6360 4716 8206 1288 4496



RX# [REDACTED] - REG D38 QTY 1H 18.03 N  
SUBTOTAL 18.03  
TOTAL 18.03  
VISA TEND 18.03  
\*\*\*\* \*\* I 3

APPROVAL # [REDACTED]  
REF # [REDACTED]  
TRANS ID - [REDACTED]  
VALIDATION - [REDACTED]  
PAYMENT SERVICE - E  
AID A0000000031010  
AAC DC6F427C4E5F2FD4  
TERMINAL # 22034957  
\*NO SIGNATURE REQUIRED  
02/25/25 12:37:05

CHANGE DUE 0.00  
E-Cycle Washington: Free Recycling  
for Computers, Monitors, and TV's  
www.ecyclewashington.org  
1-800-RECYCLE

\*\*\*CUSTOMER COPY\*\*\*



Get free delivery  
from this store  
with Walmart+

Scan for 30-day free trial.

Low Prices You Can Trust. Every Day.  
02/25/25 12:37:05

You could win a \$1000 GiftCard!  
Visit [survey.walmart.com#7VNU9RQRBGV](http://survey.walmart.com#7VNU9RQRBGV)  
For more details, see back of receipt.



WM Supercenter  
509-586-1554 Mgr. CARLY  
2720 S QUILLAN ST  
KENNEWICK WA 99337  
ST# 02101 OP# 004589 TE# 25 TR# 02725

# ITEMS SOLD 3  
TC# 9873 1108 2110 9326 9150



ALLEGRA 3OCT	041167412510 H	19.96 X
BEDSHEETS	890306214639	19.84 X
BEDSHEETS	890306214639	19.84 X

	SUBTOTAL	59.64
TAX1	8.7000 %	5.19
		64.83

	VISA TEND	64.83
	CHANGE DUE	0.00

64.83 TOTAL PURCHASE

REF # [REDACTED]

TRANS ID - [REDACTED]

VALIDATION - [REDACTED]

PAYMENT SERVICE - E

AID A0000000031010

TERMINAL # 55480205

\*No Signature Required

01/17/25 12:03:01



#09113 4000 W 27TH AVE  
KENNEWICK, WA 99337  
509-582-7781

112 4860 0071 03/15/2025 10:08 AM

ECOMMERCE ORDER PICKUP

ORDER ID: [REDACTED]

Date Placed: 03/14/2025

Date Paid: 03/15/2025

\*\*\*\*\*  
WAL-TUSSIN DM COUGH GELS 20S  
FSA [REDACTED] OTC QTY: 4 21.14  
SAVE 4.32  
RETURN VALUE 5.28 ea  
SHOPPING BAG FEE  
41000000900 QTY: 1 0.08  
\*\*\*\*\*

SUBTOTAL	21.22
SALES TAX	1.85
TOTAL	23.07
[REDACTED]	23.07
CHANGE	.00

TOTAL FSA ITEMS	22.99
TOTAL RX ITEMS	0.00
TOTAL FSA AND RX ITEMS	22.99

APPROVED FSA/HRA AMOUNT 0.00

PROMOTIONAL SAVINGS 4.32

THANK YOU FOR SHOPPING AT WALGREENS

RFN# 0911-3714-8603-2503-1503



Get free delivery  
from this store

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
3/31/25	Wal-Tussin cough pills	Walgreens	22.22	22.22
5/2/25	Wal-Tussin cough pills	Walgreens	51.63	51.63
4/8/25	Benzonatate	Walmart	18.03	18.03
5/2/25	Benzonatate	Walmart	18.03	18.03
4/17/25	hospital bed	Bellevue healthcare	257.18	257.18
5/14/25	Wal-tussin cough pill	Walgreens	39.37	39.37

TOTAL: 406.46

Print Name [Redacted]

[Redacted]

Date 5/21/2025

Board Use Only

member #21

**RECEIVED**

MAY 22 2025

CITY OF KENNEWICK  
CITY CLERK'S OFFICE

Total: \$18.03  
Total RX: 2  
Signature Required: Y  
Counsel: N  
Counter Pickup



RD 1155  
BL 150



Always find your medication and health information when you need it. Scan the QR code on your prescription label for a convenient way to access drug information.

Pharmacy hours:

Mon: 09:00 AM - 07:00 PM	Tue: 09:00 AM - 07:00 PM
Wed: 09:00 AM - 07:00 PM	Thu: 09:00 AM - 07:00 PM
Fri: 09:00 AM - 07:00 PM	Sat: 09:00 AM - 07:00 PM
Sun: 10:00 AM - 06:00 PM	Lunch Time Varies



  
4 79362 24978 7  
OC#   
WAL-MART PHARMACY 10-2101 PRIORITY: DR CALL IN  
2720 SO. QUILLAN ST. NEW Cash  
KENNEWICK, WA 99337 -0000  
NABP:  NPI:   
RX:  Ref = 3 DATE: 04/08/25  
Patient Pay: \$18.03

BENZONATATE 100MG CAP EPI NDC: 42806-0714-01  
DIRECTIONS: TAKE 1 CAPSULE BY MOUTH THREE TIMES DAILY AS NEEDED FOR COUGH  
FRUGONE LARREA, DAVID F  
Prescriber NPI: 1902037377  
QTY: 30 DAW: 0 DAY SUPPLY: 10

Total: \$18.03  
Total RX: 2  
Signature Required: Y  
Counsel: N  
Counter Pickup



TL 2052  
BR 1921



The Medication Guide and drug information for your medication can be accessed through the link in the QR code on your prescription label. If you would like a printed copy, please inform the pharmacy, and they will provide one for you.

Pharmacy hours:

Mon: 09:00 AM - 07:00 PM	Tue: 09:00 AM - 07:00 PM
Wed: 09:00 AM - 07:00 PM	Thu: 09:00 AM - 07:00 PM
Fri: 09:00 AM - 07:00 PM	Sat: 09:00 AM - 07:00 PM
Sun: 10:00 AM - 06:00 PM	Lunch Time Varies



  
4 79362 42414 2  
OC#   
WAL-MART PHARMACY 10-2101 PRIORITY: WILL PICKUP  
2720 SO. QUILLAN ST. REFILL Cash  
KENNEWICK, WA 99337 -0000  
NABP:  NPI:   
RX:  Ref = 2 DATE: 05/02/25  
Patient Pay: \$18.03

BENZONATATE 100MG CAP EPI NDC: 42806-0714-01  
DIRECTIONS: TAKE 1 CAPSULE BY MOUTH THREE TIMES DAILY  
AS NEEDED FOR COUGH

FRUGONE LARREA, DAVID F  
Prescriber NPI: 1902037377  
QTY: 30 DAW: 0 DAY SUPPLY: 10

**Billing Questions**  
(866) 451-2842

Monday - Friday;  
9:00 am - 4:00 pm

**Insurance on File**

**Important Messages**

Your insurance on file has been billed, remaining balance owed is your responsibility. Make a payment or enroll in eStatements at [Bellevuehealthcare.com/payments](https://Bellevuehealthcare.com/payments).



Date Mailed: Apr 22, 2025

Account Number:

Patient Name:

**AutoPAY will charge \$257.18 on 05/02/2025**

Pay online at: <https://Bellevuehealthcare.com/payments>

**Current Due**

AutoPAY is ON

INVOICE #	DATE	DESCRIPTION	PT. RESP.	PAYMENT	AMOUNT DUE
[REDACTED]	04/17/2025	Bed Full Electric (Rental)	\$257.18	\$0.00	\$257.18
	04/17/2025	Mattress Group 1 80" or 84" (Rental)			

AutoPAY will charge on 05/02/2025 → Total \$257.18

**Paid**

INVOICE #	PATIENT RESPONSIBILITY	PAYMENT	DATE PAID
[REDACTED]	\$2.18	\$2.18	03/25/2025
	\$257.18	\$257.18	04/05/2025
	\$257.18	\$257.18	04/05/2025

**AUTO PAY IS ON**

140422-ST-2-6387-6293

PLEASE DETACH HERE AND RETURN BOTTOM PORTION

**Payments not accepted at this address**

**Bellevue Healthcare**  
PO Box 1259 Dept # 140418  
Oaks, PA 19456



AutoPAY will charge \$257.18 on 05/02/2025

Account #: [REDACTED]  
Invoice(s): [REDACTED]



Bellevue Healthcare  
PO Box 35145 #1024  
Seattle WA 98124-5145



0095 00472





P.O. Box 64813 St. Paul, MN 55164  
Toll Free: 1 (844) 765-6823 TTY: 711

## NOTICE OF DENIAL OF MEDICARE PART D DRUG COVERAGE

Date: 04/21/2025

Enrollee Name: [REDACTED]

Member Number: [REDACTED]

### Coverage of your drug was denied

We denied coverage under Medicare Part D for the following drug(s) you or your prescribing provider asked for: BENZONATATE 100MG CAPSULE

### Why was coverage for this drug denied?

We denied coverage for this drug because:

Drug-Dosage-Strength	Request Type	Outcome
Benzonatate Oral Capsule 100 MG	Non-Utilization Management	Denied

We have denied your request for coverage under your Medicare Part D benefit. This decision is based on Medicare rules regarding Excluded Drugs. These rules are found in the Medicare Prescription Drug Benefit Manual, Chapter 6 Section 20.1.

Drugs categorized as cough and cold drugs are excluded and cannot be covered. They cannot be covered no matter the intended use. The requested drug is in this excluded category.

For more information, please visit your prescription drug plan's website. You may also call the number on the back of your insurance card. A list of drugs covered by your plan, known as the formulary, can be found at this website. Drugs are categorized based on their Food and Drug Administration (FDA) labeling and/or use of the drug. Please contact your prescriber for treatment options.





# Bellevue Healthcare

05/20/2025

Dear [REDACTED]

This letter is in regards to hospital bed rental that you are attempting to pursue insurance coverage for. Our Intake team has reviewed the documents sent in to us on 05/13/2025 for the encounter date 05/08/2025. Their determination is as follows (I have added some clarifying information in the brackets):

*SUMMARY: FTF [face-to-face] encounter notes are lacking. Missing the specific SOB [shortness of breath] issue just states to manage COPD. Also missing amount of time for HOB elevation. The 05/08/2025 encounter may be addended through 06/08/2025*

*PATIENT DOES NOT MEET MEDICARE CRITERIA: As written in the current notes. At this time, what we have on file does not qualify the patient. To pursue coverage by Medicare for a hospital bed one must obtain a narrative in a face to face visit summary that ties a 30° head of bed elevation requirement more than half the time to a specific condition that causes a respiratory or a swallowing dysfunction that is supported in the medical history and how that elevation will treat that symptom and discuss a frequent need for change in body position and why (please see coverage criteria in LCD). Please note ordering this type of equipment for prevention or risk is not covered. Fax sent to F: 509 567 6018. (see template in deactivated notes) to inform the referral.*

What this means is at this time we are unable to bill your insurance for the hospital bed. Medicare puts the responsibility on Bellevue Healthcare to determine if a patient meets their established criteria before we attempt to bill them for any equipment. This also means that we cannot bill for a formal denial from the insurance company. As the Intake Team's notes mention, the ordering provider may addend their notes, this would require another review from our Intake Team.

Thank you,  
Nathalia Marhenke  
Bellevue Healthcare

Give us feedback @ survey.walmart.com  
Thank you! ID #:7VNZLZQRBRK



WM Supercenter  
509-586-1554 Mgr:CARLY  
2720 S QUILLAN ST  
KI NEWICK WA 99337  
ST# 02101 OP# 000119 TE# 41 TR# 04917  
# ITEMS SOLD 2  
TC# 0197 7933 5669 4855 9719



REG  
RX# [REDACTED] D38 QTY 1H 18.03 N  
SUBTOTAL 18.03  
TOTAL 18.03  
VISA TEND 18.03  
\*\*\*\* \*\* I 3

APPROVAL # [REDACTED]  
REF # [REDACTED]  
TRANS ID - [REDACTED]  
VALIDATION [REDACTED]  
PAYMENT SERVICE - E  
AID A000000031010  
AAC A6DA6A2E00F1E60B  
TERMINAL # 21972580  
\*NO SIGNATURE REQUIRED  
04/08/25 10:47:50

CHANGE DUE 0.00  
E-Cycle Washington: Free Recycling  
for Computers, Monitors, and TV's  
www.ecyclewashington.org  
1-800-RECYCLE



\*\*\*CUSTOMER COPY\*\*\*  
Get free delivery  
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with Walmart+

for 30-day free trial.  
Low Prices You Can Trust. Every Day.  
04/08/25 10:47:50

Give us feedback @ survey.walmart.com  
Thank you! ID #:7VP9D7QK691



WM Supercenter  
509-586-1554 Mgr:CARLY  
2720 S QUILLAN ST  
KENNEWICK WA 99337  
ST# 02101 OP# 008732 TE# 42 TR# 06389  
# ITEMS SOLD 2  
TC# 7460 4942 6306 1288 4496



RX# [REDACTED] D38 QTY 1H 18.03 N  
REG  
SUBTOTAL 18.03  
TOTAL 18.03  
VISA TEND 18.03  
\*\*\*\* \*\* I 3

APPROVAL # [REDACTED]  
REF # [REDACTED]  
TRANS ID - [REDACTED]  
VALIDATION [REDACTED]  
PAYMENT SERVICE - E  
AID A000000031010  
AAC 221ADFF137F47B21  
TERMINAL # 22034957  
\*NO SIGNATURE REQUIRED  
05/02/25 09:48:57

CHANGE DUE 0.00  
E-Cycle Washington: Free Recycling  
for Computers, Monitors, and TV's  
www.ecyclewashington.org  
1-800-RECYCLE



\*\*\*CUSTOMER COPY\*\*\*  
Get free delivery  
from this store  
with Walmart+

for 30-day free trial.  
Low Prices You Can Trust. Every Day.  
05/02/25 09:48:57

# Walgreens

#09113 4000 W 27TH AVE  
KENNEWICK, WA 99337  
509-582-7781

111 5664 0022 05/02/2025 12:13 PM

WAL-TUSSIN DM COUGH GELS 20S  
FSA [REDACTED] OTC A 33.96  
4 @ 8.49  
RETURN VALUE 8.49 ea  
WALG TUSSIN DM MAX NIGHT BRRY 80Z  
FSA [REDACTED] A 13.49  
RETURN VALUE 13.49

SUBTOTAL 47.45  
SALES TAX A=8.8% 4.18  
TOTAL 51.63  
[REDACTED] 51.63  
AUTH CODE [REDACTED]  
CHANGE .00

TOTAL FSA ITEMS 51.64  
TOTAL RX ITEMS 0.00  
TOTAL FSA AND RX ITEMS 51.64  
APPROVED FSA/HRA AMOUNT 0.00

THANK YOU FOR SHOPPING AT WALGREENS

YOU COULD HAVE EARNED AN ADDITIONAL  
WALGREENS CASH REWARDS BY USING YOUR  
MYWALGREENS MEMBERSHIP TODAY.

# Walgreens

#10195 2800 W CLEARWATER AVE  
KENNEWICK, WA 99336  
509-783-5412

215 7883 0071 03/31/2025 12:11 PM

ECOMMERCE ORDER PICKUP

ORDER ID: [REDACTED]  
Date Placed: 03/31/2025  
Date Paid: 03/31/2025

\*\*\*\*\*  
WAL-TUSSIN DM COUGH GELS 20S  
FSA [REDACTED] OTC QTY: 4 20.36  
SAVE 5.10  
RETURN VALUE 5.09 ea  
SHOPPING BAG FEE  
4100000900 QTY: 1 0.08  
\*\*\*\*\*

SUBTOTAL 20.44  
SALES TAX 1.78  
TOTAL 22.22  
[REDACTED] 22.22  
CHANGE .00

TOTAL FSA ITEMS 22.14  
TOTAL RX ITEMS 0.00  
TOTAL FSA AND RX ITEMS 22.14  
APPROVED FSA/HRA AMOUNT 0.00  
PROMOTIONAL SAVINGS 5.08



**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
5/17/25	Hospital Bed	Bellevue Healthcare	257.18	257.18
6/2/25	Benzonatate	Walmart	16.23	16.23
6/10/25	Benzonatate	Walmart	16.23	13.22

**TOTAL:**     576.27                      286.63

Print Name \_\_\_\_\_

\_\_\_\_\_

Date     6-11-25

Board Use Only

Member #21

**RECEIVED**

JUN 16 2025

CITY OF KENNEWICK  
CITY CLERK'S OFFICE

Total: \$13.22  
Total RX: 2  
Signature Required: Y  
Counsel: N  
Counter Pickup

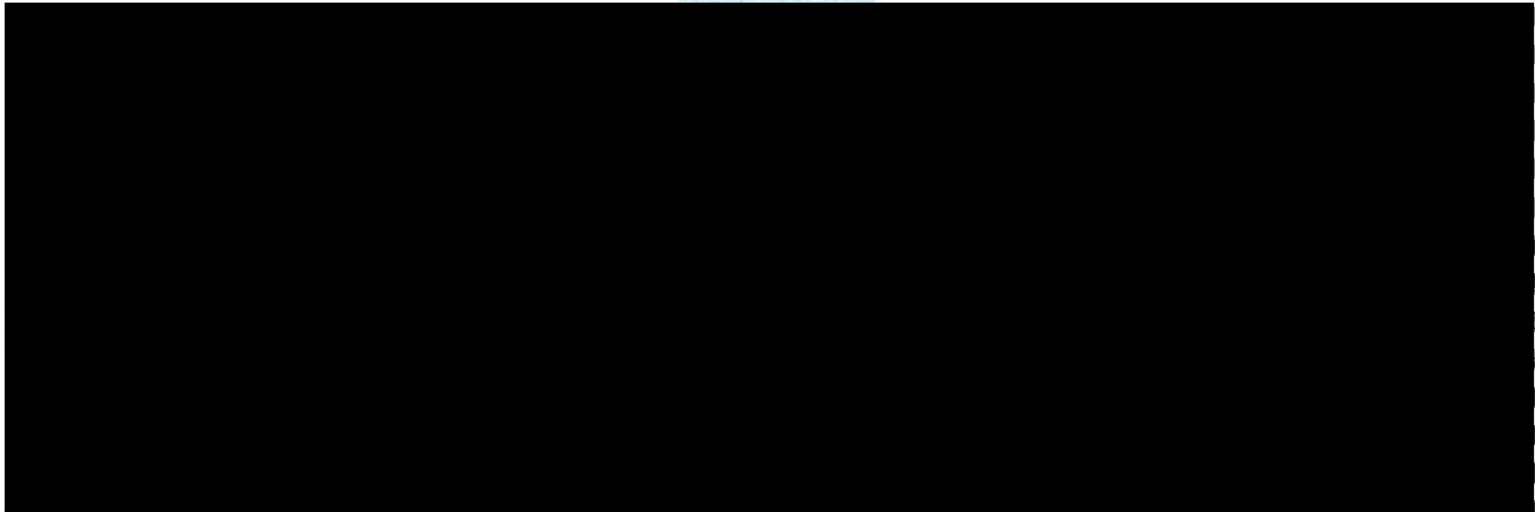


If you have been billed for products or services not requested or received, please report this to the Walmart Global Ethics office at [www.walmartethics.com](http://www.walmartethics.com)

LP 2265

Pharmacy hours:

Mon: 09:00 AM - 07:00 PM	Tue: 09:00 AM - 07:00 PM
Wed: 09:00 AM - 07:00 PM	Thu: 09:00 AM - 07:00 PM
Fri: 09:00 AM - 07:00 PM	Sat: 09:00 AM - 07:00 PM
Sun: 10:00 AM - 06:00 PM	Lunch Time Varies



OC# [REDACTED]  
WAL-MART PHARMACY 10-2101 PRIORITY: IN STORE  
2720 SO. QUILLAN ST. REFILL  
KENNEWICK, WA 99337 -0000  
NABP: [REDACTED] NPI: [REDACTED]  
RX: [REDACTED] Ref = 0 DATE: 06/10/25  
Patient Pay: \$13.22 Cash: \$16.23 CAP

BENZONATATE 100MG CAP EPI NDC: 42806-0714-01  
DIRECTIONS: TAKE 1 CAPSULE BY MOUTH THREE TIMES DAILY AS NEEDED FOR COUGH

FRUGONE LARREA, DAVID F  
Prescriber NPI: 1902037377  
QTY: 30 DAW: 0 DAY SUPPLY: 10  
TP REF # 276048201

Total: \$16.23  
Total RX: 1  
Signature Required: N  
Counsel: N  
Counter Pickup



If you have been billed for products or services not requested or received, please report this to the Walmart Global Ethics office at [www.walmartethics.com](http://www.walmartethics.com)

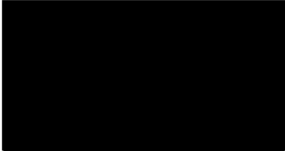
PU 1690



The Medication Guide and drug information for your medication can be accessed through the link in the QR code on your prescription label. If you would like a printed copy, please inform the pharmacy, and they will provide one for you.

Pharmacy hours:

Mon: 09:00 AM - 07:00 PM	Tue: 09:00 AM - 07:00 PM
Wed: 09:00 AM - 07:00 PM	Thu: 09:00 AM - 07:00 PM
Fri: 09:00 AM - 07:00 PM	Sat: 09:00 AM - 07:00 PM
Sun: 10:00 AM - 06:00 PM	Lunch Time Varies



OC# [REDACTED]

WAL-MART PHARMACY 10-2101  
2720 SO. QUILLAN ST.  
KENNEWICK, WA 99337 -0000

PRIORITY: WILL PICKUP  
REFILL Cash

NABP: [REDACTED] NPI: [REDACTED]

RX: [REDACTED] Ref = 1 DATE: 06/01/25

Patient Pay: \$16.23

BENZONATATE 100MG CAP EPI NDC: 42806-0714-01  
DIRECTIONS: TAKE 1 CAPSULE BY MOUTH THREE TIMES DAILY AS NEEDED FOR COUGH

FRUGONE LARREA, DAVID F  
Prescriber NPI: 1902037377  
QTY: 30 DAW: 0 DAY SUPPLY: 10

**Billing Questions**  
(866) 451-2842

Monday - Friday;  
9:00 am - 4:00 pm

**Insurance on File**  
INS - Regence MedAdvantage - WA

**Important Messages**  
Your insurance on file has been billed, remaining balance owed is your responsibility. Make a payment or enroll in eStatements at [Bellevuehealthcare.com/payments](http://Bellevuehealthcare.com/payments).



Date Mailed: May 22, 2025

Account Number: [REDACTED]

Patient Name: [REDACTED]

**AutoPAY will charge \$257.18 on 06/01/2025**

Pay online at: <https://Bellevuehealthcare.com/payments>

**Current Due** AutoPAY is ON

INVOICE #	DATE	DESCRIPTION	PT. RESP.	PAYMENT	AMOUNT DUE
[REDACTED]	05/17/2025	Bed Full Electric (Rental)	\$257.18	\$0.00	\$257.18
	05/17/2025	Mattress Group 1 80" or 84" (Rental)			

AutoPAY will charge on 06/01/2025 → Total: \$257.18

**Paid**

INVOICE #	PATIENT RESPONSIBILITY	PAYMENT	DATE PAID
[REDACTED]	\$257.18	\$257.18	05/04/2025

AutoPAY is On

140422-ST-2-6387-7241

PLEASE DETACH HERE AND RETURN BOTTOM PORTION

**Payments not accepted at this address**

**Bellevue Healthcare**  
PO Box 1259 Dept # 140418  
Oaks, PA 19456



AutoPAY will charge \$257.18 on 06/01/2025

Account # [REDACTED]  
Invoice(s) [REDACTED]



Bellevue Healthcare  
PO Box 35145 #1024  
Seattle WA 98124-5145



0110 007763





# Bellevue Healthcare

05/20/2025

Dear [REDACTED]

This letter is in regards to hospital bed rental that you are attempting to pursue insurance coverage for. Our Intake team has reviewed the documents sent in to us on 05/13/2025 for the encounter date 05/08/2025. Their determination is as follows (I have added some clarifying information in the brackets):

*SUMMARY: FTF [face-to-face] encounter notes are lacking. Missing the specific SOB [shortness of breath] issue just states to manage COPD. Also missing amount of time for HOB elevation. The 05/08/2025 encounter may be addended through 06/08/2025*

*PATIENT DOES NOT MEET MEDICARE CRITERIA: As written in the current notes. At this time, what we have on file does not qualify the patient. To pursue coverage by Medicare for a hospital bed one must obtain a narrative in a face to face visit summary that ties a 30° head of bed elevation requirement more than half the time to a specific condition that causes a respiratory or a swallowing dysfunction that is supported in the medical history and how that elevation will treat that symptom and discuss a frequent need for change in body position and why (please see coverage criteria in LCD). Please note ordering this type of equipment for prevention or risk is not covered. Fax sent to F: 509 567 6018. (see template in deactivated notes) to inform the referral.*

What this means is at this time we are unable to bill your insurance for the hospital bed. Medicare puts the responsibility on Bellevue Healthcare to determine if a patient meets their established criteria before we attempt to bill them for any equipment. This also means that we cannot bill for a formal denial from the insurance company. As the Intake Team's notes mention, the ordering provider may addend their notes, this would require another review from our Intake Team.

Thank you,  
Nathalia Marhenke  
Bellevue Healthcare



P.O. Box 64813 St. Paul, MN 55164  
Toll Free: 1 (844) 765-6823 TTY: 711

**NOTICE OF DENIAL OF MEDICARE PART D DRUG COVERAGE**

Date: 04/21/2025

Enrollee Name: [REDACTED]

Member Number: [REDACTED]

**Coverage of your drug was denied**

We denied coverage under Medicare Part D for the following drug(s) you or your prescribing provider asked for: **BENZONATATE 100MG CAPSULE**

**Why was coverage for this drug denied?**

We denied coverage for this drug because:

<b>Drug-Dosage-Strength</b>	<b>Request Type</b>	<b>Outcome</b>
Benzonatate Oral Capsule 100 MG	Non-Utilization Management	Denied

We have denied your request for coverage under your Medicare Part D benefit. This decision is based on Medicare rules regarding Excluded Drugs. These rules are found in the Medicare Prescription Drug Benefit Manual, Chapter 6 Section 20.1.

Drugs categorized as cough and cold drugs are excluded and cannot be covered. They cannot be covered no matter the intended use. The requested drug is in this excluded category.

For more information, please visit your prescription drug plan's website. You may also call the number on the back of your insurance card. A list of drugs covered by your plan, known as the formulary, can be found at this website. Drugs are categorized based on their Food and Drug Administration (FDA) labeling and/or use of the drug. Please contact your prescriber for treatment options.

Give us feedback @ survey.walmart.com  
Thank you! ID #:7VPMSTQRJ77



WM Supercenter  
509-586-1554 Mgr:CARLY  
2720 S QUILLAN ST  
KENNEWICK WA 99337  
ST# 02101 DP# 000270 TE# 42 TR# 08255  
# ITEMS SOLD 1  
TC# 1260 4114 6906 1284 4436



RX# [REDACTED] D38 QTY 1H 16.23 N  
SUBTOTAL 16.23  
TOTAL 16.23  
VISA TEND 16.23  
\*\*\*\* \*\* I 3

APPROVAL # [REDACTED]  
REF # [REDACTED]  
TRANS ID - [REDACTED]  
VALIDATION - [REDACTED]

PAYMENT SERVICE - E  
AID A000000031010  
AAC 1D86A5EC9B1B5A27  
TERMINAL # 22034957

\*NO SIGNATURE REQUIRED  
06/02/25 10:02:06  
CHANGE DUE 0.00

E-Cycle Washington: Free Recycling  
for Computers, Monitors, and TV's  
www.ecyclewashington.org  
1-800-RECYCLE

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Get free delivery  
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with Walmart+

Scan for 30-day free trial.

Low Prices You Can Trust. Every Day.  
06/02/25 10:02:06

Give us feedback @ survey.walmart.com  
Thank you! ID #:7VPMMQRJTB



WM Supercenter  
509-586-1554 Mgr:CARLY  
2720 S QUILLAN ST  
KENNEWICK WA 99337  
ST# 02101 DP# 008915 TE# 42 TR# 08816  
# ITEMS SOLD 2  
TC# 8114 3184 1491 7303 3351



RX# [REDACTED] D38 QTY 1H 13.22 0  
- REB  
- CAP  
SUBTOTAL 13.22  
TOTAL 13.22  
VISA TEND 13.22  
\*\*\*\* \*\* I 3

APPROVAL # [REDACTED]  
REF # [REDACTED]  
TRANS ID - [REDACTED]  
VALIDATION - [REDACTED]

PAYMENT SERVICE - E  
AID A000000031010  
AAC 9146A00EE9800D91  
TERMINAL # 22034957

\*NO SIGNATURE REQUIRED  
06/10/25 17:46:50  
CHANGE DUE 0.00

E-Cycle Washington: Free Recycling  
for Computers, Monitors, and TV's  
www.ecyclewashington.org  
1-800-RECYCLE

\*\*\*CUSTOMER COPY\*\*\*



Get free delivery  
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with Walmart+

Scan for 30-day free trial.

Low Prices You Can Trust. Every Day.  
06/10/25 17:46:51

LEOFF I – CERTIFICATION CLAIM FORM – Police

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

Asuris [ ]      Medicare [ ]      Other [  ] LEOFF 1

Date of Service	Condition or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
-----------------	---	---------------------	--------------	---------------

<u>(JUNE 27-DEC 12, 2024)</u>	<u>SORE BACK</u>	<u>MASSAGE TR. CITIES</u>	<u>900<sup>00</sup></u>	<u>900<sup>00</sup></u>

\*Claim total updated to \$360.00 for 7/1/2025 Meeting\*

TOTAL: 

  
Print Name

  
Signature

DEC 17 2024  
Date

**Board Use Only**

Received 12/18/2024

Member # 25



### Receipt from Massage Tri-Cities

Massage Tri-Cities <messenger@messaging.squareup.com>  
Reply-To: Massage Tri-Cities via Square

Thu, Jun 27, 2024 at 11:14 AM

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

### Massage Tri-Cities



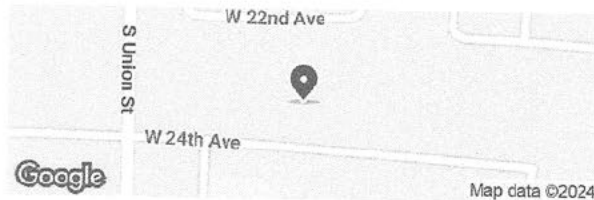
Let Massage Tri-Cities know how your experience was

# \$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  
4206 West 24th Avenue Suite A101  
Kennewick, WA 99338  
(509) 845-6722

Shop Online





### Receipt from Massage Tri-Cities

Message Tri-Cities <messenger@messaging.squareup.com>  
Reply-To: Massage Tri-Cities via Square

Thu, Jul 25, 2024 at 11:12 AM



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

### Massage Tri-Cities



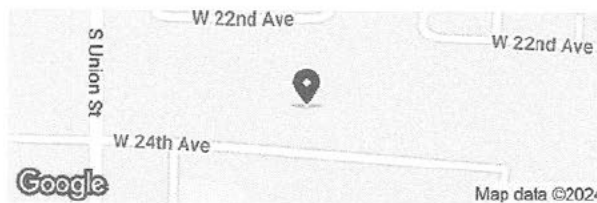
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Kennewick, WA 99338  
(509) 845-6722

Shop Online

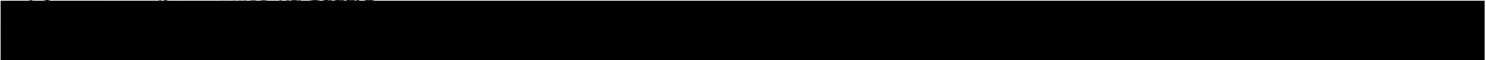




### Receipt from Massage Tri-Cities

Massage Tri-Cities <messenger@messaging.squareup.com>  
Reply-To: Massage Tri-Cities via Square

Tue, Aug 6, 2024 at 1:10 PM



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

### Massage Tri-Cities



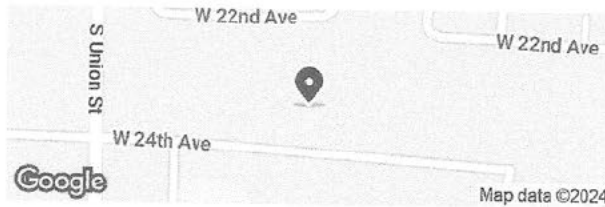
Let Massage Tri-Cities know how your experience was

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4206 West 24th Avenue Suite A101  
Kennewick, WA 99338  
(509) 845-6722

[Shop Online](#)





### Receipt from Massage Tri-Cities

Massage Tri-Cities <messenger@messaging.squareup.com>  
Reply-To: Massage Tri-Cities via Square

Tue, Aug 20, 2024 at 11:18 AM



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

### Massage Tri-Cities



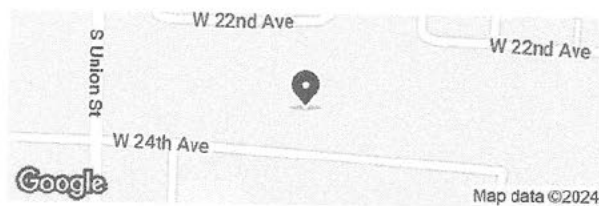
Let Massage Tri-Cities know how your experience was

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**Total \$90.00**



Massage Tri-Cities  
4206 West 24th Avenue Suite A101  
Kennewick, WA 99338  
(509) 845-6722

Shop Online

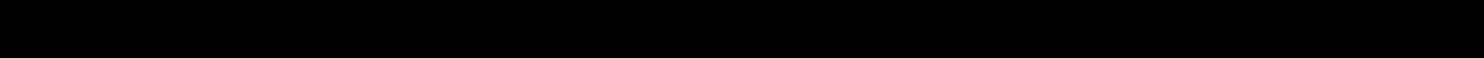




### Receipt from Massage Tri-Cities

Massage Tri-Cities <messenger@messaging.squareup.com>  
Reply-To: Massage Tri-Cities via Square

Thu, Sep 5, 2024 at 11:19 AM



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

### Massage Tri-Cities



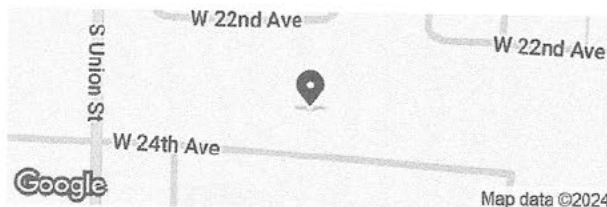
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4206 West 24th Avenue Suite A101  
Kennewick, WA 99338  
(509) 845-6722

Shop Online





### Receipt from Massage Tri-Cities

Message Tri-Cities <messenger@messaging.squareup.com>  
Reply-To: Massage Tri-Cities via Square

Tue, Oct 8, 2024 at 1:20 PM



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

### Massage Tri-Cities



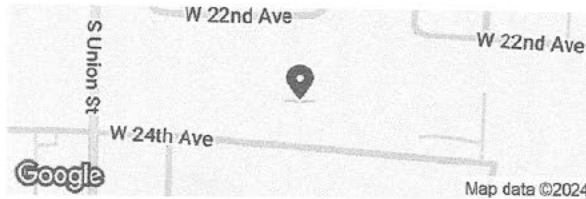
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(509) 845-6722

Shop Online

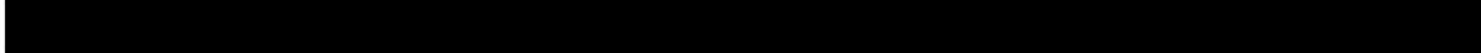




### Receipt from Massage Tri-Cities

Message Tri-Cities <messenger@messaging.squareup.com>  
Reply-To: Massage Tri-Cities via Square

Tue, Oct 22, 2024 at 12:35 PM



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

### Massage Tri-Cities



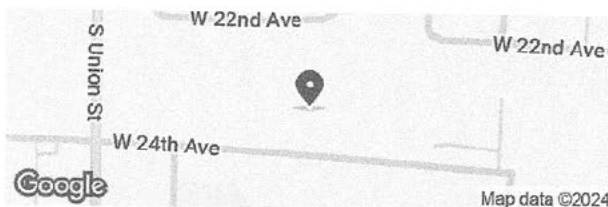
Let Massage Tri-Cities know how your experience was

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60 Min Massage with Nancy \$90.00

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**Total \$90.00**



Massage Tri-Cities  
4206 West 24th Avenue Suite A101  
Kennewick, WA 99338  
(509) 845-6722

Shop Online





### Receipt from Massage Tri-Cities

Message Tri-Cities <messenger@messaging.squareup.com>  
Reply-To: Massage Tri-Cities via Square

Fri, Nov 8, 2024 at 3:30 PM



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

### Massage Tri-Cities



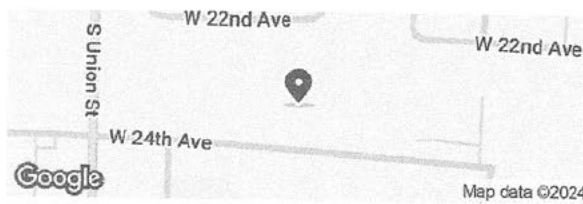
Let Massage Tri-Cities know how your experience was

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60 Min Massage with Nancy \$90.00

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**Total \$90.00**



Massage Tri-Cities  
4206 West 24th Avenue Suite A101  
Kennewick, WA 99338  
(509) 845-6722

Shop Online





### Receipt from Massage Tri-Cities

Massage Tri-Cities <messenger@messaging.squareup.com>  
Reply-To: Massage Tri-Cities via Square

Tue, Nov 19, 2024 at 11:14 AM



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

### Massage Tri-Cities



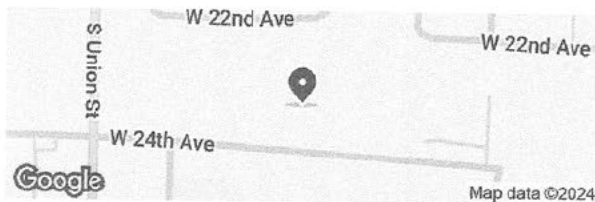
Let Massage Tri-Cities know how your experience was

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**Total \$90.00**



Massage Tri-Cities  
4206 West 24th Avenue Suite A101  
Kennewick, WA 99338  
(509) 845-6722

Shop Online

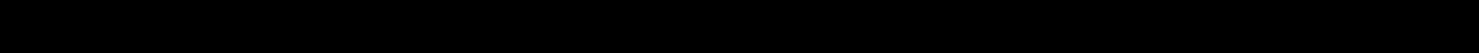




### Receipt from Massage Tri-Cities

Message Tri-Cities <messenger@messaging.squareup.com>  
Reply-To: Massage Tri-Cities via Square

Thu, Dec 12, 2024 at 11:15 AM



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

### Massage Tri-Cities



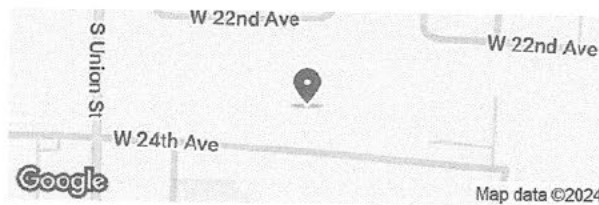
Let Massage Tri-Cities know how your experience was

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60 Min Massage with Nancy \$90.00

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**Total \$90.00**



Massage Tri-Cities  
4206 West 24th Avenue Suite A101  
Kennewick, WA 99338  
(509) 845-6722

[Shop Online](#)





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

2057 Commerce Dr  
PO Box 1827  
Medford OR 97501  
www.regence.com



Forwarding Service Requested



\*\*\*\*\*ALL FOR AADC 990 4



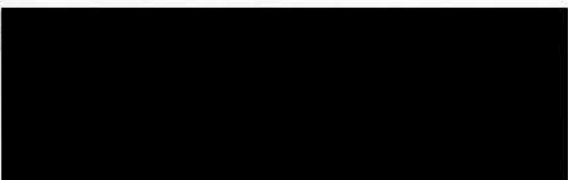
6/2/2025

THIS IS FOR COFTHE  
10 VISITS FOR 2024.  
BOARD JUST NEEDS TO PAY  
BALANCE OF \$360.00

THANKS,



Plan Subscriber:  
Subscriber ID:  
Group Name:  
Group ID:



Check Amount: \$540.00  
Check Number:  
Check Date: 05/19/2025

**What is this check?**

This check is payment for the services shown on your next monthly Explanation of Benefits (EOB) statement.

**Who is it for?**

The check is issued to the subscriber. It is the subscriber's responsibility to pay the provider, along with any amounts not covered by Regence, if not already paid.

**What happens next?**

Contact the provider if you need to arrange payment. Keep this stub for your records.

**Do you have questions?**

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](http://www.regence.com) and click the Contact Us link.



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

PO Box 1827  
Medford OR 97501

**Forwarding Service Requested**

\*\*\*\*\*MTXFD AADC 990

17

[Redacted]

Member ID #: [Redacted]

February 3, 2025

Dear [Redacted],

Thank you for contacting Customer Service. We appreciate the opportunity to be of assistance.

Per your recent phone call with Customer Service representative Sarah P., please see the following benefits per your plan along with attached claim forms.

**Therapeutic Massage:**

- In-network and out-of-network: \$0 copay, however, out-of-network providers may balance bill
- Limit of 6 visits per calendar year, up to 60 minutes per visit

Claims for reimbursement can be sent to:  
Regence BlueShield  
PO Box 1827  
Medford, OR 97501

**We're here to help**

If you have any questions, please call us at 1-800-541-8981 (TTY: 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. PT, Monday through Friday. To access online chat, sign in at regence.com, select Contact us, and click on Chat Now to connect with us.

Sincerely,  
Your Regence team

Y0062\_2021 Blank Cvr Ltr\_C  
Letter Number: [Redacted]

# Notice of Denial of Payment

Date: May 19, 2025

Member number: [REDACTED]

Name: [REDACTED]

Claim number: [REDACTED]

Provider: Payee Member  
200 SW MARKET ST  
Portland, OR 97201

## Coverage for your medical services/items was denied

We've denied the payment of medical services/items or Medicare Part B drug listed below that you or your provider requested:

Claim Line	Date of Service	Type of Service	Charge	Denial Code
7	10/22/2024	Therapy procedure using massage, each 15 minutes (97124)	\$90.00	G90
8	11/08/2024	Therapy procedure using massage, each 15 minutes (97124)	\$90.00	G90
9	11/19/2024	Therapy procedure using massage, each 15 minutes (97124)	\$90.00	G90
10	12/12/2024	Therapy procedure using massage, each 15 minutes (97124)	\$90.00	G90

## Why was coverage denied?

We denied the payment of medical services/items or Medicare Part B drug listed above because:

Denial Code	Denial Explanation
G90	The maximum benefit has been paid for this service. Refer to the Medical Benefits section in the members benefit plan.

Share a copy of this decision with your provider and discuss next steps. If your provider asked for coverage on your behalf, we already sent them a copy of this denial notice.

## You have the right to appeal our decision

You have the right to ask Regence MedAdvantage to review our decision by asking us for an appeal within **65 calendar days** of the date of this notice. If you ask for an appeal after 65 days, you must explain why your appeal is late. See "How to ask for an appeal with Regence MedAdvantage" on the next page.

**How to keep your services while we review your case:** If we're stopping or reducing a service, you can keep getting the service while your case is being reviewed. **For service to continue, you must ask for an appeal within 10 days** of the date of this notice or before the service is stopped or reduced, whichever is later. Your provider must agree that you should keep getting the service. You may have to pay for these services if you lose your appeal.

## If you want someone else to act for you

You can name a relative, friend, attorney, provider, or someone else to act as your representative. If you want someone else to act for you, call us at: 1-888-319-8904 to learn how to name your representative. TTY users call 711.

Form CMS 10003-NDMCP-3190 16v01qg4

OMB Approval [REDACTED] (Expires 11/30/2027)

Letter Number: [REDACTED]

MedAdv notice of claim denial

## Details for claims processed in May 2025

### 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).

### MEMBER, PAYEE

Claim Number: XXXXXXXXXX

Out-of-network provider

Date of Service

Amount the providers billed the plan

Total cost (amount the plan approved)

Plan's share

Your share

Out-of-network provider	Date of Service	Amount the providers billed the plan	Total cost (amount the plan approved)	Plan's share	Your share
[Redacted Table Content]					

2024

MEMBER, PAYEE						
Claim Number: [REDACTED]						
Out-of-network provider	Date of Service	Amount the providers billed the plan	Total cost (amount the plan approved)	Plan's share	Your share	
Therapy procedure using massage, each 15 minutes(billing code 97124) Medicare's allowable was used to correctly process this claim.	6/27/2024	\$90.00	\$90.00	① \$90.00	\$0.00	
Therapy procedure using massage, each 15 minutes(billing code 97124) Medicare's allowable was used to correctly process this claim.	7/25/2024	\$90.00	\$90.00	② \$90.00	\$0.00	
Therapy procedure using massage, each 15 minutes(billing code 97124) Medicare's allowable was used to correctly process this claim.	8/6/2024	\$90.00	\$90.00	③ \$90.00	\$0.00	
Therapy procedure using massage, each 15 minutes(billing code 97124) Medicare's allowable was used to correctly process this claim.	8/20/2024	\$90.00	\$90.00	④ \$90.00	\$0.00	
Therapy procedure using massage, each 15 minutes(billing code 97124) Medicare's allowable was used to correctly process this claim.	9/5/2024	\$90.00	\$90.00	⑤ \$90.00	\$0.00	
Therapy procedure using massage, each 15 minutes(billing code 97124) Medicare's allowable was used to correctly process this claim. The maximum benefit has been paid for this service. Refer to the Medical Benefits section in the member's benefit plan.	10/8/2024	\$90.00	\$90.00	⑥ \$90.00	\$0.00	
Therapy procedure using massage, each 15 minutes(billing code 97124) The maximum benefit has been paid for this service. Refer to the Medical Benefits section in the member's benefit plan.	10/22/2024	\$90.00	\$0.00	\$0.00	\$90.00	

continue

2025092906  
1259 12200

1478 [31] 4 of 7↑

MEMBER, PAYEE						
Claim Number: [REDACTED]						
Out-of-network provider	Date of Service	Amount the providers billed the plan	Total cost (amount the plan approved)	Plan's share	Your share	
Therapy procedure using massage, each 15 minutes(billing code 97124) The maximum benefit has been paid for this service. Refer to the Medical Benefits section in the member's benefit plan.	11/8/2024	\$90.00	\$0.00	\$0.00	\$90.00	
Therapy procedure using massage, each 15 minutes(billing code 97124) The maximum benefit has been paid for this service. Refer to the Medical Benefits section in the member's benefit plan.	11/19/2024	\$90.00	\$0.00	\$0.00	\$90.00	
Therapy procedure using massage, each 15 minutes(billing code 97124) The maximum benefit has been paid for this service. Refer to the Medical Benefits section in the member's benefit plan.	12/12/2024	\$90.00	\$0.00	\$0.00	\$90.00	
<b>TOTALS:</b>		\$900.00	\$540.00	\$540.00	\$360.00	

