

**LEOFF Application for Payment of Services**

Please Print Clearly & Legibly - Incomplete Form Will Be Returned

07-18  
Case No: 07-18  
RECEIVED  
APR 20 2018  
OFFICE OF RECORDS

**A) This Section To Be Completed by Member**

Member Name: [Redacted] Active:    
Member Telephone: [Redacted] Police:  Fire:    
Member Address: [Redacted]   
Alternate Contact/Phone: [Redacted]

Describe Your Condition and Why It Is Duty Related: Chronic Lower Back Pain  
Originally duty related. Now Chronic & severe  
stenosis in lumbar vertebrae

Describe the Service/Treatment Requested: Cranial/Sacral Therapy  
for adjustment, posture correction &  
pain relief.

Total Cost of Treatment/Service: \$ 1200.   
Amount Paid by Insurance/Medicare: \$ not covered   
Amount Requested from the Board \$ 1200.

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: [Redacted] Date: 3/14/2018  
alternate contact.

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

Provider's Name: Dr. Erin Jones Provider's Telephone: 536-543-5660   
Clinic/Office Name: Barton Family Practice   
Provider's Address: 1090 Third St. South Lake Tahoe, CA 96150

Describe the Patient's Current Condition and State Whether It Is Duty Related: Low back pain & sciatic radiculopathy and stenosis  
on imaging

Describe Your Recommended Treatment Plan and Why It Is Medically Necessary: Necessary cranio sacral therapy for adjustments /pain.

Please Describe Any Reasonable Alternative Treatment Plans. Include Expected Outcome & Costs: planning for epidural. Already completed Physical  
Therapy

Provider's Signature: [Signature] Date: 3/14/18

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



JUL - 2 2018

June 22, 2018

To Whom It May Concern,

Client



Manual Therapy Treatments

Itemized cost of treatments = \$1200

# of treatments = 10

Cost of treatments = \$120

Total = \$1200

CPT code = 97124

If you have any questions or concerns, please call us at (530) 541-9355.

Regards,

Janine Blanchard, CA Lic # 72872

Elevate Wellness & Acupuncture Center