

..Title

Case #14-17 Request for three Dental Cleanings per year.

..Report**Issue:**

Whether or not to authorize three dental cleanings a year for LEOFF member.

Staff Contact:

Carl Watts, Personnel Analyst, General Government, Human Resources, 360.753.8305

Background:

The doctor is recommending regular cleanings three times yearly due to high plaque and dental index, gingival inflammation, recession, periodontal probing depths and calculus. This is to prevent the risk for coronary artery disease with underlying systemic hypertension, hyperlipidemia, and family history of coronary artery disease.

Attachments:

Attachments containing protected medical information will be sent via File Transfer Protocol (FTP)

Reference:

LEOFF Disability Board Policies and Procedures (2009) Paragraph Q, Dental Benefits

LEOFF Application for Payment of Services

Case No: 14-17

Please Print Clearly & Legibly - Incomplete Form Will Be Returned

A) This Section To Be Completed by Member

Member Name: [Redacted] Active: _____ Retired:

Member Telephone: [Redacted] Police: Fire: _____

Member Address: [Redacted]

Alternate Contact/Phone: [Redacted] Email: [Redacted]

Describe Your Condition and Why It Is Duty Related: _____

Describe the Service/Treatment Requested: Additional mental exams needed

Total Cost of Treatment/Service: \$ 252.70

Amount Paid by Insurance/Medicare: \$ _____

Amount Requested from the Board \$ _____

LEOFF member-Please attach the Explanation of Benefits statement(s) from your insurance provider(s) and/or Medicare which indicates the amount paid for this treatment/service.

Member Signature: _____ Date: 10/13/17
Please attach a copy of the Power of Attorney if signed by the alternate contact.

B) This Section To Be Completed by Member's Attending Health Care Provider

Provider's Name: Bend Memorial Clinic Provider's Telephone: (541) 382-2811

Clinic/Office Name: Bend Memorial Clinic Total Care

Provider's Address: 1501 NE Medical Center Drive, Bend OR 97709

Describe the Patient's Current Condition and State Whether It Is Duty Related:
See Letter

Describe Your Recommended Treatment Plan and Why It Is Medically Necessary:
See Letter

Please Describe Any Reasonable Alternative Treatment Plans. Include Expected Outcome & Costs:
See Letter

Provider's Signature: See Letter Date: _____

Fax completed form to: (360) 709-2735 or
Mail to: City Of Olympia HR Dept, PO Box 1967, Olympia WA 98507-1967

October 9, 2017

Re: [REDACTED]

To Whom It May Concern:

[REDACTED] is a patient of mine and in need of periodontal cleanings every 4 months by his dentist. The need for this frequency is due to high plaque and dental index, gingival inflammation, recession, periodontal probing depths and calculus present. [REDACTED] is at risk for coronary artery disease with underlying systemic hypertension, hyperlipidemia, and family history of coronary artery disease. He should undergo 3 dental cleanings per year to prevent more bone loss that could lead to infection, tooth loss and to lower his risk for heart disease. If you have questions please feel free to contact me.

Sincerely,



Arthur Parker MD

Deschutes Dental Center
 Phillippe C. Freeman, D.M.D., F.A.G.D.
 159 SW Shevlin Hixon Drive
 Bend, OR 97702
 (541)317-1300 (541)317-1380

September 14, 2017



ID: 5492

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

Date	Patient	Provider	Transaction	Ith	Surface	Fee
9/14/2017	[REDACTED]		Credit Adj - 5% discount pay in full for (\$13.30)			
			Acct Pmt - Check Number 2421 for (\$252.70)			
		Tiffany Hanks	04910 - PERIODONTAL MAINTENANCE			\$182.00
		Tiffany Hanks	00274 - BITEWINGS-FOUR FILMS			\$84.00
			SubTotal:			\$266.00
			Tax:			\$0.00
			Today's Charges:			\$266.00
			Today's Payment:			\$252.70
			Adjustments Today:			\$13.30
			Balance Due:			\$0.00

Contract Balance	Estimated Insurance	Previous Balance	Charges Today	Payments Today	Adjustments Today	Balance Due Now
\$0.00	N/A	\$0.00	\$266.00	\$252.70	(\$13.30)	\$0.00

Future Family Appointments:					
Patient:	Next Appointment:	Patient:	Next Appointment:	Patient:	Next Appointment:
[REDACTED]	[REDACTED]				

Carl Watts

From: Carl Watts
Sent: Thursday, September 21, 2017 9:43 AM
To: [REDACTED]
Cc: Cyndi Cox
Subject: Additional dental cleanings

[REDACTED]

When the LEOFF Board met on February 9, 2015, one of the clarification items on the agenda was Interpretation of the Dental Reimbursement rule. The Board decided that if any LEOFF member has on ongoing dental cleanings (more than one a year) they would need to send Medical approval from a doctor, (not dentist) once every two years to continue being allowed cleanings more than once a year. The approval should state the reason the cleaning is needed more than once a year. (Such as, to reduce the chance of Heart disease, reduce chance of infections, or reduce Diabetes risk factors.) When you send us your verification we can process your 9/14/17 claim for \$252.70 and you will be set for another two years. Let me know if you have any questions. Thanks. Carl.