LEOFF Application for Payment of Services Case No: 24-1

Please Print Clearly & Legibly – Incomplete Form Will Be Returned

A) This Section to Be Completed by LEOFF 1 Member

Member Name: _____ Active: _____ Retired: ✓

Member Telephone: _____ Police: ✓ Fire: _____

Member Address: _____

Alternate Contact/Phone: _____ Email: _____

Describe Your Condition and Why It Is Duty Related: HEARING LOSS

UNK IF DUTY RELATED - THIS will be 2nd or 3rd pr of Hearing

AIDS RECOMMENDED BY AUDIOLOGIST SINCE 1995

Describe the Service/Treatment Requested: NEW HEARING AIDS

2 QUOTES ARE ATTACHED

Total Cost of Treatment/Service: $ _____

Amount Paid by Insurance/Medicare: $ N/A

Amount Requested from the Board $ 5700.00

LEOFF member-Please attach the Explanation of Benefits statement(s) from your insurance provider(s) and/or Medicare which indicates the

Member Signature: _____ Date: JAN 2, 2024

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's Name: _____ Provider's Telephone: _____

Clinic/Office Name: _____

Provider's Address: _____

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

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

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

Provider's Signature: _____ Date: _____

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

HearingLife

1598 Sandifer Blvd Suite D - Seneca, SC 29678
Tel: 864-882-7968

Purchase Agreement - SC

Purchase Date 12/14/2023

Buyer Name _____

Date of Birth _____ Phone _____

Address _____

City/State/Zip _____

The undersigned Hearing Care Professional (hereinafter called "Seller") hereby sells, the undersigned buyer (hereinafter called "Buyer") hereby purchases and acknowledges receipt or forthcoming receipt of the hearing system and goods described below at the price written, subject to the terms and conditions outlined in this document.

Hearing Instruments Sold		
Item	☐ Right Ear Hearing Aid ☒ New ☐ Used ☐	☐ Left Ear Hearing Aid ☒ New ☐ Used ☐
Make	Oticon	Oticon
Model	OTICON REAL 2 MINIRITE	OTICON REAL 2 MINIRITE
Serial #		

Warranty Coverage: ☐ 1 yr ☐ 2 yr ☒ Other 3 ☐ N/A
Purchase includes warranty directly from the manufacturer for the period of year(s) shown above. (See manufacturer literature for complete details.) Warranty does NOT apply to cords and batteries, plastic tubes or ear molds. Warranty is limited to original buyer and is non-transferable. If you require warranty coverage, contact the office that sold you the device for assistance.

Replacement: ☐ 1 yr ☐ 2 yr ☒ Other 3 ☐ N/A
Deductible per aid $ 400.00
Purchase includes manufacturer guarantee to replace or repair the hearing aid(s) for the period of year(s) shown above in the event of loss or accidental damage minus the deductible. Deductible does not include the cost of impression ($ 0) or handling ($ 0). Replacement provided one-time only per hearing instrument. Please note: does *NOT* cover normal wear and tear repairs.

Trial Period and Return Policy
Upon delivery of the hearing aid(s) the Buyer is given the following trial period: 30 DAYS

During this trial period, the Buyer is entitled to free adjustment of his or her hearing aid(s) and has the right to return the hearing aid(s) for any reason if so desired for a refund. To obtain a refund, Buyer must give written notice of cancellation and present the hearing aid(s) to the Seller in the same condition as received, ordinary wear and tear excluded, before the trial period expires. If a hearing aid is returned for any reason other than defect in the hearing aid, the Seller reserves the right to retain a cancellation fee to cover the manufacturer's return fee and related material costs incurred by the Seller. The non-refundable portion of this purchase is noted above the Buyer's signature.

Purchase Price			
Item			**Total**
Hearing Aid For *RIGHT* Ear			3,450.00
Hearing Aid For *LEFT* Ear			3,450.00
Items	**Cost Each**	**Qty.**	
CHARGER 1.0, OTICON MINI	0.00	1	0.00
Rechargeable Battery	0.00	1	0.00
Rechargeable Battery	0.00	1	0.00
SPEAKER UNIT, 3R 85 MINIFI	150.00	1	150.00
SPEAKER UNIT, 3L 85 MINIFI	150.00	1	150.00
		Discount	1,500.00
		Sub-Total	5,700.00
		Sales Tax	0.00
		Total Purchase Price	5,700.00
Credits			
Estimated Insurance Benefit			
Deposit			0.00
Financing			
		Total Credit	
		Balance Remaining	5,700.00

Please note: balance remaining will be adjusted if actual amount of insurance benefit differs from estimate listed above.

Purchaser Signature _____ Date _____

Printed Name of Dispenser _____

License Number _____
License Type ☐ Audiologist ☐ Dispenser

Dispenser Signature _____ Date _____

Supervisor Name (if applicable) _____

License Number _____
License Type ☐ Audiologist ☐ Dispenser

HEARING HEALTHCARE CENTER
331 MILLS AVENUE
GREENVILLE SC 29605
(864) 232-3999

Hear Your Life Again!

Invoice

Patient Nam

Patient Number: 74783

Order Date: 11/13/2023
Order Number: 192657

(864) 614-9926

Invoice Date: 11/13/2023
Invoice Number: 324464

Number	Description	Qty	Price	Discount	Total
INT AI 20 312	INTRIGUE AI 20 RIC 312 Side:Left Style:RIC Mfr:AUDIBEL SN:	1	2,995.00	0.00	2,995.00
INT AI 20 312	INTRIGUE AI 20 RIC 312 Side:Right Style:RIC Mfr:AUDIBEL SN:	1	2,995.00	0.00	2,995.00

Invoice Total	**5,990.00**
Tax	**0.00**
Payment	**0.00**
Credit	**0.00**
Total Due	**5,990.00**

Thank you for allowing us to serve you with your hearing needs

Printed Monday, November 13, 2023 3:00:33 PM

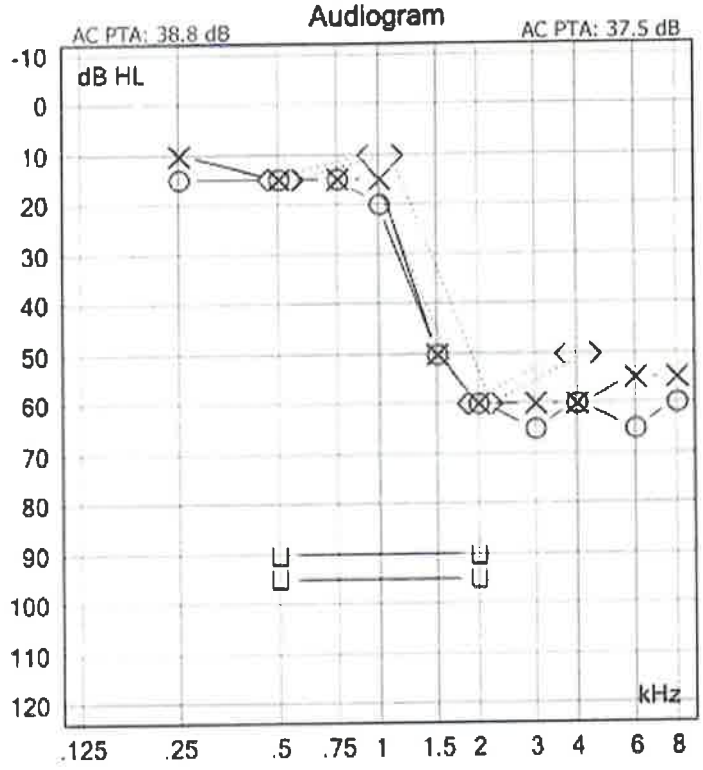
HearingLife

1598 Sandifer Blvd.
Suite D
Seneca, SC 29678
Phone: (864) 882-7968

First name
Last name
Birth date

Test date
AUD 12/14/2023

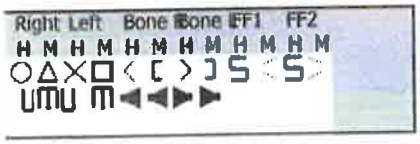
Audiogram



Test Conditions
☐ Inserts ☐ Headphone

Otoscopy Results

	Right	Left
No Blockage	☐	☐
Partial Blockage	☐	☐
Canal Blockage	☐	☐



SRT AC PTA Right: 38.8 AC PTA Left: 37.5

Trans	type	dB	Mask	Aided | Binaural	List
IP-R	HL	30	--		Spondee A
IP-L	HL	25	--		Spondee B

WR AC PTA Right: 38.8 AC PTA Left: 37.5

Trans	WR	dB	Mask	%	Aided | Binaural	List
IP-R	WR1	75	55	92		NU-6 LIST 2A
IP-L	WR1	75	55	100		NU-6 LIST 1A

Mark Selby HAS-0435