

LEOFF Board Application for Payment of ServicesCase No: Case # 25-5Please Print Clearly & Legibly – Incomplete Form Will Be Returned**A) This Section To Be Completed by Member**Member Name: [REDACTED] Active: Retired: xMember Telephone: [REDACTED] Police: x Fire: Member Address: [REDACTED]Alternate Contact: [REDACTED] Alternate Contact Telephone: [REDACTED]Describe Your Condition and Why It Is Duty Related: Dental CrownDescribe the Service/Treatment Requested: Crown for toothTotal Cost of Treatment/Service: \$ 2122.00Amount Paid by Insurance/Medicare: \$ Amount Requested from the Board \$ 2122.00

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: 06/09/2025
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**
(attach additional pages as needed)Provider's Name: Andrew Edwards Provider's Telephone: 360-786-9354Clinic/Office Name: Deschutes River DentistryProvider's Address: 111 Tum Water Blvd SE Tumwater, WADescribe the Patient's Current Condition and State Whether It Is Duty Related: non duty related.Describe Your Recommended Treatment Plan and Why It Is Medically Necessary: Crown on #20
Tooth has deep decay - 3/4 composite. Not enough tooth structure
left to place another filling.

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

NoneProvider's Signature: [Signature] Date: 6/10/25

Fax Completed Form to: (360) 709-2735 or mail to: City Of Olympia HR Dept, PO Box 1967, Olympia WA 98507-1967

Treatment plan for [REDACTED]

Treatment plan created on **Apr 14, 2025**

1929 80th Ave SE
Tumwater, US-WA 98501

Description	Site	Provider	Insurance Est.	Patient	Total
[REDACTED]					

Description	Site	Provider	Insurance Est.	Patient	Total
#20 BU/CR					
D2950 - Core Buildup	20	Dr. Edwards DDS	\$0.00	\$431.00	\$431.00
D2740 - Crown, porcelain/ceramic	20	Dr. Edwards DDS	\$0.00	\$1,691.00	\$1,691.00
Visit Subtotal			\$0.00	\$2,122.00	\$2,122.00

Total Balance Due	Insurance Est.	Patient Portion
\$2,844.00	\$0.00	\$2,844.00

Please note that all insurance and patient portions are estimates.

Please note that the estimated patient portion is due at time of service.

Patient's / parent's/ guardian's signature	Patient's / parent's / guardian's name (please print)	Date
[REDACTED]		

Upcoming Appointments

Date	Patient	Time	Duration	Description
Sep 17, 2025	[REDACTED]	12:00 pm	60 min	