7/7/2026

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

11:30 AM

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **PUBLIC COMMENT**
4. **TREASURER'S REPORT**
   a. Treasurer's Report: May 2026
5. **CONSENT AGENDA**

   All items included in the Consent Agenda have been provided to each member of the Kennewick Disability Board for review and consideration. These items are deemed routine and will be approved with a single motion, without any separate discussion. A Board Member may remove an item for individual consideration.

   a. **Approval of the minutes dated June 2, 2026**
      Motion to approve the meeting minutes as presented.
   b. **Fire Member #19 Reimbursement Request: RX**
      Motion to approve the claim as presented.
   c. **Fire Member #22 Reimbursement Request: Eyeglasses**
      Motion to approve the claim as presented.
   d. **Police Member #15 Reimbursement Request: RX**
      Motion to approve the claim as presented.
   e. **Police Member #5 Reimbursement Request: RX**
      Motion to approve the claim as presented.
   f. **Fire Member #28 Reimbursement Request: Weight Loss RX**
      Motion to approve the claim as presented.
   g. **Police Member #25 Reimbursement Request: Massage**
      Motion to approve the claim as presented.
6. **NEW BUSINESS**
7. **UNFINISHED BUSINESS**
   a. Fire Member #21 Hospice Claim Status
8. **BOARD COMMENTS/DISCUSSION**
9. **ADJOURNMENT**

NEXT MEETING DATE: August 4, 2026

CITY OF KENNEWICK

OTHER POST EMPLOYMENT BENEFITS TRUST FUND

Preliminary Financial Statements

May 31, 2026

CITY OF KENNEWICK

Other Post Employment Benefits Trust Fund

Balance Sheet

May 31, 2026

	Current Year	Prior Year
Assets		
Equity in Pooled Cash & Investments	$ 6,076,920	$ 5,762,313
Investments	-	$ -
Interest Receivable		
Total Assets	$ 6,076,920	$ 5,762,313
Liabilities		
Accounts Payable	$ 14,468	$ 14,330
Total Liabilities	14,468	14,330
Fund Balance		
Committed Fund Balance	6,062,453	5,747,983
Total Fund Balance	6,062,453	5,747,983
Total Liabilities and Fund Balance	$ 6,076,920	$ 5,762,313

CITY OF KENNEWICK

Other Post Employment Benefits Trust Fund

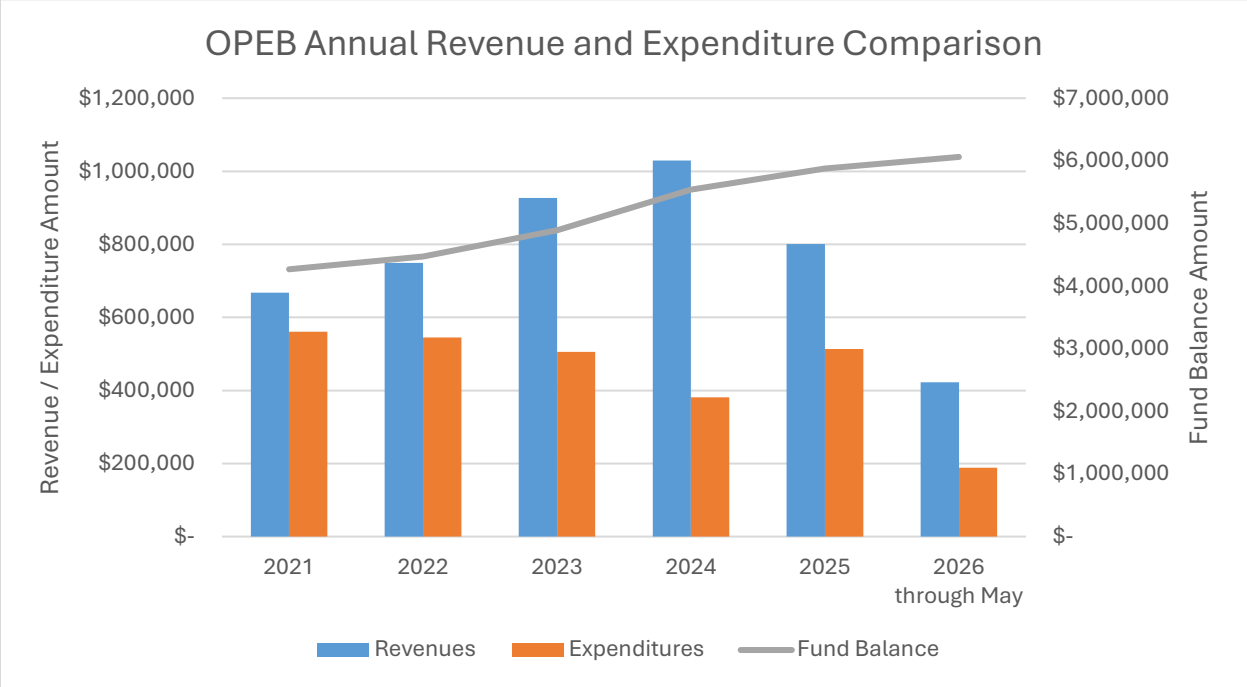
Income Statement

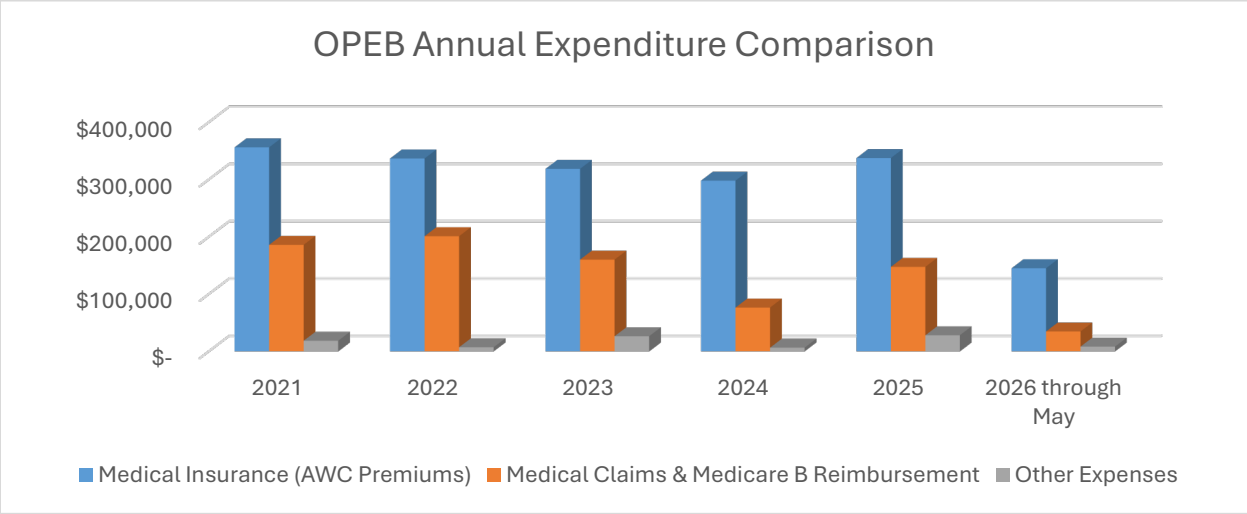
May 31, 2026

	2026 Budget	Year To Date	Over (Under) Budget	Prior Year To Date
Revenues:				
Water and Sewer Utility Tax	$ 590,000	$ 296,553	$ (293,447)	$ 301,729
Investment Interest	163,500	85,368	(78,132)	85,373
Expense Reimbursements	-	40,687	40,687	-
Total Revenues	753,500	422,608	(330,892)	387,101
Expenditures:				
Medical Insurance	348,500	145,257	(203,243)	143,298
Medical and Prescriptions	205,000	34,906	(170,094)	36,870
Disability Board Secretary	2,000	-	(2,000)	-
Office Supplies	50	-	(50)	-
Postage Expense	300	-	(300)	29
Travel and Training	2,000	857	(1,143)	-
Contractual/Consulting Services	12,500	7,597	(4,903)	-
Copier Charges	18	-	(18)	59
Total Expenditures	570,368	188,617	(381,750)	180,255
Net Income (Loss)	183,133	233,991	50,859	206,846
Beginning Fund Balance	5,828,461	5,828,461	-	5,541,137
Ending Fund Balance	$ 6,011,594	$ 6,062,453	$ 50,859	$ 5,747,983

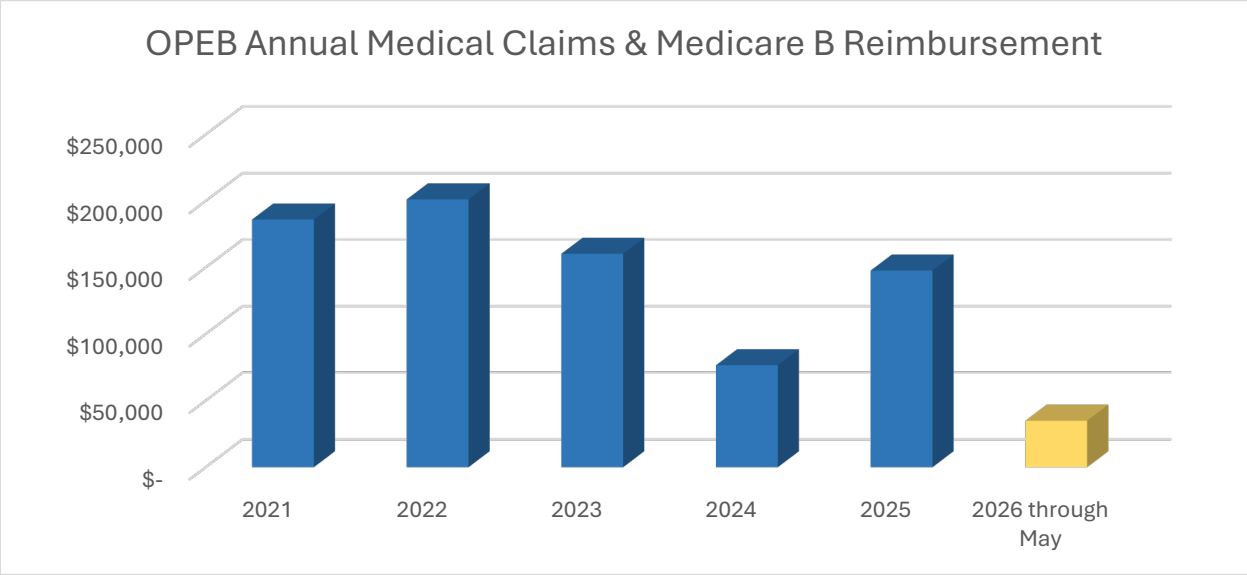
City of Kennewick
Other Post Employment Benefits Trust (OPEB) Fund
May 31, 2026

Revenues and Expenditures

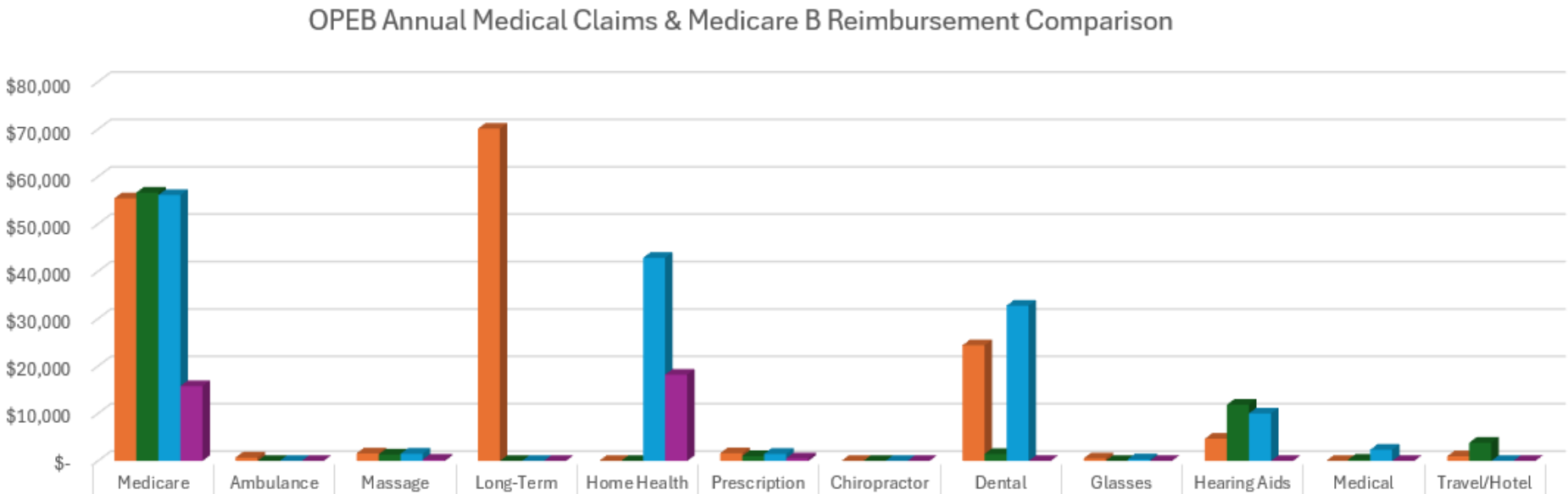




Medical Claims & Medicare B Reimbursement



City of Kennewick
Other Post Employment Benefits Trust (OPEB) Fund
May 31, 2026



	Medicare Part B	Ambulance	Massage	Long-Term Care	Home Health	Prescription Medication / Other	Chiropractor	Dental	Glasses (Frames/Lenses)	Hearing Aids	Medical Supplies	Travel/Hotel Reimbursement
2023	$55,447	$735	$1,625	$70,136	$-	$1,641	$-	$24,430	$564	$4,699	$-	$997
2024	$56,655	$-	$1,382	$-	$-	$1,040	$-	$1,477	$-	$11,880	$275	$3,864
2025	$56,141	$-	$1,550	$-	$42,884	$1,513	$-	$32,790	$382	$10,045	$2,368	$-
2026 through May	$15,814	$-	$300	$-	$18,226	$566	$-	$-	$-	$-	$-	$-

Disability Board

Meeting Date: 7/7/2026
Agenda Item #: 5.a.
Subject:

RECOMMENDATION

MOTION FOR CONSIDERATION

Motion to approve the meeting minutes as presented.

SUMMARY

ALTERNATIVES

ATTACHMENTS
None

DISABILITY BOARD
REGULAR MEETING
June 2, 2026 - DRAFT

1. **CALL TO ORDER:** Police Representative Jim Kraft called the regular meeting of the Kennewick Disability Board to order at 11:31 a.m.

2. **ATTENDANCE:** The at-large position is vacant. Brad Killpert was absent.

Board Members Present:	City Staff Present:
Chuck Torelli, *Mayor Pro Tem*	**Jessica Platt,** *Finance Director*
Jim Kraft, *Police Representative*	**Liz D'Hondt,** *Accounting Specialist, Board Secretary*
Dennis Waters, *Fire Representative*	**Kristi Smith**, *Disability Board Benefits Administrator*

3. **PUBLIC COMMENT:** NONE

4. **APPROVAL OF MINUTES:** The minutes of May 5, 2026, were unanimously approved as presented.

5. **TREASURER'S REPORT:**
   a. **Treasurer's Report: April 2026:** Ms. Platt presented the Treasurer's Report and financial analytics for April 2026. OPEB funding was lower due to reduced water consumption but is expected to increase with seasonal demand. Overall, expenditures remain on track, and revenues are exceeding budget projections.
6. **RECCURING CLAIMS:**
   a. **Police Member #15:** Reimbursement for a Bubble Pack prescription was unanimously approved in the amount of $32.42.
7. **NEW BUSINESS:**
   a. **Fire Member #19 Knee Aspiration Reimbursement Request:** The procedure involved aspiration/drainage only. The Board approved reimbursement in the amount of $786.00.
   b. **Police Member #25 Massage Reimbursement Request:** The Board recommended that this reimbursement be added to the recurring claims list for future requests. The claim was unanimously approved in the amount of $200.00.
   c. **Fire Member #28 Imaging & RX Reimbursement Request:** The member's physician has indicated that Tirzepatide is medically necessary for the treatment of heart disease. As the medication is not covered by insurance, the Board approved reimbursement in the amount of $415.37.
   d. **Fire Member #28 RX Reimbursement Request:** Reimbursement for monthly Tirzepatide expenses was approved in the amount of $608.00.
   e. **Police Member #5 RX Reimbursement Request:** The treatment was determined to be medically necessary and prescribed pending surgery. As the expense is not covered under the members' insurance plan, the Board approved reimbursement in the amount of $496.44.
   f. **Police Member #5 Eyeglasses & RX Reimbursement Request:** Reimbursement for the previously approved prescription, pain medication, and eyewear expenses was reviewed. In accordance with Board policy, eyewear benefits are limited to $200 per member per year. The claim was approved in the amount of $414.73.
   g. **Fire Member #21 Ambulance Transport Reimbursement Request:** The member received a bill for ambulance services due to a network billing issue between Kennewick Fire and Regence. The Board approved reimbursement of $415.49 for the outstanding balance.
8. **UNFINISHED BUSINESS**

a. **Fire Member #21 Hospice Claim Status/Revisit:** Consideration of the remaining $6,729.29 was deferred to the next meeting to allow additional information to be obtained.

9. **BOARD COMMENTS/DISCUSSION:**
   a. The Board approved the ambulance services policy for transport within Kennewick. Staff will further research coverage related to ambulance transportation and assistance charges and provide a comparison of benefits offered by other cities for future discussion.
   b. Updated procedures were distributed to Board members on May 19, 2026. Staff will monitor for feedback and return comments.
   c. Two members still need to provide their Medicare SSA documentation. Reimbursement requests will continue to be limited to the previous six months in accordance with Board policy.
   d. Staff proposed creating a claims log to streamline claim approvals. Under the proposed process, claims would be reviewed individually, with a single motion for approval at the conclusion of the review. Members can abstain from voting on their own claims, and any claim could be removed from the consent list for further discussion. The Board agreed to trial the process at the next meeting

10. **ADJOURNMENT:** Chair Kraft concluded the meeting concluded at 12:14 p.m.

NEXT MEETING DATE: July 7th, 2026

Draft
Elizabeth D'Hondt
Disability Board Secretary

Disability Board

Meeting Date: 7/7/2026
Agenda Item #: 5.b.
Subject:

RECOMMENDATION

MOTION FOR CONSIDERATION

Motion to approve the claim as presented.

SUMMARY

ALTERNATIVES

ATTACHMENTS

1. FIRE MEMBER #19_Redacted

LEOFF I – CERTIFICATION CLAIM FORM – FIRE

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

Asuris [ ] Medicare [ ] Other [X] City fire

Date of Service	Condtion or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
4-30-26	Cerafolin	B.D.H.	# 201.99	-0-

TOTAL: -0-

[redacted] [redacted] June 4-26
Print Name **Signature** **Date**

Board Use Only

RECEIVED 6/4/2026 #19

FIRE MEMBER #19
RECEIVED 6/4/26

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

NCPDP: 5732323
NPI: 1861280596

Medical Expense Report

[redacted]

DATE RANGE: 4/1/2026 - 4/30/2026
DOB: [redacted]

Item #1

PRODUCT INFORMATION

DISPENSED DATE	RX NUMBER	DRUG NAME PRODUCT CODE	SIG	QTY	DAYS SUPPLY	PRESCRIBER
4/30/2026	[redacted]	Cerefolin Brain Wellness Levomefolate/Methylcob/N-Acetylcys 6/2/600 mg Tab 00525052590	TAKE 1 TABLET BY MOUTH DAILY	90	90	KARLSON, KATIE

PAYMENT INFORMATION

ORDER	PRODUCT PRICE	DATE(S) PAID	AMOUNT(S) PAID FOR PRODUCT+	SHIPPING FEE	SALES TAX	PAYMENT TYPE*
[redacted]	$201.99	4/30/2026	$191.99	$6.00	$0.00	FULL PAY

TOTAL AMOUNT PAID: $191.99

*If PAYMENT TYPE is 3 PAY, the amount charged was only 1/3 of the total Product Price that appears above. The second and third payments were automatically charged on the same date for the next two months. The 3 PAY Program has a convenience fee applied to the first payment.

+AMOUNT PAID FOR PRODUCT does not include sales tax or shipping fee. Payments have been scheduled as noted. The Amount Paid total reflects only amounts paid to date or within the date range noted above.

Disability Board

Meeting Date: 7/7/2026
Agenda Item #: 5.c.
Subject:

RECOMMENDATION

MOTION FOR CONSIDERATION

Motion to approve the claim as presented.

SUMMARY

ALTERNATIVES

ATTACHMENTS

1. FIRE MEMBER #22_Redacted

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
6-3-26.	GLASSES	COSTCO.	172.98	0

TOTAL: 172.98

[redacted] Print Name

[redacted] Signature

6-4-26 Date

Board Use Only

RECEIVED 6/4/2026 ED #22

FIRE MEMBER #22
RECEIVED 6/4/26

COSTCO OPTICAL

FASHION FRAMES * (

PRESCRIPTION

ONLINE SHOPPING.

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

INVOICE DATE
6/03/26

INVOICE NO. [redacted] 2026 ***PROFI*** 00000(

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

PATIENT [redacted]

PRESCRIBING DOCTOR	*Rx WRITTEN*	*Rx EXPIRES*	*OPTICIAN*	*CASE*
Bruinsma, S	1/12/26	1/12/28	CVR	

EYEGLASSES

DIST.	*SPHERE*	*CYL.*	*AXIS*
R	+.750	-2.000	95
L	+1.000	-2.250	85

ADD	*ADD*	*SEG HGT*	*DIST P.D.*
R	2.50	19.0	31.0
L	2.50	19.0	30.0

SPECIAL INSTRUCTIONS

Frame Source
SUPPLIED

QTY	*ITEM*	*DESCRIPTION*	*UNIT PRICE*	*EXTENSION*
1	1937892	Turboflex Tf588 53/18/140 Khaki	79.99	79.99
1	106868	Bifocal St28 Poly Sph Clear W/ Ar	92.99	92.99
		TOTAL:		172.98

Costco now accepts most vision insurance plans
Eyeglasses, contact lenses and sunglasses are available for purc
Valid prescription required for all prescription eyeglass and cont
Visit www.costco.com/f/-/contact-lenses for Contact Lens Safet

PATIENT COPY

COSTCO WHOLESALE

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

OPTICAL

EP Member [redacted]
OPTICAL ORDER # [redacted]

F	106868 BF ST28 POLY	92.99
F	1937892 TF588	79.99
OPTICAL ORDER #	[redacted]	
F	473865 BF ST28PLZ G	115.99
F	1937892 TF588	79.99
0000369679	/GLASSES	50.00-
	SUBTOTAL	318.96
	TAX	0.00
****	TOTAL	[redacted] 318.96

XXXXXXXXXXXX1520 H
AID: A0000000980840
Seq# [redacted] App#: [redacted]
Visa Resp: APPROVED
Tran ID#: [redacted]

APPROVED - Purchase
AMOUNT: $318.96
06/03/2026 09:46 486 71 2 134

Visa	318.96
CHANGE	0.00

TOTAL NUMBER OF ITEMS SOLD = 4
INSTANT SAVINGS $ 50.00
06/03/2026 09:46 486 71 2 134

FSA N/TAX AMT(F) = 318.96
FSA TOTAL = 318.96

21048607100022606030946

OP#: 134 Name: Carl R.
Thank You!
Please Come Again
Whse:486 Trm:71 Trn:2 OP:134

Items Sold: 4
EP 06/03/2026 09:46

Disability Board

Meeting Date: 7/7/2026
Agenda Item #: 5.d.
Subject:

RECOMMENDATION

MOTION FOR CONSIDERATION

Motion to approve the claim as presented.

SUMMARY

ALTERNATIVES

ATTACHMENTS

1. POLICE MEMBER #15_Redacted

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
apr 17-2026	Pill Pak	Elk Drug	10.84	10.84
may 2-2026	Pill Pak	Elk Drug	10.84	10.84
May 15-2026	Pill Pak	Elk Drug	10.84	10.84

TOTAL: 32.52

[redacted] [redacted] [redacted] May 18-2026

Print Name Date

Board Use Only

RECEIVED 5/27/26 #5

POLICE MEMBER #15
RECEIVED 5/27/26

Sale

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

Receipt: [redacted]
Date: 04/17/26 10:07AM
Cashier: LACY
Register: POS Lane2
Customer: [redacted]

Item	Flags	Qty	Price	Value
Rx [redacted]	RF			$0.00
Rx	RF			$0.00
Rx	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: [redacted]
Response Code:0
Entry Method:Contactless
MASTERCARD: [redacted]
Trace Code: [redacted]

Sale

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

Receipt: [redacted]
Date: 04/15/26 03:12PM
Cashier: LACY
Register: POS Lane1
Customer: [redacted]

Item	Flags	Qty	Price	Value
Rx [redacted]	RF			$0.00
Rx	RF			$0.00
Rx	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

Mastercard Card - Approved
Amount:$10.84
Mastercard:********** [redacted]
Transaction:CREDIT
Approval: [redacted]
Response Code:0
Entry Method:Contactlesslcc
MASTERCARD: [redacted]

Sale

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

Receipt: [redacted]
Date: 05/02/26 09:12AM
Cashier: LISA
Register: POS Lane2

Item	Flags	Qty	Price	Value
Bubble PK 2 WK	T	1x	$10.00	$10.00

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

Item count:1

Subtotal	$10.00
Standard Tax	$0.84
Total	**$10.84**
Tender Credit [redacted]	$10.84

Mastercard Card - Approved
Amount:$10.84
Mastercard:********** [redacted]
Transaction:CREDIT
Approval: [redacted]
Response Code:0
Entry Method:Contactlesslcc
MASTERCARD: [redacted]
Trace Code [redacted]
Cryptogram:ARQC EC4C34F158E7273C

Customer Copy

Disability Board

Meeting Date: 7/7/2026
Agenda Item #: 5.e.
Subject:

RECOMMENDATION

MOTION FOR CONSIDERATION

Motion to approve the claim as presented.

SUMMARY

ALTERNATIVES

ATTACHMENTS

1. POLICE MEMBER #5_Redacted

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
6/12/26	Chronic Back Pain	Dennis Ang Richland RX Pharmacy	250 00	250 00

TOTAL: $ 250 00/xx

[redacted] [redacted] 6/12/26

Print Name Signature Date

Board Use Only

RECEIVED 6/12/2026 #5

6/12/26

TO: Kennewick Disability Board
RE: Pain Medication not Covered by Insurance (Xtampza)

Dear Board Members;

Attached, you will find a copy of our insurance's refusal to pay for my pain medication called Xtampza. Last April 15th I submitted a request for reimbursement for this same medication along with a letter fully explaining the details surrounding our insurance's refusal to pay for it and what I had attempted to do (appeals) to get it paid for. All of these attempts failed so it was submitted for reimbursement after I paid for it and it's my understanding the request was approved.

Since getting this prescription filled a month ago, I've requested it be cut in half, which my provider has done so this billing is for half the amount of my previous prescription.

Your review of this charge and consideration for reimbursement are greatly appreciated.

[redacted]

[redacted] RPh: AMB-kap 6/12/2026 10:09:19 AM

Pr riber: DENNIS ANG APNP Prescriber Phone: (509) 606-5040

**** REJECTED - N0712503 00** *

28.00000 24510011010 XTAMPZA ER 9 MG CAPSULE

Extended Message

Reject Reason(s)

MR	Product Not On Formulary
569	Provide Notice: Medicare Prescription Drug Coverage and Your Rights

DUR Messages

Reason Code	Previous Fill	Previous Quantity	Message
DD	5/26/2026	30.000	ZOLPIDEM TAB 10MG
LD			GERIATRIC MIN DLY=2 CAPSULE

Patient:
[redacted]

[redacted]
Pay Plan: BC/BS OREGON PDP (888) 869-4600
Relation: Cardholder
Group:
Card ID: [redacted]

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

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

Rx: [redacted]

[redacted]

DOB: [redacted] 06/12/2026

Driver

Plan: RXLOC

Auth: 1112502383

TAKE ONE TABLET BY MOUTH EVERY EVENING

DAW 0 DS: 28 Refills: 0

NDC: 24510-0110-10

XTAMPZA ER 9 MG CAPSULE

Ivory white oblong capsule SIDE 1: XTAMPZA ER SIDE

28EA

Copay $250.00

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

Jun 12 2026 10:15AM
Receipt # [redacted]
Cashier: Irma B
Drawer #: POS01 - 26478

Rx [redacted] 250.00 F
[redacted]

Subtotal	250.00
Tax Total	0.00
# Items.1 Total	250.00

Visa Tendered 250.00
Acct #.. [redacted]
Approval #.. [redacted]

F = FLEX/FSA/HRA Eligible
FSA Eligible $250.00

Signature required for the following:
- Payment(s) require a signature
- Receipt of Prescriptions

[redacted]

Signature Captured Electronically

I agree to pay above total amount according to card issuer agreement.

MID: 8452420
Entry: TAP

[redacted]

Scan This QR Code for Patient Specific

Disability Board

Meeting Date: 7/7/2026
Agenda Item #: 5.f.
Subject:

RECOMMENDATION

MOTION FOR CONSIDERATION

Motion to approve the claim as presented.

SUMMARY

ALTERNATIVES

ATTACHMENTS

1. FIRE MEMBER #28_Redacted

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	Condtion or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
			~~304.00~~	
5-21-2026	Heart Diease	Lilly Direct. Saba Razi	304.00	304.00

TOTAL: 304.00

[redacted] [redacted] 6/10/26

Print Name Signature Date

Board Use Only

Received by ED: 6/10/2026
Member #28

Order Summary

[redacted]

Created 05/21/26 03:16:26 PM
Prescribed by Saba Razi
NPI: 1891675724

ZEPBOUND 2.5MG/DOSE (10MG/2.4ML) KWIKPEN (2.5MG)	$299.00
NDC: 00002356611	
Rx# [redacted]	
INJECTION SUPPLIES - PEN NEEDLES	$5.00

Reply Reply all Forward Delete More

Tax	$0.00
Subtotal	$304.00
Total Paid	$304.00

Card ending in [redacted]

Shipping Information

[redacted]

Have questions? We're here to help.

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Disability Board

Meeting Date: 7/7/2026
Agenda Item #: 5.g.
Subject:

RECOMMENDATION

MOTION FOR CONSIDERATION

Motion to approve the claim as presented.

SUMMARY

ALTERNATIVES

ATTACHMENTS

1. POLICE MEMBER #25_Redacted

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
05/13/2026	SORE BACK	MASSAGE TRI-CITIES	$100	$100.00
05/28/2026	SORE BACK	MASSAGE TRI-CITIES	$100	$100.00

TOTAL: $200.00

[redacted] [redacted] 5/29/2026

Print Name Signature Date

Board Use Only

POLICE MEMBER #25
RC'D 5/29/26

Massage Tri-Cities
4206 West 24th Avenue Suite A101
Kennewick, WA 99338 United States
nancy_hisaw@live.com | (509) 845-6722

Invoice [redacted]

Issue date
May 28, 2026

Invoice [redacted]

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

Customer
[redacted]

Invoice Details
PDF created May 29, 2026
$100.00

Payment
Due May 28, 2026
$100.00

Items	Quantity	Price	Amount
60 Min Massage with Nancy Doss LMT	1	$100.00	$100.00
Subtotal			$100.00

Total Paid $100.00

Payments
May 29, 2026 (Visa [redacted] $100.00

[redacted]

View online

To view your invoice go to https://squareup.com/u/xo2ByGpp
Or open the camera on your mobile device and place the QR code in the camera's view.

Massage Tri-Cities
4206 West 24th Avenue Suite A101
Kennewick, WA 99338 United States
nancy_hisaw@live.com | (509) 845-6722

Invoice # [redacted]

Issue date
May 13, 2026

Invoice # [redacted]

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

Customer
[redacted]

Invoice Details
PDF created May 13, 2026
$100.00

Payment
Due May 13, 2026
$100.00

Items	Quantity	Price	Amount
60 Min Massage with Nancy Doss LMT 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.	1	$100.00	$100.00
Graston	1	$10.00	$10.00
Free Upgrade			-$10.00
Subtotal			$100.00

Total Paid

$100.00

Payments
May 13, 2026 (Visa [redacted]) $100.00

[redacted]

View online

To view your invoice go to https://squareup.com/u/sWmPiG1f
Or open the camera on your mobile device and place the QR code in the camera's view.

Disability Board

Meeting Date: 7/7/2026
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SUMMARY

ALTERNATIVES

ATTACHMENTS
None