

Case #  
20-2

Please Print Clearly & Legibly - Incomplete Form Will Be Returned

A) This Section To Be Completed by Member

Member Name: \_\_\_\_\_ Active: \_\_\_\_\_ Retired: X  
 Member Telephone: \_\_\_\_\_ Police: \_\_\_\_\_ Fire: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Alternate Contact: \_\_\_\_\_ Alternate Contact Telephone: \_\_\_\_\_  
 Describe Your Condition and Why It Is Duty Related: \_\_\_\_\_

Describe the Service/Treatment Requested: See Attached Document, Bridge - 4-5 units, 5 ideally, plus fillings (composite).

Total Cost of Treatment/Service: \$ 7635.00  
 Amount Paid by Insurance/Medicare: \$ 0  
 Amount Requested from the Board \$ 7635.00

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: [Signature] Date: 1-8-20  
 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: DR. Thomas Duffy Provider's Telephone: 360-426-9711  
 Clinic/Office Name: Bowers Dental Group  
 Provider's Address: 1525 Olympic Hwy N Shelton, WA 98584  
 Describe the Patient's Current Condition and State Whether It Is Duty Related:  
SEE NEXT PAGE

Describe Your Recommended Treatment Plan and Why It Is Medically Necessary:  
SEE NEXT PAGE

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

Provider's Signature: J. Thomas Duffy, DDS Date: 1/7/2020

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

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

is missing teeth #'s 18, 19, 30, 31 and 32. Loss of teeth in his lower arch has created loss of chewing function and also led to the un-ideal shifting of the adjacent teeth. Duty Related= unknown. Tooth #21 while present, is extraordinarily worn down (see attached photo) and has had a pin placed within and old failed filling. has generalized moderate-severe tooth wear. Duty related= unknown. Bruxism/Grinding/Clenching often goes hand in hand with stress which could likely have been exacerbated by duties on the job.

**Describe Your Recommended Treatment Plan And Why It Is Medically Necessary:**

treatment plan includes a new bridge on the lower left, ideally 5 units/abutments (as well as build ups) including teeth #'s 17, #20 & #21 with pontics at #18 & #19 sites (false porcelain teeth attached the adjacent abutment teeth). Tooth #21 could also be a stand-alone crown but is best suited as an abutment to provide additional strength to the bridge long term. Treatment plan also includes single surface composite fillings on teeth #'s 23-26, these are along the anterior (front) lower arch and are intended to prevent further wear and shortening of those teeth.

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

Alternative treatment could include removable partial dentures, but would not have nearly as good a result or provide the same comfort. All treatment outcomes are expected to last many years. Cost has been outlined on the attached treatment plan.

<p><b>Treatment Plan</b></p> <p><b>Patient:</b>  <b>Birthdate:</b>  <b>Provider:</b> Thomas V. Duffy DDS  <b>Phone:</b> (360)426-8711  <b>Office:</b> 1525 Olympic Hwy N                  Shelton, WA 98584</p>	<p><b>Chart #:</b> ME0025</p> <p><b>Date:</b> 01/06/2020  <b>SS#:</b></p>
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Ord	Th	Surf	Description	Fee	Pat	Pri Ins	Sec Ins
1	17		D2950:Core buildup, include any pins	285.00	285.00	0.00	0.00
1	17		D6740:Abutment porcelain/ceramic	1170.00	1170.00	0.00	0.00
1	18		D6245:Pontic-porcelain/ceramic	1170.00	1170.00	0.00	0.00
1	19		D6245:Pontic-porcelain/ceramic	1170.00	1170.00	0.00	0.00
1	20		D2950:Core buildup, include any pins	285.00	285.00	0.00	0.00
1	20		D6740:Abutment porcelain/ceramic	1170.00	1170.00	0.00	0.00
1	21		D2950:Core buildup, include any pins	285.00	285.00	0.00	0.00
1	21		D6740:Abutment porcelain/ceramic	1170.00	1170.00	0.00	0.00
<b>Sub Total:</b>				<b>6705.00</b>	<b>6705.00</b>	<b>0.00</b>	<b>0.00</b>
2			D0220:Intraoral Periapical Images	31.00	31.00	0.00	0.00
2			B SEAT:Seat Bridge	0.00	0.00	0.00	0.00
2			D0230:Intraoral-periapical each add'l	24.00	24.00	0.00	0.00
<b>Sub Total:</b>				<b>55.00</b>	<b>55.00</b>	<b>0.00</b>	<b>0.00</b>
3	23	I	D2330:Resin-one surface, anterior	175.00	175.00	0.00	0.00
3	24	I	D2330:Resin-one surface, anterior	175.00	175.00	0.00	0.00
3	25	I	D2330:Resin-one surface, anterior	175.00	175.00	0.00	0.00
3	26	I	D2330:Resin-one surface, anterior	175.00	175.00	0.00	0.00
3	27	I	D2330:Resin-one surface, anterior	175.00	175.00	0.00	0.00
<b>Sub Total:</b>				<b>875.00</b>	<b>875.00</b>	<b>0.00</b>	<b>0.00</b>

<b>Treatment Plan Total</b>	<b>7,635.00</b>
<b>Estimated Deductible to be Applied</b>	<b>0.00</b>
<b>Estimated Insurance Payment</b>	<b>0.00</b>
<b>Estimated Patient's Portion</b>	<b>7,635.00</b>

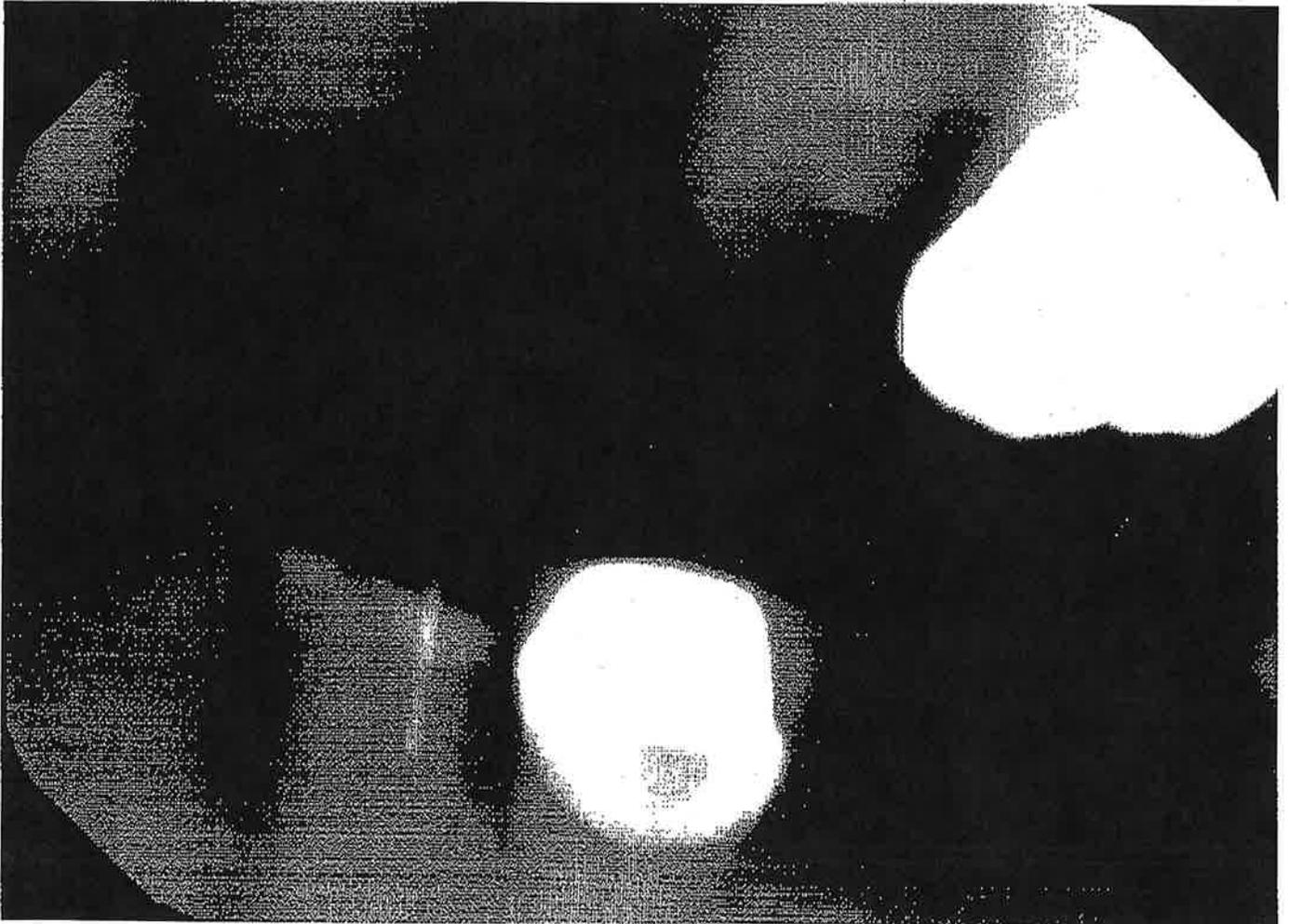
Dental Insurance Benefits	Patient		Family	
	Primary	Secondary	Primary	Secondary
Annual Plan Benefits	0.00	0.00	0.00	0.00
Paid Benefits YTD	0.00	0.00	0.00	0.00
Pending Insurance Est. YTD	0.00	0.00	0.00	0.00
Est. Benefits Remaining YTD	0.00	0.00	0.00	0.00
Benefits Expire				
Deductible Owed YTD				
Standard	0.00	0.00	0.00	0.00
Preventive	0.00	0.00	0.00	0.00
Other	0.00	0.00	0.00	0.00
<b>Primary Dental Insurance:</b>				



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Patient Name  
Patient ID ME0025  
Patient SS <Not Specified>  
Patient Gender M  
Patient DOB/Age 1945/06/08 (74)  
Acquisition Date 2019/09/26 08:27  
Teeth 12, 13, 14, 19, 20, 21



↑  
#21  
Example of  
Severe wear