



9/2/2025

**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 August 5, 2025
  - b. Approval of the Minutes Dated August 12, 2025
- 5. TREASURER'S REPORT**
  - a. Treasurer's Report June & July
- 6. FIRE CLAIMS: NONE**
- 7. POLICE CLAIMS**
  - a. Summary of Claims for Signature
- 8. NEW BUSINESS**
  - a. Claim: Fire Member # 21 Seeking Reimbursement for Medical Supplies
  - b. Claim: Fire Member # 30 Seeking Reimbursement for Hospital Outpatient Visit
  - c. Home Healthcare Cost Analysis Discussion with Smith Consulting
- 9. UNFINISHED BUSINESS**
  - a. Claim: Police Member #25 Requesting Reimbursement for Massage
- 10. BOARD COMMENTS/DISCUSSION**
- 11. CONCLUSION**

**NEXT MEETING DATE: OCTOBER 7, 2025**

**DISABILITY BOARD  
REGULAR MEETING  
August 5, 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:**

<b>Board Members Present:</b> <b>Gretl Crawford, Mayor</b> <b>Chuck Torelli, Mayor Pro Tem (Arrived late after attendance)</b> <b>Jim Kraft, Police Representative</b> <b>Kathryn Armstrong, Member-At-Large</b>	<b>City Staff Present:</b> <b>Brandi Ralston, Board Secretary</b> <b>Jessica Platt, Finance Director</b> <b>Joyce Pascua, Senior Accounting Specialist</b> <b>Edgar Castro, Accounting Supervisor</b> <b>Kristi Smith, Disability Board Consultant</b>
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3. **PUBLIC COMMENT:** NONE
  
4. **APPROVAL OF MINUTES:** The minutes of July 1, 2025, were unanimously approved as presented.
  
5. **FIRE CLAIMS:** NONE
  
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 police claims was unanimously approved as presented.**
  
7. **NEW BUSINESS:**
  - a. **Claim: Fire Member # 21 requesting reimbursement for medical supplies:** The Board briefly discussed the claim. **The motion to approve Fire Member #21's claim for reimbursement in the amount of \$341.40 was unanimously approved as presented.**
  
  - b. **Claim: Fire Member #11 requesting reimbursement for hearing aids:** The Board briefly discussed the claim. **The motion to approve Fire Member # 11's claim for reimbursement in the amount of \$1,844.78 was unanimously approved as presented.**
  
  - c. **Claim: Police Member #13 requesting reimbursement for glasses and frames:** The Board briefly discussed the claim. **The motion to approve Police Member # 13's claim for reimbursement in the amount of \$269.98 was unanimously approved as presented.**
  
  - d. **Claim: Police Member #25 requesting reimbursement for massage:** The Board briefly discussed the claim. **The motion to request Police member # 25 to obtain additional information from doctor was unanimously approved as presented.**
  
  - e. **Preapproval: Police Member # 14 seeking preapproval for dental work:** The Board briefly discussed the claim. **The motion to approve Police member # 14's preapproval for dental work as presented in the amount of \$4,579.40 was unanimously approved as presented.**
  
  - f. **Preapproval: Police Member # 15 seeking preapproval for hearing aids:** The Board briefly discussed the claim. **The motion to approve Police member #15 for**

reimbursement for hearing aids up to \$5,000.00 was unanimously approved as presented.

**8. UNFINISHED BUSINESS: NONE**

**9. BOARD COMMENTS/DISCUSSION:**

Mr. Kraft noted that a preapproval for in home care was submitted to the board and will be coming up for review. Ms. Ralston noted that the paperwork was received the day prior from the Police Member's family along with an additional preapproval request for in home care for a Fire Member. Ms. Ralston noted that it may be prudent to hold a special meeting to address the claims due to the urgency of the requests. The Board noted that they agreed. A special meeting of the Disability Board will be held on August 12, 2025 at 4:30 p.m.

Ms. Platt introduced Ms. Smith the new Disability Board Consultant that has been obtained to assist with the processing of the claims submitted by members of the Disability Board.

**ADJOURNMENT:** Mr. Kraft concluded the meeting at 5:20 p.m.

Draft

Brandi Ralston, CPRO  
Disability Board Secretary

**DISABILITY BOARD  
SPECIAL MEETING  
August 12, 2025- DRAFT**

**Board Members Present:**

**Gretl Crawford, Mayor**  
**Chuck Torelli, Mayor Pro Tem**  
**Jim Kraft, Police Representative**  
**Dennis Waters, Fire Representative**

**City Staff Present:**

**Joyce Pascua, Board Secretary**  
**Jessica Platt, Finance Director**  
**Brandi Ralston, Public Records Officer**  
**Kristi Smith, Disability Board Consultant**

1. **CALL TO ORDER:** Police Representative Jim Kraft called the special meeting of the Kennewick Disability Board to order at 4:30 p.m.
2. **NEW BUSINESS:**
  - a. **Claim: Police Member # 20 seeking pre-approval for in-home care:** The Board briefly discussed the claim. **The motion to approve Police Member #20's pre-approval for in-home care not to exceed \$7,436.00 per month was unanimously approved as presented.**
  - b. **Claim: Fire Member #22 seeking pre-approval for in-home care:** The Board briefly discussed the claim. **The motion to approve Fire Member #22's pre-approval for in-home care not to exceed \$7,436.00 per month was unanimously approved as presented.**
3. **CONCLUSION:** Mr. Kraft concluded the meeting at 4:36 p.m.

Draft

Joyce Pascua  
Disability Board Secretary

CITY OF KENNEWICK  
OTHER POST EMPLOYMENT BENEFITS  
TRUST FUND

Preliminary Financial Statements

June 30, 2025

<b>CITY OF KENNEWICK</b>
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**Other Post Employment Benefits Trust Fund**

Balance Sheet

June 30, 2025

	Current Year	Prior Year
<b><u>Assets</u></b>		
Equity in Pooled Cash & Investments	\$ 5,836,763	\$ 5,207,403
Investments	-	\$ -
Interest Receivable		
	\$ 5,836,763	\$ 5,207,403
<b>Total Assets</b>	<b>\$ 5,836,763</b>	<b>\$ 5,207,403</b>
<b><u>Liabilities</u></b>		
Accounts Payable	\$ 14,330	\$ -
<b>Total Liabilities</b>	14,330	-
<b><u>Fund Balance</u></b>		
Committed Fund Balance	5,822,433	5,207,403
<b>Total Fund Balance</b>	5,822,433	5,207,403
<b>Total Liabilities and Fund Balance</b>	<b>\$ 5,836,763</b>	<b>\$ 5,207,403</b>

**CITY OF KENNEWICK**

**Other Post Employment Benefits Trust Fund**

Income Statement

June 30, 2025

	2025 Budget	Year To Date	Over (Under) Budget	Prior Year To Date
<b><u>Revenues:</u></b>				
Water and Sewer Utility Tax	\$ 590,000	\$ 388,588	\$ (201,412)	\$ 378,670
Investment Interest	163,500	108,000	(55,500)	110,998
<b>Total Revenues</b>	<b>753,500</b>	<b>496,588</b>	<b>(256,912)</b>	<b>489,668</b>
<b><u>Expenditures:</u></b>				
Medical Insurance	348,500	171,958	(176,542)	139,741
Medical and Prescriptions	205,000	43,303	(161,697)	28,754
Disability Board Secretary	2,000	-	(2,000)	-
Office Supplies	50	-	(50)	-
Postage Expense	300	31	(269)	12
Travel and Training	2,000	-	(2,000)	2,851
Contractual/Consulting Services	12,500	-	(12,500)	3,700
Copier Charges	18	-	(18)	-
<b>Total Expenditures</b>	<b>570,368</b>	<b>215,292</b>	<b>(355,076)</b>	<b>175,058</b>
<b>Net Income (Loss)</b>	<b>183,133</b>	<b>281,296</b>	<b>98,164</b>	<b>314,610</b>
<b>Beginning Fund Balance</b>	<b>5,541,137</b>	<b>5,541,137</b>	<b>-</b>	<b>4,892,793</b>
<b>Ending Fund Balance</b>	<b>\$ 5,724,270</b>	<b>\$ 5,822,433</b>	<b>\$ 98,164</b>	<b>\$ 5,207,403</b>

CITY OF KENNEWICK  
OTHER POST EMPLOYMENT BENEFITS  
TRUST FUND

Preliminary Financial Statements

July 31, 2025

<b>CITY OF KENNEWICK</b>
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**Other Post Employment Benefits Trust Fund**

Balance Sheet

July 31, 2025

	Current Year	Prior Year
<b><u>Assets</u></b>		
Equity in Pooled Cash & Investments	\$ 5,870,707	\$ 5,255,903
Investments	-	\$ -
Interest Receivable		
Total Assets	\$ 5,870,707	\$ 5,255,903
<b><u>Liabilities</u></b>		
Accounts Payable	\$ 14,330	\$ -
Total Liabilities	14,330	-
<b><u>Fund Balance</u></b>		
Committed Fund Balance	5,856,377	5,255,903
Total Fund Balance	5,856,377	5,255,903
Total Liabilities and Fund Balance	\$ 5,870,707	\$ 5,255,903

**CITY OF KENNEWICK**

**Other Post Employment Benefits Trust Fund**

Income Statement

July 31, 2025

	2025 Budget	Year To Date	Over (Under) Budget	Prior Year To Date
<b><u>Revenues:</u></b>				
Water and Sewer Utility Tax	\$ 590,000	\$ 450,680	\$ (139,320)	\$ 441,663
Investment Interest	163,500	126,000	(37,500)	127,641
<b>Total Revenues</b>	<b>753,500</b>	<b>576,680</b>	<b>(176,820)</b>	<b>569,304</b>
<b><u>Expenditures:</u></b>				
Medical Insurance	348,500	200,617	(147,883)	165,938
Medical and Prescriptions	205,000	60,733	(144,267)	33,694
Disability Board Secretary	2,000	-	(2,000)	-
Office Supplies	50	-	(50)	-
Postage Expense	300	31	(269)	12
Travel and Training	2,000	-	(2,000)	2,851
Contractual/Consulting Services	12,500	-	(12,500)	3,700
Copier Charges	18	59	41	-
<b>Total Expenditures</b>	<b>570,368</b>	<b>261,440</b>	<b>(308,927)</b>	<b>206,195</b>
<b>Net Income (Loss)</b>	<b>183,133</b>	<b>315,240</b>	<b>132,107</b>	<b>363,110</b>
<b>Beginning Fund Balance</b>	<b>5,541,137</b>	<b>5,541,137</b>	<b>-</b>	<b>4,892,793</b>
<b>Ending Fund Balance</b>	<b>\$ 5,724,270</b>	<b>\$ 5,856,377</b>	<b>\$ 132,107</b>	<b>\$ 5,255,903</b>

MEETING DATE: September 2, 2025

POLICE DISABILITY BOARD

CC: JOYCE PASCUA, DISABILITY BOARD SECRETARY

RE: POLICE PERSONNEL BUDGET NO. J2517210 . 520012

Member #	Date of Service	Claim Type	Provider Type	TOTAL
15	6/27/2025	Prescription	Elk Drug	\$ 10.84
15	7/11/2025	Prescription	Elk Drug	\$ 10.84
15	7/25/2025	Prescription	Elk Drug	\$ 10.84

\$ 32.52

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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
June 27-2025	Bubble pack	Elb Drug	10.84	10.84
July 11-2025	Bubble pack	Elb Drug	10.84	10.84
July 25-2025	Bubble pack	Elb Drug	10.84	10.84

**TOTAL:** 32.52

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

Signature \_\_\_\_\_

July 26-2025  
Date

**Board Use Only**



member #15

Sale



509-382-2536

**Elk Drug**

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

Receipt: 142299  
Date: 07/25/25 09:21AM  
Cashier: LACY  
Register: POS Lane2  
Customer: [REDACTED]

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

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

Rx count:5  
Retail count:1  
Total count:6  
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:03807Z  
Response Code:0  
Entry Method:Contactlessicc  
MASTERCARD [REDACTED]  
Trace Code: [REDACTED]  
Cryptogram:ARQC 2BE7163E4AA73AEF



Customer Copy

Sale



509-382-2536

**Elk Drug**

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

Receipt: 138664  
Date: 06/27/25 12:44PM  
Cashier: LISA  
Register: POS Lane2  
Customer: [REDACTED]

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

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  
**Total \$10.84**  
Tender Credit [REDACTED] \$10.84

**Mastercard Card - Approved**

Amount:\$10.84  
Mastercard:\*\*\*\*\*[REDACTED]  
Transaction:CREDIT  
Approval:00302Z  
Response Code:0  
Entry Method:Contactlessicc  
MASTERCARD [REDACTED]  
Trace Code: [REDACTED]  
Cryptogram:ARQC B9EB7214BBBE8722



Customer Copy

**Sale**



1589-40000 1589390

**Elk Drug**

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

Receipt: 140422  
Date: 07/11/25 10:09AM  
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

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:07393Z

Response Code:0

Entry Method:Contactlesslcc

MASTERCARD: [REDACTED]

Trace Code: [REDACTED]

Cryptogram:ARQC 1552CEE221DB2FBE



**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 [ ] \_\_\_\_\_

Date of Service	Condition or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
7/20/25	Benzonataf	Walmart	13.23	13.23
8/2/25	" " "	Walmart	13.22	13.22
7/17/25	Hospital Bed	Bellevue Healthcare	257.18	257.18
7/1/25	Wal-Tussin	Walgreens	35.81	35.81
8/5/25	Wal-Tussin	Walgreens	28.05	28.05

	<u>347.49</u>	<u>347.49</u>
	<u>347.50</u>	<u>347.50</u>
<b>TOTAL:</b>	<u>283.63</u>	<u>283.63</u>

[Redacted Name]

[Redacted Address]

Print Name

8-10-25  
Date

Board Use Only

member # 21

**RECEIVED**  
8/12/25

**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](http://www.walmartethics.com)*

PI 659

**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#

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

PRIORITY: FUTURE  
REFILL

NABP: NPI:

RX: Ref = 4 DATE: 07/19/25

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 # 290649281

Total: \$13.22  
Total RX: 1  
Signature Required: N  
Counsel: N  
Counter Pickup



Give us feedback @ survey.walmart.com  
Thank you! ID #:7VQ9LZQR9H3



WM Super Center  
509-586-1554 Mgr: CARLY  
2720 S QUILLAN ST  
KENNEWICK WA 99337  
ST# 02101 OP# 000508 TE# 42 TR# 01772  
# ITEMS SOLD 1  
TC# 9856 9252 9585 6939 9975



RX# [REDACTED] D38 QTY 1H 13.22 0  
- CAP  
SUBTOTAL 13.22  
TOTAL 13.22  
VISA TEND 13.22

VISA CREDIT \*\*\*\*\* [REDACTED] I 3

APPROVAL # 66413D

REF # [REDACTED]

TRANS ID - [REDACTED]

VALIDATION - PRKF

PAYMENT SERVICE - E

AID A0000000031010

AAC 965830AE3F7FEE10

TERMINAL # 22034957

\*NO SIGNATURE REQUIRED

08/02/25 12:11:09

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.  
08/02/25 12:11:10



OC# [REDACTED]

WAL-MART PHARMACY 10-2101 PRIORITY: WILL PICKUP

2720 SO. QUILLAN ST. REFILL

KENNEWICK, WA 99337 -0000

NABP: [REDACTED] NPI: [REDACTED]

RX: [REDACTED] Ref = 3 DATE: 08/02/25

Patient Pay: \$13.22 Cash: \$23.37 CAP

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)

Pi 647

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

FRUGONE LARREA, DAVID F

Prescriber NPI: 1902037377

QTY: 30 DAW: 0 DAY SUPPLY: 10

TP REF # 295279539

SM

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

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

**Insurance on File**  
INS - Regence MedAvantage - 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: Jul 22, 2025

Account Number:

Patient Name:

**AutoPAY will charge \$257.18 on 08/01/2025**

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

**Current Due**

**AutoPAY is ON**

INVOICE #	DATE	DESCRIPTION	PT. RESP.	PAYMENT	AMOUNT DUE
[REDACTED]	07/17/2025	Bed Full Electric (Rental)	\$257.18	\$0.00	\$257.18
	07/17/2025	Mattress Group 1 80" or 84" (Rental)			

**AutoPAY will charge on 08/01/2025 → Total: \$257.18**

**Paid**

INVOICE #	PATIENT RESPONSIBILITY	PAYMENT	DATE PAID
[REDACTED]	\$257.18	\$257.18	07/10/2025

**AutoPAY is On**

140422-ST-2-6387-4419

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 08/01/2025

Account #:  
Invoice(s)

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



# Walgreens

ORDER ID: [REDACTED]

STORE #10478 1601 GEORGE WASHINGTON  
WAY  
RICHLAND, WA 99354  
( )

**SAME DAY PICKUP**

JULY 01, 2025 10:10AM  
PICKED UP ON JULY 1, 2025

[FSA/HSA] WALGREENS TUSSIN 32.46  
COUGH LIQUID GELS 20.0 EA  
31191703203 QTY:6  
RETURN VALUE:5.41 ea

-----  
**ORIGINAL TOTALS**

SUBTOTAL: \$38.67  
SHOPPING BAG FEE INCL: \$0.48  
SALES TAX: \$2.87  
**TOTAL: \$35.81**

-----  
**FINAL CHARGES**

VISA [REDACTED] \$35.37

-----  
TOTAL FSA/HSA ITEMS: \$32.46  
TOTAL RX ITEMS: \$0.00  
TOTAL FSA/HSA & RX ITEMS: \$32.46  
-----

**YOU SAVED \$5.73**

-----  
\$1.60 WALGREENS CASH REWARDS EARNED  
-----

To check if products are returnable,  
review our FAQ. For additional support  
contact us: 1-877-250-5823

# Walgreens

ORDER ID: [REDACTED]

STORE #9113 4000 W 27TH AVE  
KENNEWICK, WA 99337  
(509) 582-7781

**SAME DAY PICKUP**

AUGUST 05, 2025 10:16AM  
PICKED UP ON AUGUST 6, 2025

[FSA/HSA] WALGREENS TUSSIN 25.44  
COUGH LIQUID GELS 20.0 EA  
31191703203 QTY:4  
RETURN VALUE:6.36 ea

-----  
**ORIGINAL TOTALS**

SUBTOTAL: \$25.78  
SHOPPING BAG FEE INCL: \$0.32  
SALES TAX: \$2.27  
**TOTAL: \$28.05**

-----  
**FINAL CHARGES**

VISA [REDACTED] \$27.79

-----  
TOTAL FSA/HSA ITEMS: \$25.44  
TOTAL RX ITEMS: \$0.00  
TOTAL FSA/HSA & RX ITEMS: \$25.44

-----  
\$1.25 WALGREENS CASH REWARDS EARNED

-----  
To check if products are returnable,  
review our FAQ. For additional support  
contact us: 1-877-250-5823

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
10-8-24	Hospital Out Patient Visit	Kadlec	479.00	

**TOTAL:**      479

Print Name: [Redacted]                      Signature: [Redacted]                      Date: 10-24-25

Board Use Only

RECEIVED  
 7/25/25      *[Signature]*      Member # 30



Patient:

This is who received the services for this bill.

Guarantor ID #:

Bill ID:

Use to find your bill if you pay online or by phone.

Invoice printed: **Jun 18, 2025**

010201055519

STMT ▲ 056519 B6



Our financial assistance program provides free and low-cost care to those who are eligible. Learn more at [www.providence.org/financialhelp](http://www.providence.org/financialhelp).

Nuestro programa de asistencia financiera brinda atención gratuita y de bajo costo a quienes son elegibles. Obtenga más información en [www.providence.org/financialhelp](http://www.providence.org/financialhelp).



**Pay over time with no interest**

Start a payment plan by visiting [pay.kadlec.org](http://pay.kadlec.org) or call us to discuss flexible payment options at **(855) 367-1343**

### Account summary

# Your total is \$479.00

You have one bill totaling **\$479.00** due **Jul 18, 2025**. You can pay your balance online, make a partial payment, or set up a 0% interest payment plan.

See back for details →

Total billed	\$479.00
Insurance paid	-\$0.00
REGENE MEDICARE	
<b>Total due</b>	<b>\$479.00</b>



DETACH AREA BELOW AND SEND WITH PAYMENT

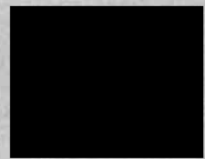
## Ways to Pay



### Pay Online

Go online to learn about different payment options, view up-to-date details about your bill and easily pay in a matter of seconds. Scan the QR code with your phone or type in URL.

[pay.kadlec.org](http://pay.kadlec.org) Bill ID: 3544 - 8721 - 1839



### Phone

To pay by our automated phone system, call toll-free 24/7:  
**(855) 367-1343**



### Mail

Mail check or money order with this part of the bill to the address on the reverse side. Do not send cash.

## Need Help?



Call our team toll-free  
(Mon to Fri 8AM to 5PM PDT)  
**(855) 367-1343**

## View your itemized bill

You can view and download your itemized bill at [pay.kadlec.org](http://pay.kadlec.org)



**visit on October 8, 2024** Insurance applied

Due date: Jul 18, 2025

Location: Kadlec Regional Medical Center | Clinician: Steven Christopher Liebing

Visit Account #: [REDACTED]

**Bill details**

Service	Total billed
Hospital Outpatient Clinic Visit For Assessment And Management Of A Patient	\$479.00
<hr/>	
Subtotal billed	\$479.00
Insurance adjusted	-\$0.00
Insurance paid	-\$0.00
<b>Amount you owe (subtotal)</b>	<b>\$479.00</b>

**Your bill summary**

**KADLEC**

Total billed	\$479.00
Insurance adjusted	-\$0.00
Insurance paid	-\$0.00
<hr/>	
Total post-insurance	\$479.00
<hr/>	
<b>Total due</b>	<b>\$479.00</b>

**Continued on next page**

**DETACH AREA BELOW AND SEND WITH PAYMENT**

**Pay by check or money order**

Use the enclosed return envelope and send this slip to the address provided:

Account Holder: [REDACTED]

Guarantor ID #: [REDACTED]

Bill Amount: \$479.00

Payment Amount: \$ \_\_\_\_\_

**Has your address or insurance changed? Give us a call at (855) 367-1343 to update your information.**


**KADLEC**

MAKE CHECK PAYABLE TO:

**Kadlec Regional Medical Center**

MAIL TO:

**Kadlec RMC SBO PP  
PO Box 31001-3489  
Pasadena, CA 91110-3489**

 View more bill details online

Go online to view up-to-date details about your bill and take advantage of payment options like payment plans.  
Scan the QR code with your phone or type in: [pay.kadlec.org](http://pay.kadlec.org)



02000106519

 **Your insurance coverage details**

● <b>Total billed</b>	<b>\$479.00</b>
The original cost of your care billed by provider	
● <b>Insurance adjusted</b>	<b>-\$0.00</b>
The discounted amount applied by your insurance	
● <b>Insurance paid</b>	<b>-\$0.00</b>
Amount your insurance paid based on your plan	
● <b>Total post-insurance</b>	<b>\$479.00</b>
<hr/>	
Deductible	\$0.00
Coinsurance	\$0.00
Copay	\$0.00
Not covered	\$479.00

 Insurance definitions

**Deductible**

Amount you pay before insurance starts paying for your covered services

**Coinsurance**

Partial out of pocket amount you owe once your deductible is fully met

**Copay**

Flat fee for a service determined by your plan

**Not covered**

Amount that is not covered by your plan

**Continued on next page**

## Understanding Your Statement

### Statement Overview

A Guarantor Account was established for you at the time of registration. This enables you to pay for Kadlec hospital and physician services provided to a patient under your responsibility. For your convenience, all dates of service related to your Account are shown on your statement. Your current statement will also show all payment activity since your last statement. If there is a past due Account balance we will attempt to contact you via mail or phone at the numbers provided. If we cannot resolve your account, it may be forwarded to a collection agency.

### If You Have Insurance

If you have insurance we bill your insurance carrier directly. You are responsible for any balance not covered by your insurance. If you have insurance coverage not reflected in your Account balance, please call Customer Service at the number listed on the front of this statement so we can bill secondary or supplemental insurance. Please ensure you have your insurance information ready before you call. In these situations, you do not need to pay your Account until your insurance claim has been processed. If your insurance has not paid within 90 days, please make direct contact with your carrier to resolve the delay and notify us immediately of the expected payment date. If your insurance fails to pay for any reason, you will be responsible for payment of your Account balance.

### Contact Us for Payment Arrangements

Kadlec offers monthly payment plans to assist in paying your Account balance. Payment plans are interest free and can be set up by calling Customer Service at the number listed on the front of this statement. If you have difficulty paying your Account you may qualify for financial assistance. Please call Customer Service for more information about the Providence financial assistance program.

### For CA Residents

Legal assistance and/or credit counseling services may be available to you in the community. Legal Aid Foundation of Los Angeles located at 110 Pine Avenue, Long Beach, CA is one resource for legal and consumer debt help. They can be reached at 562-435-3501. They can also direct you to other available community resources.

In California physicians cannot be directly employed by hospitals therefore physicians treating you will bill separately for their services including those who may see you during a hospital stay.



If you have received a medical bill for COVID-19 related testing or treatment and you have questions about the out-of-pocket cost assigned by your insurance based on your network coverage, please contact us.

Are you experiencing financial hardship? Financial assistance may be available to those who qualify for free care or a medical bill discount, regardless of insurance coverage. Contact us to learn about your options during difficult times, including the COVID-19 pandemic.

¿Está pasando por dificultades económicas? La asistencia financiera puede estar disponible para quienes califican para atención gratuita o un descuento en la factura médica, independientemente de la cobertura del seguro. Comuníquese con nuestro centro de servicio al cliente para conocer sus opciones durante tiempos difíciles, incluida la pandemia COVID-19.

Kadlec Regional Medical Center and its Affiliates do not discriminate on the basis of race, color, national origin, sex, age or disability in their health programs and activities.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a 1-855-367-1343 (TTY: 711)

注意：如果 您講中文，我們可以給您提供免費中文翻譯服務，請致電 1-844-626-7768 (TTY: 711)。

## Financial Assistance at Providence

In keeping with our mission and core values, Kadlec Regional Medical Center cares for people and their health needs regardless of their ability to pay. We are committed to working with our patients through any financial issues, including finding ways to make medical care more affordable. Providence's hospitals offer financial assistance to eligible patients who do not have the financial ability to pay for their medical bills. If you are having trouble paying for all or some of your health care, we encourage you to talk with a Providence Financial Counselor or someone in our business office about how we can help you.

### What is Covered?

For emergency and medically necessary services at Kadlec hospitals we provide financial assistance to eligible patients on a sliding fee scale basis, with discounts ranging from 75 to 100% based on ability to pay. Financial assistance for other services or at our non-hospital facilities is governed by the policies of the Kadlec entity providing the care.

### How to Apply?

Any patient may apply to receive financial assistance. A patient seeking financial assistance must provide supporting documentation specified in the application, unless Kadlec indicates otherwise. The application form may be obtained online at [www.Kadlec.org](http://www.Kadlec.org), or by contacting Customer Service.

## Other Assistance

### Coverage assistance

If you are without health insurance, you may be eligible for other government and community programs. We can help you discover whether these programs (including Medicaid and Veterans Affairs' benefits) can help cover your medical bills. We also can help you apply for these programs.

### Uninsured Discounts

Kadlec offers a discount for patients who may not have health insurance coverage. Please contact us about our discount program.

### Payment Plans

After your insurance company processes the bill, any balance for amounts owed by you is due within thirty days. The balance can be paid in any of the following ways: automatic credit card, payment plan, cash, check, online bill pay or credit card. If you need a payment plan, please call the number on your billing statement to make arrangements.

### Emergency Care

Kadlec hospitals with dedicated emergency departments provide care for emergency medical conditions (as defined by the Emergency Medical Treatment and Labor Act) without discrimination consistent with available capabilities, without regard to whether or not a patient has the ability to pay or is eligible for financial assistance.

### Contact Us for Financial Assistance Help or Applications

For more information about getting help with your Kadlec medical bills, please call or visit a financial counselor or billing office at your local Providence facility. We can give you any forms you need and can help you apply for assistance. Patients are strongly encouraged to ask for financial help before receiving medical treatment, if possible. Patients can also apply at any time while receiving treatment and for a period of time following receipt of your initial bill.

If you have questions about or would like to receive a financial assistance application form, please contact our Customer Service team at the number listed on the front of this statement.



Regence

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

Regence Health Plan services are provided in the state of Washington and is an independent licensee of the State Council on Insurance Guaranty Fund

1399 13200

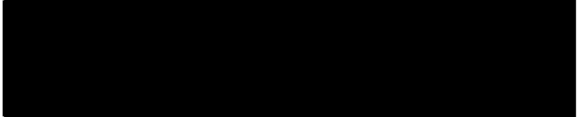
www.regence.com



### Forwarding Service Requested



\*\*\*\*\*ALL FOR AADC 990  
PB-DSM-18-ENV 21766 53



## Go paperless



Now you have a convenient and eco-friendly option: Get your EOBs (explanation of benefits) electronically instead of through the mail.

Sign in at [regence.com](http://regence.com). Under **My account**, go to **Contact preferences** and select the documents you'd like to receive as paperless.

MONTHLY REPORT

**Medical and Hospital Claims  
Processed in November 2024**

For [REDACTED]  
Member ID: [REDACTED]

**This is not a bill:**

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



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

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

[www.regence.com](http://www.regence.com)

**Regence Customer Service**

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

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

Y0062\_PPO EOB\_C

<b>TOTALS for medical and hospital claims</b>	<b>Amount providers have billed the plan</b>	<b>Total cost (amount the plan has approved)</b>	<b>Plan's share</b>	<b>Your share</b>
<b>Totals for this month (for claims processed in November 2024)</b>	<b>\$1,535.00</b>	<b>\$134.83</b>	<b>\$134.83</b>	<b>\$0.00</b>
<b>Totals for 2024 (for all claims processed through November 30, 2024)</b>	<b>\$16,529.68</b>	<b>\$1,876.50</b>	<b>\$1,876.50</b>	<b>\$0.00</b>

12/9/2024



## Details for claims processed in November 2024

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

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

**You have the right to make an appeal or complaint**

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

**Remember, this report is NOT A BILL:**

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

**KADLEC REGIONAL MEDICAL CENTER**

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
Hospital outpatient clinic visit for assessment and management of a patient(billing code 0761 G0463) The claim needs to be submitted to Premiera for processing	10/8/2024	\$479.00	\$0.00	\$0.00	\$0.00
<b>TOTALS:</b>		\$479.00	\$0.00	\$0.00	\$0.00

<b>KADLEC REGIONAL MEDICAL CENTER</b>						
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	
Hospital outpatient clinic visit for assessment and management of a patient(billing code 0761 G0463) The claim needs to be submitted to Premera for processing	5/22/2024	\$577.00	\$0.00	\$0.00	\$0.00	
<b>TOTALS:</b>		\$577.00	\$0.00	\$0.00	\$0.00	

<b>KADLEC REGIONAL MEDICAL CENTER</b>						
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	
Hospital outpatient clinic visit for assessment and management of a patient(billing code 0761 G0463) Pricing for services is based on Medicare Methodology.	7/10/2024	\$479.00	\$134.83	\$134.83	\$0.00	
<b>TOTALS:</b>		\$479.00	\$134.83	\$134.83	\$0.00	

00011501



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 <sup>00</sup>	100 <sup>00</sup>
4/17/2025	" "	" "	100 <sup>00</sup>	100 <sup>00</sup>
5/18/2025	" "	" "	100 <sup>00</sup>	100 <sup>00</sup>
5/21/2025	" "	" "	90 <sup>00</sup>	90 <sup>00</sup> *
6/05/2025	" "	" "	100 <sup>00</sup>	100 <sup>00</sup>
6/19/2025	" "	" "	100 <sup>00</sup>	100 <sup>00</sup>

\* LESS BECAUSE  
SIC MADE  
A MISTAKE  
ON BILLING

(REVENUE HAS ALREADY PAID FOR 6 PRIOR VISITS) 605

TOTAL: 590<sup>00</sup> . 590<sup>00</sup>

Print Name 

Signature 

Date JUNE 18, 2025

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

**Kadlec Clinic Primary Care West Kennewick**  
9040 W CLEARWATER AVE  
KENNEWICK WA 99336-8635  
Phone: 509-942-3291  
Fax: 509-942-3152

**KADLEC**

August 20, 2025

Re: [REDACTED]  
DOB: [REDACTED]

To Whom It May Concern:

[REDACTED] has a long-standing history of back pain, for which he has been granted disability. Back pain management has been optimal with periodic treatment by both a chiropractor and a massage therapist. As a result, he has not required the use of prescription medications, nor has he had to resort to more expensive modalities of treatment. He appears to function well with up to 24 chiropractic treatments and 24 massage therapy visits every 12 months ( 2 chiropractor & 2 massage sessions per month). The expected duration is lifetime or until this type of conservative treatment no longer works. It is medically necessary for [REDACTED] to obtain the services above.

Please contact my office with further questions.

Sincerely,

Jessica Michelle Toggai, DO





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  
<CAESRRIAGjdyX29gcmRhbmRnbWV6ZG95cnlnZTR0ZW5kY2dleWdlbWpxZ20yZ2NtdGRtaTNnbXlqc2dhM2RrIghkaWFsb2d1ZSIglodC2aj33sxiFuKqEXHM7j1CfwwRaKUnNFMrfmlytPs=@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>

Wed, May 21, 2025 at

Reply-To: Message Tri-Cities

<CAESPhkNzQ5NDJ0YTFEiZDIwZi00YzkrLWJkMTA1MDVmNjkrNjUxMDgzGgtjOjQ5MzgwMjk5NyUjYVZ2VzVytAAnkaaKbD9apUDT6JlowkuR0fdw2o/NR+rbeiaS1uZQIA==@reply2.squareup.com>

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>

Thu, Jun 5, 2025

Reply-To: Message Tri-Cities

<CAESPhkYjhMTBJMDEiOWJhNC00ODg2LTg0OWIhNWIZOWVjOTk4ODIyGgtjOjQ5MzgwMjk5NyJbVWVzc2VuZ2ZyIiAG22oerdbsSPis1SFYZ4S7AALguc2TXfg8Rju9Hh9H3A==@reply2.squ

To:

Message Tri-Cities

New Invoice

\$100.00

Due on June 5, 2025

Pay Invoice

Invoice # June 5, 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



You received a new invoice

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

Reply-To: Message Tri-Cities

<CAESPhkOGE3MjViM2HhNm2Y100YjA0LThhNTEiMjQxMmE1YmNkMGJmGgijOjQ5MzgwMjk6NylJbWVzc2VuZ2VyIiC9o+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	
<b>60 Min Massage with Nancy</b>	<b>\$100.00</b>
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
<b>Total Due</b>	<b>\$100.00</b>

Message Tri-Cities

4206 West 24th Avenue Suite A101