



8/5/2025

**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 July 1, 2025

5. FIRE CLAIMS: NONE

Summary of claims for signature.

6. POLICE CLAIMS

- a. Summary of claims for signature.

7. NEW BUSINESS

- a. Claim: Fire Member # 21 seeking reimbursement for medical supplies
- b. Claim: Fire member # 11 seeking reimbursement for hearing aids
- c. Claim: Police member # 13 seeking reimbursement for glasses and frames
- d. Claim: Police member # 25 seeking reimbursement for massage
- e. Preapproval: Police member # 14 seeking preapproval for dental work
- f. Preapproval: Police member # 15 seeking preapproval for hearing aids

8. UNFINISHED BUSINESS: NONE

9. BOARD COMMENTS/DISCUSSION

10. CONCLUSION

NEXT MEETING DATE: SEPTEMBER 2, 2025

**DISABILITY BOARD
REGULAR MEETING
JULY 1, 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
Dennis Waters, Fire Representative
Jim Kraft, Police Representative
Kathryn Armstrong, Member-At-Large

City Staff Present:

Brandi Ralston, Board Secretary
Jessica Platt, Finance Director
Joyce Pascua, Senior Accounting Specialist

3. **PUBLIC COMMENT:** NONE

4. **APPROVAL OF MINUTES:** The minutes of June 3, 2025, were unanimously approved as presented.

5. **FIRE CLAIMS:**

a. **SUMMARY OF CLAIMS:** The Board briefly discussed the claim. **The motion to approve the Fire claim was unanimously approved as presented.**

6. **POLICE CLAIMS:**

a. **SUMMARY OF CLAIMS:** Mrs. Ralston noted that the bubble packs noted for Member #15's claim are prescription medication packaging to individually package medication by day and time period (morning, afternoon, evening). **The motion to approve the Fire claims was unanimously approved as presented.**

7. **NEW BUSINESS:**

a. **Claim: Fire Member # 19 requesting reimbursement for medical supplies:** The Board briefly discussed the claim. **The motion to approve Fire Member #19's claim for reimbursement in the amount of \$163.04 was unanimously approved as presented.**

b. **Claim: Fire Member #28 requesting reimbursement for dental work.** The Board briefly discussed the claim. **The motion to approve Fire Member # 28's claim for reimbursement in the amount of \$5893.20, was unanimously approved as presented.**

c. **Claim: Fire Member #21 requesting reimbursement for three claims.**

1. **Claim for reimbursement submitted 4-9-2025.** The Board briefly discussed the claim. **The motion to approve Fire Member # 21's claim for reimbursement in the amount of \$936.07, was unanimously approved as presented.**

2. **Claim for reimbursement submitted 5-22-2025.** The Board briefly discussed the claim. **The motion to approve Fire Member # 21's claim for reimbursement in the amount of \$406.46, was unanimously approved as presented.**

3. **Claim for reimbursement submitted 5-22-2025.** The Board briefly discussed the claim. **The motion to approve Fire Member # 21's claim for reimbursement in the amount of \$286.63, was unanimously approved as presented.**

8. UNFINISHED BUSINESS:

- a. **Claim: Police Member #25 requesting reimbursement for massage:** The Board briefly discussed the claim. **The motion to approve Police Member #25's claim for reimbursement in the amount of \$360.00 was unanimously approved as presented.**

9. BOARD COMMENTS/DISCUSSION:

Ms. Ralston noted that this was her last meeting staffing the Board as Secretary. Ms. Ralston introduced Ms. Pascua as the new Board Secretary.

ADJOURNMENT: Mr. Kraft concluded the meeting at 5:14 p.m.

Draft

Brandi Ralston, CPRO
Disability Board Secretary

MEETING DATE: August 5, 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
15	5/30/2025	Perscription	Elk Drug	\$ 10.84
15	6/13/2025	Perscription	Elk Drug	\$ 10.84

\$ 21.68

JIM KRAFT, POLICE REPRESENTATIVE

DENNIS WATERS, FIRE REPRESENTATIVE

KATHRYN ARMSTRONG, MEMBER AT LARGE

GRETL CRAWFORD, MAYOR

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
5-30-2025	Bubble Pak 2wk	Elk Drug	10.84	10.84
6-13-2025	Bubble Pak 2wk	Elk Drug	10.84	10.84

TOTAL: 21.68

Print Name

[Redacted Name]

Date
June 18-2025

Board Use Only

member #15

RECEIVED

JUN 24 2025

KENNEWICK POLICE

BUBBLE PACK 2-WEEK

BUBBLE PACK



Eik Drug

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

Receipt: 135002
Date: 05/30/25 03:17pm
Cashier: Danielle
Register: POS Lane2
Customer: [Redacted]

Item	Flags	Qty	Price	Value
Rx [Redacted]	RF			\$0.00
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: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
Total \$10.84
Tender Credit ([Redacted]) \$10.84

Mastercard Card - Approved

Amount:\$10.84
Mastercard: [Redacted]
Transaction:CREDIT
Approval:09419Z
Response Code:0
Entry Method:Contactlessicc
MASTERCARD: [Redacted]
Trace Code: [Redacted]
Cryptogram:ARQC DF36EDE092B1B98E



Customer Copy

BUBBLE PACK 2-WEEK

BUBBLE PACK



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

Receipt: 136881
Date: 06/13/25 12:58PM
Cashier: LACY
Register: POS Lane2
Customer: [Redacted]

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

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

Rx count:4
Retail count:1
Total count:5

Rx Total:\$0.00
Retail Total:\$10.00

Subtotal \$10.00
Standard Tax on \$10.00 \$0.84
Total \$10.84
Tender Credit ([Redacted]) \$10.84

Visa Card - Approved

Amount:\$10.84
Visa: [Redacted]
Transaction:CREDIT
Approval:88449D
Response Code:0
Entry Method:Contactlessicc
Chip AID:A000000031010
Trace Code: [Redacted]
Cryptogram: [Redacted]



Customer Copy

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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
6/17/25	Hospital Bed	Belleuve Healthcare	257.18	257.18
7/1/25	wal-tessincovy-p ll	Walgreens	35.29	35.29
6/20/25	Benzonatate	Walmart	16.23	16.23
7/2/25	Benzonatate	walmart	19.47	19.47
7/9/25	Benzonatate	Walmart	13.23	13.23

TOTAL: 341.40 341.40

Print Name



7-14-25
Date

Board Use Only

member # 21



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.

Total: \$13.23
Total RX: 1
Signature Required: N
Counsel: N
Delivery

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

LP 2224

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


* 79363 02607 *

OC# 

WAL-MART PHARMACY 10-2101 PRIORITY: WILL PICKUP
2720 SO. QUILLAN ST. NEW
KENNEWICK, WA 99337 -0000
NABP:  NPI: 

RX:  Ref = 5 DATE: 07/09/25

Patient Pay: \$13.23 Cash: \$19.47 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 # 286968439

Read this medicine information sheet carefully each time you get this medicine filled. You must carefully read the "Consumer Information Use and Disclaimer" below in order to understand and correctly use this information.

Benzonatate

Pronunciation (ben ZOE na tate)

Brand Names: **US** Tessalon Perles [DSC].

Product Dispensed: Benzonatate Oral Capsule 100 MG

What is this drug used for?

- It is used to relieve coughing.

What do I need to tell my doctor BEFORE I take this drug?

- If you are allergic to this drug; any part of this drug; or any other drugs, foods, or substances. Tell your doctor about the allergy and what signs you had.

This drug may interact with other drugs or health problems.

Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

What are some things I need to know or do while I take this drug?

- Tell all of your health care providers that you take this drug. This includes your doctors, nurses, pharmacists, and dentists.
- Avoid driving and doing other tasks or actions that call for you to be alert until you see how this drug affects you.
- Keep this drug away from children. Accidental overdose and death have happened in children younger than 10 years old who took this drug on accident. Overdose signs may include restlessness, tremors, seizures, passing out, or heart attack. If a child takes this drug on accident, get medical help right away.
- Tell your doctor if you are pregnant, plan on getting pregnant, or are breast-feeding. You will need to talk about the benefits and risks to you and the baby.

What are some side effects that I need to call my doctor about right away?

WARNING/CAUTION: Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect:

- Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat.
- Change in the way you act.
- Feeling confused.
- Hallucinations (seeing or hearing things that are not there).
- Numbness and tingling of the mouth, tongue, throat, and face have happened when this drug was broken, crushed, chewed, dissolved, or sucked before taking. Choking and very bad allergic reactions have also happened. If numbness or tingling happens, do not eat or drink until it goes away. If you have an allergic

Consumer Information Use and Disclaimer

This generalized information is a limited summary of diagnosis, treatment, and/or medication information. It is not meant to be comprehensive and should be used as a tool to help the user understand and/or assess potential diagnostic and treatment options. It does NOT include all information about conditions, treatments, medications, side effects, or risks that may apply to a specific patient. It is not intended to be medical advice or a substitute for the medical advice, diagnosis, or treatment of a health care provider based on the health care provider's examination and assessment of a patient's specific and unique circumstances. Patients must speak with a health care provider for complete information about their health, medical questions, and treatment options, including any risks or benefits regarding use of medications. This information does not endorse any treatments or medications as safe, effective, or approved for treating a specific patient. UpToDate, Inc. and its affiliates disclaim any warranty or liability relating to this information or the use thereof. The use of this information is governed by the Terms of Use, available at <https://www.wolterskluwer.com/en/know/clinical-effectiveness-terms>.

Issue Date: 06/25/2025

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We're here for your health



You can access important information about your medications by scanning the QR code on your prescription label. If you do not have a QR code on your prescription label, the information will be attached to your bag. **Please read it before you take your medications.**

If you need to speak to the pharmacist about your prescription(s) please call (509)586-1574 -see their hours below. Thanks for choosing Walmart Pharmacy!

Monday - Friday	09:00 AM - 07:00 PM
Saturday	09:00 AM - 07:00 PM
Sunday	10:00 AM - 06:00 PM
Closed for lunch	01:30 PM - 02:00 PM

In the event your prescription medication(s) or package(s) arrive damaged or compromised, please contact the pharmacy.

Total: \$19.47
Total RX: 2
Signature Required: Y
Counsel: N
Counter Pickup

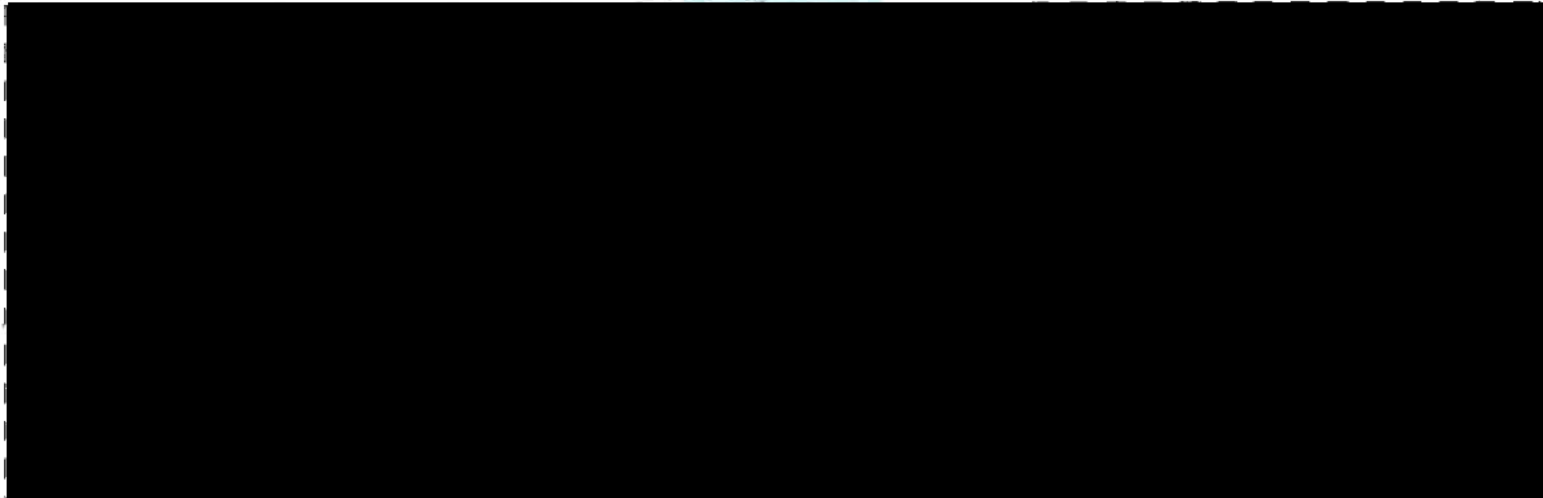


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LP 2230
BR 1846

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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: WILL PICKUP
2720 SO. QUILLAN ST. NEW Cash
KENNEWICK, WA 99337 -0000
NABP: [REDACTED] NPI: [REDACTED]
RX [REDACTED] Ref = 0 DATE: 07/02/25

Patient Pay: \$19.47

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

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Issue Date: 06/25/2025

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Let us help you find the right Medicare plan

We're here to help you save money & live better.



Our licensed insurance agents are available to meet with you one-on-one in select stores or over the phone to answer Medicare-related questions like:

How can I save money on my prescription drugs?

What if my current Medicare plan changed?

Am I eligible for a low-income subsidy?

What's considered a qualifying life event?

How do I stretch my Medicare dollars?

Do you think I might qualify for both Medicare & Medicaid?

**Speak with an agent in select stores
or call 833.679.2125 (TTY 711)**

Monday – Friday
8 a.m. to 8 p.m. ET



Scan here to visit
Walmartinsurance.com

Walmart Insurance Services, LLC is a licensed insurance agency that sells Medicare products. Walmart Insurance Services, LLC is an affiliate of Walmart, Inc. Walmart Insurance Services, LLC is not connected with or endorsed by the U.S. government or the federal Medicare program. This ad solicits insurance prospects for Walmart Insurance Services, LLC.

MULTIPLAN_WIS003_2024_C

Let us help you find the right Medicare plan

We're here to help you save money & live better.



Our licensed insurance agents are available to meet with you one-on-one in select stores or over the phone to answer Medicare-related questions like:

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Scan here to visit
Walmartinsurance.com

Walmart Insurance Services, LLC is a licensed insurance agency that sells Medicare products. Walmart Insurance Services, LLC is an affiliate of Walmart, Inc. Walmart Insurance Services, LLC is not connected with or endorsed by the U.S. government or the federal Medicare program. This ad solicits insurance prospects for Walmart Insurance Services, LLC.

MULTIPLAN_WIS003_2024_C

Total: \$16.23
Total RX: 2
Signature Required: Y
Counsel: N
Counter Pickup

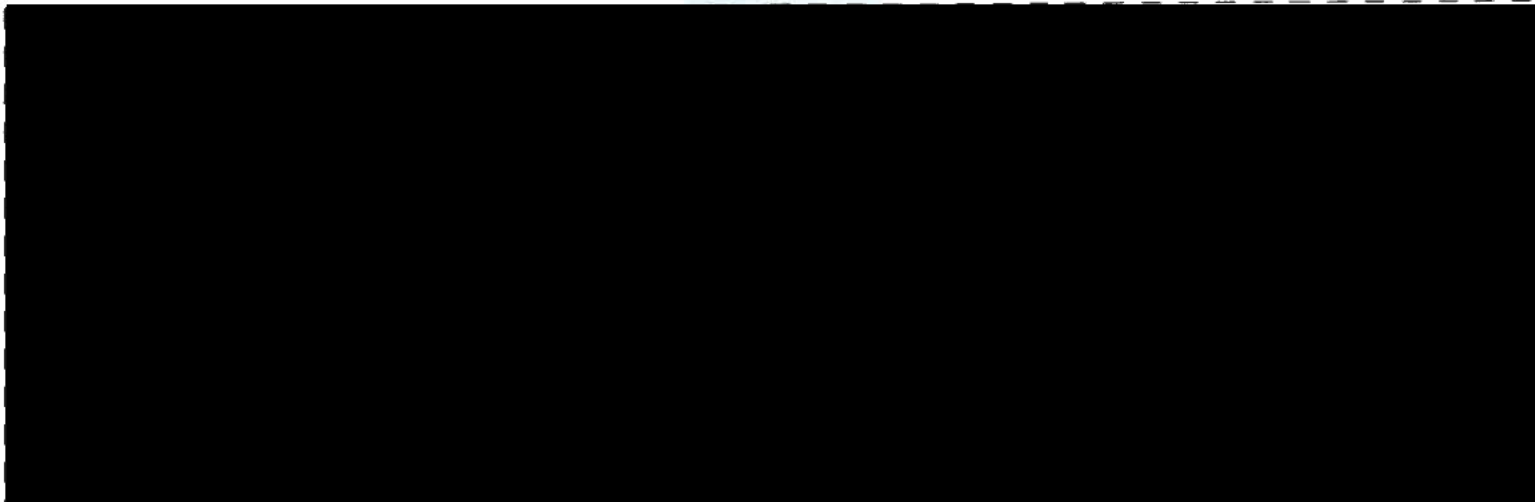


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GY 888
GR 532

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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: FUTURE
2720 SO. QUILLAN ST. NEW Cash
KENNEWICK, WA 99337 -0000
NABP: [REDACTED] NPI: [REDACTED]
RX: [REDACTED] Ref = 0 DATE: 06/16/25
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
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Issue Date: 05/14/2025

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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.



Date Mailed: Jun 27, 2025

Account Number:

Patient Name:

AutoPAY will charge
\$257.18 on 07/07/2025

Current Due

AutoPAY is ON

INVOICE #	DATE	DESCRIPTION	PT. RESP.	PAYMENT	AMOUNT DUE
[REDACTED]	06/17/2025	Bed Full Electric (Rental)	\$257.18	\$0.00	\$257.18
	06/17/2025	Mattress Group 1 80" or 84" (Rental)			
AutoPAY will charge on 07/07/2025 -->					Total: \$257.18

Paid

INVOICE #	PATIENT RESPONSIBILITY	PAYMENT	DATE PAID
[REDACTED]	\$257.18	\$257.18	06/03/2025

AutoPAY IS ON

PLEASE DETACH HERE AND RETURN BOTTOM PORTION

Payments not accepted at this address
PO Box 1259 Dept # 132849
Oaks, PA, 19465

AutoPAY will charge \$257.18 on 07/07/2025

Account #: [REDACTED]

Invoice(s): [REDACTED]

Account #: [REDACTED]

Invoice(s): [REDACTED]

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

greens

#10478 1601 GEORGE WASHINGTON WAY
RICHLAND, WA 99354
509-943-2605

3078 0091 07/01/2025 3:25 PM
COMMERCIAL ORDER PICKUP

ORDER ID: [REDACTED]
Date Placed: 07/01/2025
Date Paid: 07/01/2025

SHOPPING BAG FEE
41000000900 QTY: 1 0.08
WAL-TUSTIN DM COUGH GELS 20S
FSA [REDACTED] OTC QTY: 6 32.46
SAVE 5.73
RETURN VALUE 5.41 ea

SUBTOTAL 32.54
SALES TAX 2.83
TOTAL 35.37
VISA ACCT [REDACTED] 35.37
CHANGE .00

TOTAL FSA ITEMS 35.29
TOTAL RX ITEMS 0.00
TOTAL FSA AND RX ITEMS 35.29
APPROVED FSA/HRA AMOUNT 0.00
PROMOTIONAL SAVINGS 5.70
THANK YOU FOR SHOPPING AT WALGREENS

RFN# 4 8913-0782-2507-0103



myW

\$16.24 W CASH REWARDS AVAILABLE

myWalgreens ACCT # ***** [REDACTED]

MEMBERS OF PHARMACY PLANS STILL COVERED
FOR 19 OTC TEST KITS, ASK THE PHARMACY
IF YOUR PLAN COVERS IT TODAY!

How are we doing?
Enter our monthly sweepstakes for
\$3,000 cash

Visit
WWW.WALGREENSLICENS.COM
or scan this code with your mobile device



Give us feedback @ survey.walmart.com
Thank you! ID # [REDACTED]



WM Supercenter
509-586-1554 MGR: CARLY
2720 S GULLAN ST
KENNEWICK WA 99337
ST# 02101 OP# 000104 TE# 41 TR# 09836
ITEMS SOLD 2
TC# 9122 0188 2632 5743 2062



RX# [REDACTED] D38 QTY 1H 0.00 0
REG
D38 QTY 1H 19.47 N
SUBTOTAL 19.47
TOTAL 19.47
VISA TEND 19.47
VISA CREDIT *****
APPROVAL # [REDACTED] 1 3
REF # [REDACTED]
TRANS ID - [REDACTED]
VALIDATION - 8XXT
PAYMENT SERVICE - E
AID A0000000031010
AIC 903BE3761CB163ED
AIC DEBIT/FEDEC719
TERMINAL # 21972580
#NO SIGNATURE REQUIRED
07/02/25

CHANGE DUE 14:23:31 0.00

E-Cycle Washington: Free Recycling
for Computers, Monitors, and TVs
www.ecycletwashington.org
1-800-RECYCLE
CUSTOMER COPY

Get free delivery
from this store
with Walmart+

Give us feedback @ survey.walmart.com
Thank you! ID # [REDACTED]



WM Supercenter
509-586-1554 MGR: CARLY
2720 S GULLAN ST
KENNEWICK WA 99337
ST# 02101 OP# 008732 TE# 40 TR# 06563
ITEMS SOLD 2
TC# 7556 9426 5485 6739 3945



RX# [REDACTED] D38 QTY 1H 0.00 0
REG
D38 QTY 1H 16.23 N
SUBTOTAL 16.23
TOTAL 16.23
VISA TEND 16.23
VISA CREDIT *****
APPROVAL # [REDACTED] 1 3
REF # [REDACTED]
TRANS ID - [REDACTED]
VALIDATION - F562
PAYMENT SERVICE - E
AID A0000000031010
AIC 903BE3761CB163ED
AIC DEBIT/FEDEC719
TERMINAL # 21961295
#NO SIGNATURE REQUIRED
06/20/25

CHANGE DUE 11:37:27 0.00

E-Cycle Washington: Free Recycling
for Computers, Monitors, and TVs
www.ecycletwashington.org
1-800-RECYCLE
CUSTOMER COPY

Get free delivery
from this store
with Walmart+

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 [] LEFR Retirement

Date of Service	Condition or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
6/30/2025	HEARING LOSS (HEARING AIDS)	Costco	\$1,844.78	—

TOTAL: \$1,844.78

Print Name 



7/10/25
Date

Board Use Only

member #11



#01640 N. Tulsa
 4816 N 118TH AVE E
 TULSA OK 74116
 (539) 235-5130

Member Copy
 Do Not Slip Print



PRINT NAME OF USER _____ MEMBERSHIP NO. _____

ADDRESS _____

PATIENT ID _____ TELEPHONE NO. _____

PRINT NAME OF BUYER (INDICATE IF BUYER IS THE SAME AS USER) _____ MEMBERSHIP NO. _____

ADDRESS _____

TELEPHONE NO. _____



Item Description	Item #	Model / Description	Manufacturer Warranty	Unit Price	Total Amount
Bundle	1864224	Rexton Reach InoX R-Li Pair with Charger		1699.99	1699.99
<i>Accessory</i>		<i>Rexton Reach InoX Travel Charger</i>	36 mths		
<i>Left Hearing Aid</i>		<i>Rexton Reach inoX-CIC Li CIC Digital</i>	36 mths		
		<i>Loss & Damage Warranty</i>	24 mths		
		<i>Battery Size Li-ion</i>			
<i>Right Hearing Aid</i>		<i>Rexton Reach inoX-CIC Li CIC Digital</i>	36 mths		
		<i>Loss & Damage Warranty</i>	24 mths		
		<i>Battery Size Li-ion</i>			
				Tax (if applicable)	_____
				Total	_____

mocha

Manufacturer warranty periods are noted above.

MANUFACTURER WARRANTY POLICY: Beginning on the Dispensing Date, as identified below, the hearing aid, components, ear mold and accessories you purchased are warranted by the manufacturer to be free from all defects in materials and workmanship, and the manufacturer agrees to make all necessary repairs or, at the manufacturer's option, provide a replacement without charge to the buyer during the warranty periods noted above.

ONE-TIME REPLACEMENT POLICY FOR LOSS OR DAMAGE: Beginning on the Dispensing Date, if the hearing aid you purchased is warranted for damage (as noted above) and is damaged beyond repair or is warranted for loss (as noted above) and is lost or stolen, the manufacturer will provide a one-time replacement with a comparable model for the same ear, at no additional charge. You will receive only one replacement of your hearing aid whether that replacement is provided under the damage policy or the loss policy. The manufacturer's warranty policy will continue to apply to the replacement hearing aid for the remainder of the manufacturer's warranty period indicated above. If you find the lost or stolen hearing aid after replacement, it becomes the property of the manufacturer and must be returned to the Costco Hearing Aid Center. **Please note that the hearing aid replaced under the Loss or Damage Policy cannot be returned for a refund.**

OKLAHOMA STATE LAW GIVES THE PURCHASER THE RIGHT TO CANCEL THIS PURCHASE FOR ANY REASON BY RETURNING THE HEARING AID TO THE HEARING AID PROVIDER AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRTIETH CALENDAR DAY AFTER RECEIPT OF THE HEARING AID.

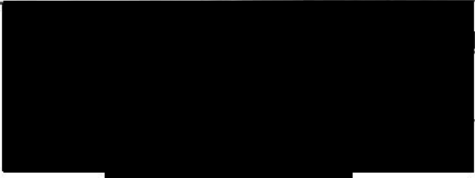
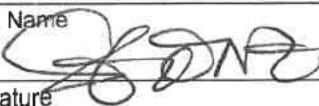
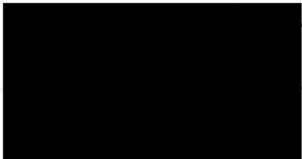

BY LAW, THE HEARING AID PROVIDER MAY BE ENTITLED TO A CANCELLATION FEE NOT TO EXCEED TEN PERCENT (10%) OF THE TOTAL PURCHASE PRICE FOR THE HEARING AID OR ONE HUNDRED FIFTY DOLLARS (\$150.00) PER HEARING AID, WHICHEVER IS LESS, TO COVER THE COSTS INCURRED BY THE HEARING AID PROVIDER.

IF THE PURCHASER RETURNS THE HEARING AID WITHIN THE THIRTY-DAY PERIOD, THE PURCHASER WILL RECEIVE A REFUND OF \$ Full Refund (HEARING AID PROVIDER MUST INSERT THE DOLLAR AMOUNT OF THE REFUND).

Costco has extended this return policy to 180 days. Costco will not retain any amounts and will not impose any cancellation fee provided the hearing aid is returned during the 180-Day Return policy in good working condition.

IF THE HEARING AID PROVIDER FAILS TO COMPLY WITH THIS PROVISION, COMPLAINTS SHOULD BE FORWARDED TO: OKLAHOMA STATE DEPARTMENT OF HEALTH, OCCUPATIONAL LICENSING DIVISION, 123 ROBERT S. KERR AVENUE, OKLAHOMA CITY, OKLAHOMA 73102.

I hereby purchase from Costco Hearing Aid Center the hearing aid as shown above, and hereby acknowledge that I have read and understand the information in the Purchase Agreement.

Buyer:	 Print Name	Purchase Date: <u>06/30/2025</u>
User (if different from Buyer):	Signature	Purchase Date: _____
Sold by:	Signature  Print Name <u>Sarina Gonzales</u> Print Name and License Type	License No: <u>1320</u>
Supervisor (if applicable):	Signature	License No: _____
Received by:	 Print Name	Dispensing Date: <u>7/9/25</u>
Dispensed by:	Signature  Print Name <u>Sarina Gonzales</u> Print Name and License Type	License No: <u>1320</u>
Supervisor (if applicable):	Signature	License No: _____
Manufacturer's Name and Reg. No:	<u>Rexton</u>	<u>Rexton</u>

Create date 6/22/2025 11:53 AM

Person ID

First name

Last name

Birth date

Gender

Address 1

Address 2

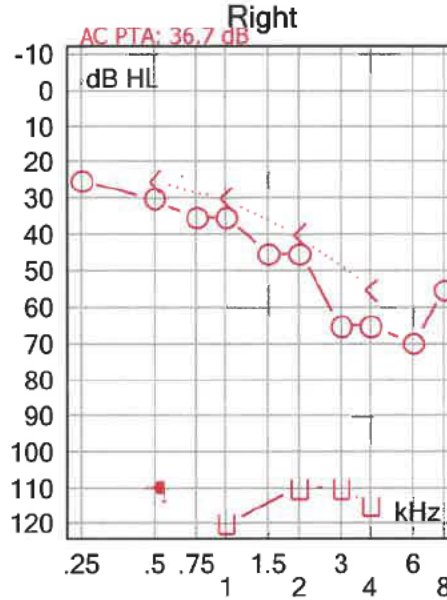
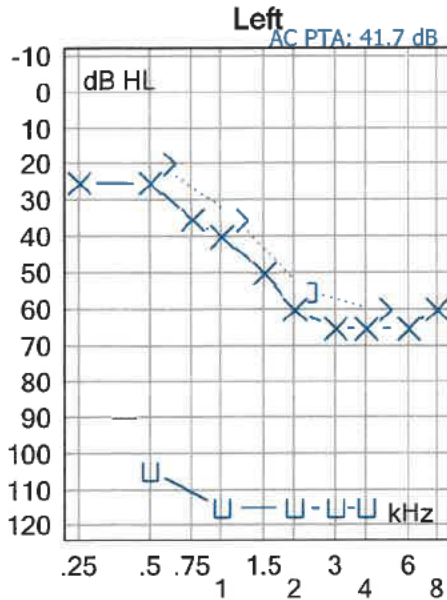
City

Zip code

State

Telephone

Mobile



Effective masking for test ear left

Effective masking for test ear right

AC	
BC	70
IP	

AC	
BC	
IP	

SRT AC PTA Right: 36.7 AC PTA Left: 41.7						
Trans	type	dB	Mask	Aided Bina	List	
IP-R	HL	35	--		Adult Spondees, Form A	
IP-R	MCL	65	--		Rainbow Passage	
IP-L	HL	40	--		Adult Spondees, Form B	
IP-L	MCL	65	--		Rainbow Passage	

BCF WR AC PTA Right: 36.7 AC PTA Left: 41.7						
Trans	WR	dB	Mask	%	Aided Bir	List
IP-R	WR1	70		88		NU-6 1A - Ordered
IP-L	WR1	75		90		NU-6 2A - Ordered

Audiogram Notes

AUD 6/30/2025 10:44:50 AM

	Right	Left	Bone R	Bone L	FF1	FF2
	H M	H M	H M	H M	H M	H M
HL	○	△	×	□	<	>
UCL	U	U	U	U	U	U

Signed By

Printed On: 6/30/2025 10:44:51 AM
 AUD, REM, HIT - Affinity Compact
 Hardware Version: 4.6
 Serial number: SN1028128
 Last calibration date: 4/25/2025
 Next calibration date: 4/25/2026



N Tulsa #1640
4816 N 118th Ave E
Tulsa, OK 74116
NPI: 1760186761

HEARING AID

I5 Member [REDACTED]
HEARING AID ORDER # [REDACTED]
F 1864224 INX CIC BNDL 1,699.99 A
SUBTOTAL 1,699.99
TAX 144.79
**** TOTAL 1,844.78

XXXXXXXXXXXX [REDACTED] CHIP Read
AID: [REDACTED]
Seq# [REDACTED] App#: [REDACTED]
Visa Resp: APPROVED
Tran ID#: [REDACTED] ..

APPROVED - Purchase
AMOUNT: \$1,844.78
06/30/2025 11:06 1640 79 3 930

Visa 1,844.78
CHANGE 0.00

A 8.5170% TAX 144.79
TOTAL TAX 144.79
TOTAL NUMBER OF ITEMS SOLD = 1
~~06/30/2025~~ 11:06 1640 79 3 930

FSA N/TAX AMT(F) = 1,699.99
FSA TAX = 144.79
FSA TOTAL = 1,844.78



21164007900032506301106

OP#: 930 Name: SARINA
Thank You!
Please Come Again
Whse:1640 Trm:79 Trn:3 OP:930

Items Sold: 1
I5 06/30/2025 11:06

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
5-16-25	GLASSES/LENS	COSTCO/DR. J. CHRISTENSON, OD	189.99	
	AS PER PRESCRIPTION "			
	FRAMES	"	"	79.99

TOTAL: 269.98

Print Name _____



7-1-25
Date

Board Use Only

RECEIVED

JUL 02 2025

CITY OF KENNEWICK
CITY CLERK'S OFFICE

member #13



**FASHION FRAMES *
PRESCRIPTION
ONLINE SHOPPING**



Kennewick #486
8505 West Gage Blvd
Kennewick, WA 99336
NPI: 1801287164

Tax ID#: 91-1223280. Costco Wholesale does not acc
Please forward reimbursements directly to the Costco men

INVOICE DATE
5/16/25

INVOICE NO. 2025 **PROF.** 00022

OPTICAL DEPT.
486 KENNEWICK
8505 W. GAGE BLVD
KENNEWICK, WA 99336
509 737-8867

PATIENT

OPTICAL

KO Member [REDACTED]
OPTICAL ORDER # [REDACTED]
F 1329840 A.J. MOBLEY 64.99
F 1879882 PRG1.60GSTGN 189.99
OPTICAL ORDER # [REDACTED]
F 1494583 VPLD79K 79.99
F 1879882 PRG1.60GSTGN 189.99
0000344123 /GLASSES 50.00-
SUBTOTAL 474.96
TAX 0.00
**** TOTAL 474.96

PRESCRIBING DOCTOR	Rx WRITTEN	Rx EXPIRES	OPTICIAN	CASE
Christensen	5/13/25	5/13/27	JB	

EYEGLASSES				
DIST.	SPHERE	CYL.	AXIS	
R	+2.000	-1.250	82	
L	+2.750	-.750	99	
ADD	ADD	SEG HGT	DIST P.D.	
R	2.50	27.0	33.5	
L	2.50	27.0	34.0	

SPECIAL INSTRUCTIONS

Frame Source
SUPPLIED

QTY	ITEM	DESCRIPTION	UNIT PRICE	EXTENSION
1	1879882	Prog Bif Tran Gens 1.60 Green Hd Digital W/ Ar	189.99	189.99
1	1329840	A.julian Mobley (ufa) (i) 52/20/140 Black +	64.99	64.99
TOTAL:				254.98

XXXXXXXXXXXX [REDACTED] H
AID: [REDACTED]
Seq# [REDACTED] App#: [REDACTED]
Visa Resp: APPROVED
Tran ID#: [REDACTED] ...

APPROVED - Purchase
AMOUNT: \$474.96
05/16/2025 10:10 486 71 2 44

Visa 474.96
CHANGE 0.00

TOTAL NUMBER OF ITEMS SOLD - 4
INSTANT SAVINGS \$ 50.00
~~05/16/2025~~ 10:10 486 71 2 44

FSA N/TAX AMT(F) = 474.96
FSA TOTAL = 474.96



21048607100022505161010

OP#: 44 Name: Jennifer B.
Thank You!
Please Come Again
Whse:486 Trm:71 Trn:2 OP:44

Items Sold: 4
KO 05/16/2025 10:10

INVOICE DATE/NO. 5/16/25 4276800 2025 STL	PATIENT'S NAME [REDACTED]
LOC. # 486	DVI 401230



**FASHION FRAMES * CONTACT LENSES
PRESCRIPTION LENSES**

ONLINE SHOPPING: COSTCO.COM

Tax ID#: 91-1223280. Costco Wholesale does not accept assignment.
Please forward reimbursements directly to the Costco member at address below.

INVOICE DATE
5/16/25

INVOICE NO.

2025

PROFILE NO.

MEMBER NO.

OPTICAL DEPT.
486 KENNEWICK
8505 W. GAGE BLVD
KENNEWICK, WA 99336
509 737-8867

PATIENT

** REPRINT BY CVR **

PRESCRIBING DOCTOR	Rx WRITTEN	Rx EXPIRES	OPTICIAN	CASE
Christensen	5/13/25	5/13/27	JB	
EYEGLASSES				
DIST.	SPHERE	CYL.	AXIS	
R	+2.000	-1.250	82	
L	+2.750	-.750	99	
ADD	ADD	SEG HGT	DIST P.D.	
R	2.50	27.0	33.5	
L	2.50	27.0	34.0	
SPECIAL INSTRUCTIONS				
50 OFF SP				
Frame Source SUPPLIED				
QTY	ITEM	DESCRIPTION	UNIT PRICE	EXTENSION
1	1494583	Police Vpld79k (ufa)(i)	79.99	79.99
1	1879882	50/21/145 Black/gold + Prog Bif Tran Gens 1.60 Green Hd Digital W/ Ar	189.99	189.99
TOTAL:				269.98

SLIP PRINT

Register Id



9100277837662011

DISPENSE



0 02778 37662 2

INVOICE DATE/NO. 5/16/25 4276922 2025 STL	PATIENT'S NAME [REDACTED]
LOC. # 486	DVI 401232

TRI-CITIES EYECARE CENTER

8505 A WEST GAGE BLVD
KENNEWICK, WA 99336
(509) 737-8868



Patient

5/13/2025

Date of Exam

Jared B. Christensen, OD

Examining Doctor

Spectacle Rx

Purpose	General			Exp	5/13/2027		
SPH	CYL	AXIS	ADD	H PRISM Δ /DIRECT	V PRISM Δ /DIRECT	VD	
+2.00	-1.25	082	+2.50				
+2.75	-0.75	099	+2.50				
LENS TYPE	PAL		TINT				
NOTES	Transitions						
Signature							
Jared B. Christensen, OD				Lic # OD4150			

CTL Rx

Purpose	VOID			Exp	5/13/2027		
BRAND	SPH	CYL	AXIS	ADD	BC	DIAM	
Dispose	Wear Schedule			TINT			
NOTES							
Signature							
Jared B. Christensen, OD				Lic # OD4150			

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
4/13/2025	SORE BACK	MASSAGE TRL CITY	100 ⁰⁰	100 ⁰⁰
4/17/2025	" "	" "	100 ⁰⁰	100 ⁰⁰
5/18/2025	" "	" "	100 ⁰⁰	100 ⁰⁰
5/21/2025	" "	" "	90 ⁰⁰	90 ⁰⁰ *
6/05/2025	" "	" "	100 ⁰⁰	100 ⁰⁰
6/19/2025	" "	" "	100 ⁰⁰	100 ⁰⁰

* LESS BECAUSE
SIC MADE
A MISTAKE
ON BILLING

(REVENUE HAS ALREADY PAID FOR 6 PRIOR VISITS) 605

TOTAL: 590⁰⁰ . 590⁰⁰

Print Name 

Signature 

Date JUNE 18, 2025

<p>Board Use Only</p> <p align="center">member #25</p>	<p align="center">RECEIVED</p> <p align="center">JUN 24 2025</p> <p align="center">CITY OF KENNEWICK CITY CLERK'S OFFICE</p>
--	---



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

*****MIXED AADC 990
PB-DSM-18-ENV 1628 17



Member ID #:

February 3, 2025

Dear

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



Receipt from Massage Tri-Cities

Message Tri-Cities <messenger@messaging.squareup.com>

Reply-To: Massage Tri-Cities via Square

Thu, Apr 3, 2025 at 11:10 AM

<CAESRRRiAGidyX29gcmRybmRmaGJzZGF5cnRteXl0c25ieWdtMnRzeXJ4Z2V5d2VYnNncnN0cXl6c2dleXRllghkaWFsb2d1ZSlgZ68YEwEngw8ls2bZPX5W5QS3kMgrwhq5h1b9hjT7Z2c=@reply2.squareup.com>

Now when you shop at sellers who use Square, your receipts will be delivered automatically.
[Not your receipt?](#)

Message Tri-Cities



Let Massage Tri-Cities know how your experience was

\$100.00

60 Min Massage with Nancy \$100.00

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 \$100.00



Receipt from Massage Tri-Cities

Message Tri-Cities <messenger@messaging.squareup.com>
Reply-To: Massage Tri-Cities via Square
<CAESRRIAGjdyX29gcmRhbmRnbWV6ZG95cnlnZTR0ZW5kY2dleWdlbWpxZ20yZ2NtdGRtaTNnbXlqc2dhM2RrIghkaWFsb2d1ZSIglodC2aj33sxfuKqEXHM7j1CfwwRaKUnNFMrfmlytPs=@reply2.squareup.com>
To: [Redacted]

Thu, Apr 17, 2025 at 6:18 PM

Now when you shop at sellers who use Square, your receipts will be delivered automatically.
[Not your receipt?](#)

Massage Tri-Cities



Let Massage Tri-Cities know how your experience was

\$100.00

60 Min Massage with Nancy \$100.00

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 \$100.00



Receipt from Massage Tri-Cities

Message Tri-Cities <messenger@messaging.squareup.com>
Reply-To: Massage Tri-Cities via Square
<CAESRRIAGjdyX29qcmRpbWp3Z3U0d2t6ZGNnNXRnZ25idmd5NHRzenJ5aGU0d2ltbGRncTNnY21qcm1xM3RtIghkaWFsb2d1ZSigrExAcYEjPPZlbinZ3UEKr5PJcnNjMwfp8tQ+D4uzlGo=@reply2.squareup.com>
To: [Redacted]

Thu, May 8, 2025 at 11:06 AM

Now when you shop at sellers who use Square, your receipts will be delivered automatically.
[Not your receipt?](#)

Message Tri-Cities



Let Massage Tri-Cities know how your experience was

\$100.00

60 Min Massage with Nancy \$100.00

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 \$100.00



You paid an invoice! (# [redacted])

Message Tri-Cities <messenger@messaging.squareup.com>

Reply-To: Message Tri-Cities

<CAESPhkNzQ5NDJ0YTFEiZDIwZi00YzkrLWJkMTA1MDVmNjkrNjUxMDgzGgtjOjQ5MzgwMjk5NyJlbnVWVzc2VuZ2Vyl1AnkaaKbD9apUDT6JlowkuR0fdw2o/NR+rbeiaS1uZQIA==@reply2.squareup.com>

Wed, May 21, 2025 at [redacted]

Message Tri-Cities

Invoice Paid

\$90.00

Paid with Visa [redacted] on May 21, 2025 at 12:11 PM

Invoice [redacted]
May 21, 2025

Customer
[redacted]

[Download Invoice PDF](#)

Message
WA state License # MA00024917. NPI - 1144467895. CPT Code - 97140.

Invoice summary

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 60 min massage your way. As your therapist I will communicate with you in order to customize your experience.	

Subtotal	\$90.00
Total Paid	\$90.00

Visa [redacted] 05/21/25, 12:11 PM

Send estimates or invoices for your business?
Process \$1,000 in sales free when you sign up for Square.



You received a new invoice

Message Tri-Cities <messenger@messaging.squareup.com>

Reply-To: Message Tri-Cities

<CAESPhkYjhMTBJMDEiOWJhNC00ODg2LTg0OWIhNWIZOWVjOTk4ODIyGgtjOjQ5MzgwMjk5NyJbVWVzc2VuZ2ZyIiAG22oerdbsSPis1SFYZ4S7AALguc2TXfg8Rju9Hh9H3A==@reply2.squ

Thu, Jun 5, 2025

Message Tri-Cities

New Invoice

\$100.00

Due on June 5, 2025

Pay Invoice

Invoice # [redacted]
June 5, 2025

Customer
[redacted]

Download Invoice PDF

Message

WA state License # MA00024917. NPI - 1144467895. CPT Code - 97140.

Invoice summary

60 Min Massage with Nancy \$100.00

Whether you are looking for light to medium pressure general relaxation, or firm pressure deep tissue and/or trigger point work this is a 60 min massage your way. As your therapist I will communicate with you in order to customize your experience.

Subtotal \$100.00

Total Due \$100.00

Message Tri-Cities

4206 West 24th Avenue Suite A101



You received a new invoice

Message Tri-Cities <messenger@messaging.squareup.com>

Reply-To: Message Tri-Cities

<CAESPhkOGE3MjViM2HjM2Y100YjA0LThhNTEiMjQxMmE1YmNkMGJmGgijOjQ5MzgwMjk6NylJbWVzc2VuZ2VyIiC9o+TgwGqPvGW7p38CYCvXwJEtHCLChzKGaRGG3q3mA==@reply2

Thu, Jun 19, 2025

Message Tri-Cities

New Invoice

\$100.00

Due on June 19, 2025

Pay Invoice

Invoice

June 19, 2025

Customer

Download Invoice PDF

Message

WA state License # MA00024917. NPI - 1144467895. CPT Code - 97140.

Invoice summary	
60 Min Massage with Nancy	\$100.00
Whether you are looking for light to medium pressure general relaxation, or firm pressure deep tissue and/or trigger point work this is a 60 min massage your way. As your therapist I will communicate with you in order to customize your experience.	
Subtotal	\$100.00
Total Due	\$100.00

Message Tri-Cities

4206 West 24th Avenue Suite A101

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

7-9-25	DENTAL	Dr. Rowe	\$ 4579.40	?

TOTAL: \$ 4579.40



— 
Signature

7-9-25
Date

Board Use Only

member #14

Date: 04.12.25

RE: Dental Report, [REDACTED]

To Whom it May Concern,

[REDACTED] presented 04.08.25 for routine dental examination and x-rays. The presence of a periapical cyst (apical periodontitis) associated with tooth #4 was discussed. Cyst formation can occur when a tooth loses its vitality and the pulp (nerve) becomes diseased also referred to as necrotic, triggering an immune response which causes the cyst. When it persists, this confirms the presence of infection which further causes bone loss and potential for abscess. As tooth #3 had a previous root canal treatment and #4 potentially may require it, he was referred to Advanced Endodontic Care in Richland to confirm the health and success of #3 and to evaluate #4. At his visit, they confirmed the diagnosis of necrotic pulp with apical periodontitis with additional diagnosis of root fracture. Root fracture is a structural failure of the tooth from traumatic biting force and renders a tooth non-restorable and thus requires extraction. We reviewed options with [REDACTED] and recommended replacement with implant and bone graft with the intent of restoring with a custom abutment and crown in 4-6 months. Placement of an implant in the #4 site prevents his teeth on the right side from tipping and shifting which prevents reduced ability to chew, occlusal disease and helps to maintain his overall health.

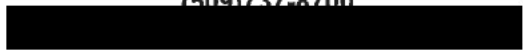
Due to reasons listed above and specifically with the presence of infection, we are planning to remove the tooth as soon as possible. If you have any questions or concerns, please contact me at rowedds@gmail.com or by calling the office at 509-737-8700.

Sincerely,

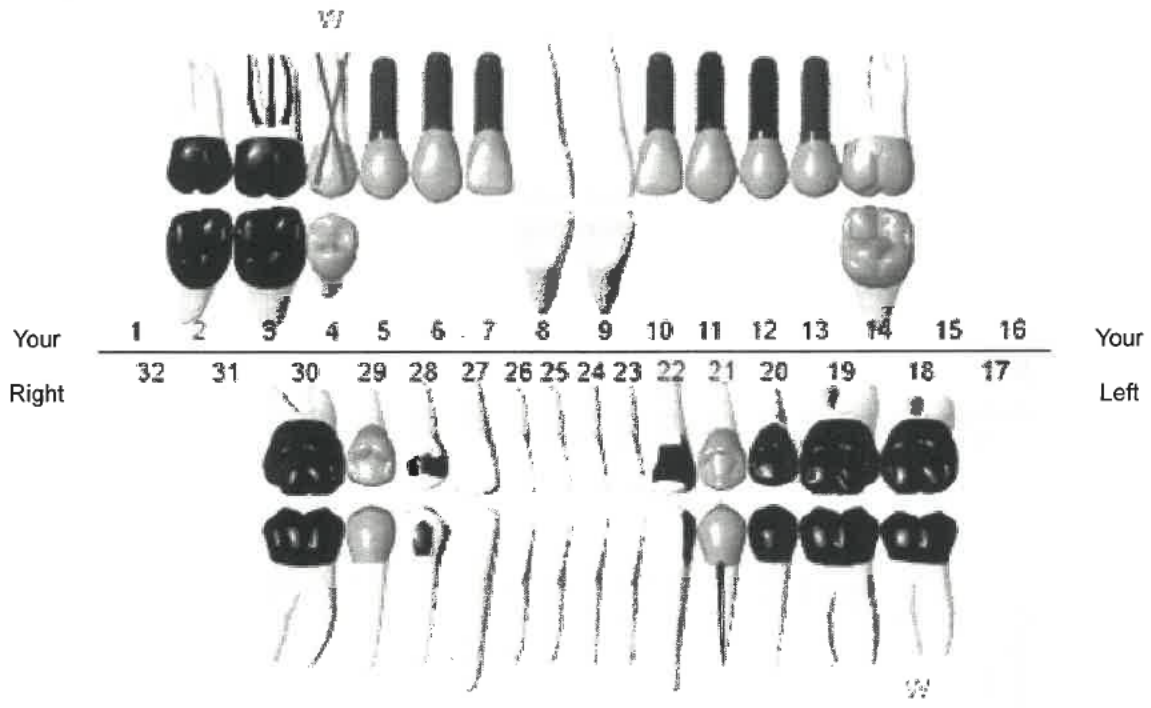


Bradley E. Rowe, DDS

Ideal Dentistry
(509)737-8700



04/11/2025



Existing
 Complete
 Referred Out
 Treatment Planned

Done	Priority	Tth	Surf	Code	Sub	Description	Fee	DPlan	Discount	Pat
1				D9310		consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	62.00	0.00	18.60	43.40
Subtotal							62.00	0.00	18.60	43.40
2		U		D7953		bone replacement graft for ridge preservation - per site	713.00	213.90	0.00	499.10
2				D0220		intraoral - periapical first radiographic image	47.00	0.00	47.00	0.00
2	4			D7210		extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	431.00	129.30	0.00	301.70
2	4			D6010		surgical placement of implant body: endosteal implant	2688.00	806.40	0.00	1881.60
Subtotal							3879.00	1149.60	47.00	2682.40
3				D9430		office visit for observation (during regularly scheduled hours) - no other services performed	54.00	0.00	16.20	37.80
Subtotal							54.00	0.00	16.20	37.80
4				D0220		intraoral - periapical first radiographic image	47.00	0.00	47.00	0.00
4				D0220		intraoral - periapical first radiographic image	47.00	0.00	47.00	0.00
4	4			D6057		custom fabricated abutment - includes placement	843.00	252.90	0.00	590.10
4	4			D6058		abutment supported porcelain/ceramic crown	1813.00	543.90	0.00	1269.10
Subtotal							2750.00	796.80	94.00	1859.20
5				DEL CN		DELIVER CROWN	0.00	0.00	0.00	0.00
5				D0220		intraoral - periapical first radiographic image	47.00	0.00	47.00	0.00
Subtotal							47.00	0.00	47.00	0.00

N/c

Done	Priority	Tth	Surf	Code	Sub	Description	Fee	DPlan	Discount	Pat	
Total							6792.00	1946.40	222.80	4622.80	

- 43.40

Individual Insurance Benefits

BenefitName	Primary	Secondary
Annual Maximum		
Deductible		
Deductible Remaining		
Insurance Used		
Pending		
Remaining		

4579.40

If you have dental insurance, please be aware that THIS IS AN ESTIMATE ONLY. Coverage may be different if your deductible has not been met, annual maximum has been met, or if your coverage table is lower than average.



04/11/2025

Daylin M.

Practice Signature

04/11/2025

Note

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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6-4-2025	Hearing aids	Horizon/Sound	6,800. ⁰⁰	6,800. ⁰⁰

TOTAL: 6,800.⁰⁰

Print Name [REDACTED] [REDACTED] Date 6/4/2025

<p>Board Use Only</p> <p align="center"><i>Member #15</i></p>	<div style="border: 2px solid blue; padding: 5px; width: fit-content; margin: auto;"> <p>RECEIVED</p> <p>JUN 24 2025</p> <p>CITY OF KENNEWICK CITY CLERK'S OFFICE</p> </div>
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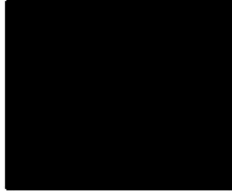


Quote

614 E Alder St Ste 2
 Walla Walla WA, 99362
 509-876-0555

Date	6-4-2025
Valid Until	7-4-2025
Quote #	
Customer ID	██████████

Customer:



Quote/Project Description

We recommend elite technology for ██████████ due to the severity of his hearing loss and his vision impairment. the cost of these devices and custom made ear molds will come to \$6800. These devices will include a minimum repair warranty of 3 years and a minimum loss and damage warranty of 3 years. Additionally, we will provide unlimited appointments for adjustments and routine cleanings for 5 years which includes basic supplies.

Description	Qty	Line Total
Resound Vivia 960 - Right	1	3,250.00
Custom Ear Mold - Right	1	150.00
Resound Vivia 960 - Left	1	3,250.00
Custom Ear Mold - Left	1	150.00
4 Year Warranty Including Loss and Damage - Included	1	0.00
5 Year Service Plan with Appointments, Routine Cleaning & Basic Supplies - Included	1	0.00

Special Notes and Instructions
 Once signed, please Fax, mail or e-mail it to the provided address.

Subtotal	6,800.00
Discount	-
Tax %	% 0.00
Tax	0.00
Total	6,800.00

Above information is not an invoice and only an estimate of services/goods described above.
 Payment will be collected in prior to provision of services/goods described in this quote.

Please confirm your acceptance of this quote by signing this document

Signature	Print Name	Date
-----------	------------	------

Thank you for your business!



104 B E Main St
Walla Walla, WA 99362
P: 509-876-0555 F: 509-876-0556

City of Kennewick LEOFF
Attn: Brandi Ralston
210 W 6th Avenue
Kennewick, WA 99336

Re: [REDACTED]

To Whom It May Concern,

I am writing to formally request coverage for hearing aids for my patient, [REDACTED]. He has been diagnosed with mild to profound bilateral sensorineural hearing loss with very poor word recognition scores in the right ear and poor word recognition scores in the left ear. In addition, [REDACTED] has memory concerns, and a diagnosis of macular degeneration.

Given this complex clinical profile, hearing devices are not only appropriate but medically necessary to maintain his quality of life, support cognitive health, and ensure safe communication in daily environments. Untreated hearing loss has been linked to cognitive decline, social isolation, and increased risk of falls, these risks are significantly amplified in patients with concurrent vision and memory impairments.

Due to the severity of [REDACTED] hearing loss and his listening needs, it is recommended that he utilize hearing devices with sophisticated signal processing capabilities to support speech comprehension. The need for this technology is particularly important for him as macular degeneration limits his ability to rely on visual cues, such as lip reading or facial expressions, which makes auditory input all the more critical.

Considering the above, I respectfully request coverage for hearing devices and associated audiological services through our office. This intervention is essential to maintaining [REDACTED] safety, independence, and overall health.

I recommend Resound Vivia 9 technology for [REDACTED] due to the severity of his hearing loss, complex listening needs and his vision impairment. He tried the devices in my office, and he noticed a significant improvement in hearing. The cost of these devices and custom made earmolds will come to \$6800. These devices will include a repair warranty of 4 years and a loss & damage warranty of 4 years. Additionally, we will provide unlimited appointments for adjustments and routine cleanings through the service period of 5 years. This includes basic supplies such as domes and wax traps for that 5-year period.

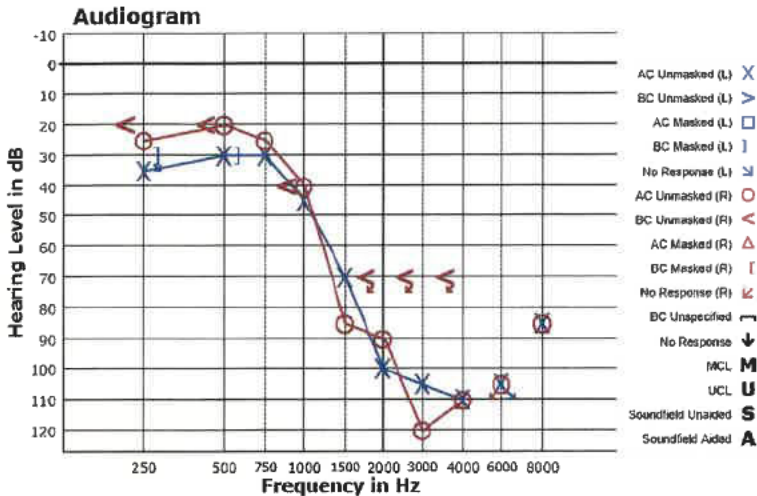
Please feel free to contact me should you require any further information or supporting documentation.

Sincerely,

Whitney K. Jacky, AuD. CH-TM
Doctor of Audiology

Patient Name: [REDACTED]
Date of Birth: [REDACTED]
Visit Date: 04/22/2025

Audiologist: Whitney Jacky, Au.D., CH-TM
Title: Audiologist
Referral: Yvette R Hollett



CONFIGURATION	
Audiometer	Measure AUD
Calibration	10/29/2024
Reliability	Excellent
Test Method	Conventional
Transducer	Inserts

TYMPANOMETRY [226 Hz]		
	Right	Left
Type	A	A
Pressure (daPa)	-5	-100
Admittance (cc)	.6	.3
ECV (cc)	.9	.9

PTA (.5, 1, 2kHz)	
Right	Left
50	58.33

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

WORD RECOGNITION						
	dBHL	%	Mask	dBHL	%	Mask
Right	80	48		90	48	
Left	90	56	50	100	52	60

SPEECH AUDIOMETRY					
	SAT	SRT	Mask	MCL	UCL
Right		45		80	105
Left		55		90	110

HISTORY: Patient is referred by Dr. Hollett. He reports known hearing loss in both ears, but previous results are not available today. He states that he has gotten three sets of hearing devices through Costco and they do not work well. He states that he is still overwhelmed by background noise, and it overtakes conversation. Denied any tinnitus. No pain or discomfort in the ear reported. Denied any aural fullness or pressure. Denies true vertigo but reports intermittent balance issues. Noise exposure: occupational (police officer, fire department at Boeing) and recreational (power tools, chain saws, lawn equipment, gunfire). He has consistently used hearing protection in the past few years, but he had used it intermittently before then. Family history of hearing loss: three sons. Other relevant health history: Memory decline, macular degeneration.

RESULTS: Otoscopy- Clear canals, otherwise unremarkable

Tympanometry- Type A in both ears

Audiometry- Mild to profound sensorineural hearing loss (SNHL) in both ears. SRT's are in agreement with pure-tone thresholds. Speech discrimination is very poor in the right ear and poor in the left ear.

RECOMMENDATIONS:

1. Consider new hearing devices in both ears. He will return for a consultation with his wife. He has benefits through the city of Kennewick LEOFF fund. I will write a letter requesting new technology. I highly recommend encased earmolds and a personal microphone due to her poor word understanding.
2. Patient is potentially a candidate for a hybrid cochlear implant, but he would need to be further evaluation by an audiologist who specializes in working with cochlear implants. I made him aware that Dr. Davis at the Walla Walla Clinic can perform this evaluation.
3. Continue use of hearing aids bilaterally to improve speech audibility
4. Utilize strategies for improving speech understanding (i.e. encourage face-to-face conversation, reduce background noise, enhance room lighting, etc).
5. Hearing evaluation in one year or sooner should they notice a change in hearing or aural symptoms.



Audiologic Report

Sound Audiology and Hearing Aids
104B E. Main Street
Walla Walla, WA 99362
Phone: (509) 876-0555
Fax: (509) 876-0556
soundaudiology.org

Audiologist: *Whitney Jacky AuD*

Date: 04/23/2025

Whitney Jacky, Au.D., CH-TM
License #: LD60285618

CC: Yvette R Hollett, John R. Stoddard, MD

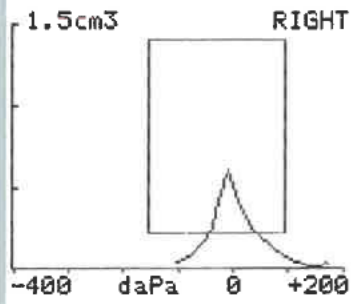
GSI 39

NAME

DATE

4/22/25 DOB

ECU 0.9 cm³ PEAK 0.6 cm³
GR 60 daPa -5 daPa



why

ECU 0.9 cm³ PEAK 0.3 cm³
GR 85 daPa -100 daPa

