

LEOFF Board Application for Payment of Services

Case No: 24-8

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: X

Member Address: _____

Alternate Contact: _____ Alternate Contact Telephone: _____

Describe Your Condition and Why It Is Duty Related: HEARING LOSS DUE TO EXPOSURE TO F16 W/AT VEHICLES - SIRENS

Describe the Service/Treatment Requested: 12-1-71 - 6-15-81 EMPLOYMENT
REPLACE HEARING AIDS

Total Cost of Treatment/Service:	\$ <u>4000.02</u> ?	<u>6000.00</u>
Amount Paid by Insurance/Medicare:	\$ _____ ?	<u>1999.98</u> COST CO
Amount Requested from the Board	\$ <u>4000.02</u> ?	<u>4000.02</u> REFUND

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: 9-30-24

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: ALFONSO ROBERTSON Provider's Telephone: 360 866-2550

Clinic/Office Name: ROBERTSON HEARING CLINIC

Provider's Address: 909 TROSPER RD SW TUMWATER, WA 98512

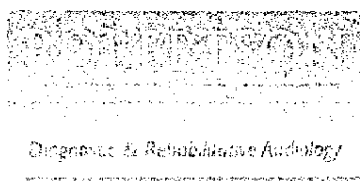
Describe the Patient's Current Condition and State Whether It Is Duty Related: MODERATE TO SEVERE SENSORI-NEURAL HEARING LOSS

Describe Your Recommended Treatment Plan and Why It Is Medically Necessary: RECOMMEND 2 STARKEY COGENTIS AI ITS HEARING AIDS.
MEDICALLY NECESSARY FOR COMMUNICATION DUE TO HEARING LOSS.

Please Describe Any Reasonable Alternative Treatment Plans. Include Expected Outcome & Costs: COST FOR A PAIR OF HEARING AIDS - \$6000.00

Provider's Signature: [Signature] Date: 10/3/24

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



October 7, 2024

City of Olympia
 900 Plum Street
 PO Box 1967
 Olympia, WA 98507-1967
 Attn: Leoff Board

RE:
 DOB.

Dear Madam or Sirs,

Thank you for the opportunity to serve your members. We performed a recent diagnostic hearing evaluation on [redacted]. He is having significant difficulty with background noise and inability to understand speech. Based on this information, I am recommending two new Starkey Genesis AI in the canal hearing aids. This type of technology and style of hearing aid is ideal for [redacted] hearing difficulties. This price includes a three year loss and damage and three year warranty repair. The following is a list of prices:

<u>Description</u>	<u>Quantity</u>	<u>Price</u>
Digital, binaural, ITC	2	\$6000.00

Thank you for your consideration in this matter. If you have any questions or concerns, please feel free to call 360-866-2500.

Sincerely,

Alexander K. Robertson, Au.D., CCC-A
 Doctor of Audiology

COSTCO WHOLESALE #740
1470 MARVIN RD NE
LACEY, WA 98516

BANK OF AMERICA
SOUTH PORTLAND, ME

No. 07407504

52-153/112

DATE 9/19/24

PAY One Thousand Nine Hundred Ninety Nine and 98/100 DOLLARS \$ 1999 98

TO THE ORDER OF

TWO SIGNATURES REQUIRED
VOID AFTER 60 DAYS

[Handwritten signatures]

⑈07407504⑈ ⑆011201539⑆ 80 060 766⑈

COPY REFUND CK

As requested I purchased hearing aids at Costco - 4-11-24. After 5 months of static noises returned them for a refund. They were sent back to the supplier for adjustment, they replaced one and attempted to repair the other. The result was no change. I gave up and sought help elsewhere. After all that time of listening to a ^{full of} cage parklets and my family frustration I gave up on Costco hearing aids.

10-3-24



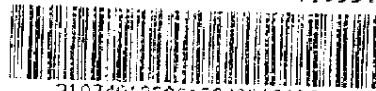
Lacey #740
1470 Marvin Road NE
Lacey, WA 98516

REFUND / MEMBERSHIP

5X Member 111390079000	
2 @ 999.99	
F	1717319 9030 HL CUST
KIOSK ORDER# 4046481	
	SUBTOTAL 1,999.98-
	TAX 0.00
****	TOTAL
RF	CASH 0.00
	CHANGE 1,999.98

TOTAL NUMBER OF ITEMS SOLD = -2
10:51 740 122 12 628

FSA N/TAX AMT(F) = 1,999.98-
FSA TOTAL = 1,999.98-



21074012200122409151051

OP#: 628 Name: Laura K

Thank You!

Please Come Again

Whse:740 Trm:122 Trn:12 OP:628

Items Sold: 2-
5X 09/19/2024 10:51

[Handwritten signature]

Lacey #740
1470 Marvin Road NE
Lacey, WA 98516
NPI: 1871987669

HEARING AID

X8 Member 111390079000
F 1717319 9030 HL CUST ██████████
KIOSK ORDER# 4046481
F 1717319 9030 HL CUST ██████████
KIOSK ORDER# 4046481
F 1399778 DRY LUX 39.99

I PURCHASED THIS

SUBTOTAL 2,039.97
TAX 3.88
**** TOTAL ██████████

XXXXXXXXXXXX4974 CHIP Read
AID: A0000000031010
Seq# 79602 App#: 065618
Visa Resp: APPROVED
Tran ID#: 410200079602....

APPROVED - Purchase
AMOUNT: \$2,043.85
04/11/2024 16:56 740 79 3 317

Visa 2,043.85
CHANGE 0.00

A 9.7% TAX 3.88
TOTAL TAX 3.88
TOTAL NUMBER OF ITEMS SOLD = 3
~~04/11/2024~~ 16:56 740 79 3 317

FSA N/TAX AMT(F) = 2,039.97
FSA TAX = 3.88
FSA TOTAL = 2,043.85



21074007900032404111656

OP#: 317 Name: Sandra
Thank You!
Please Come Again
Whse:740 Trn:79 Trn:3 OP:317

Items Sold: 3
X8 04/11/2024 16:56



1470 Marvin Rd NE
Lacey WA 98516
(360) 412-3504

Member Copy
Do Not Slip Print



PRINT NAME OF USER _____ 111390079000 _____
MEMBERSHIP NO.

ADDRESS _____
3894891 _____
PATIENT ID. _____ TELEPHONE NO. _____



PRINT NAME OF BUYER (INDICATE IF BUYER IS THE SAME AS USER) _____ MEMBERSHIP NO. _____

ADDRESS _____
TELEPHONE NO. _____

Item Description	Item #	Model / Description	Manufacturer Warranty	Unit Price	Total Amount
Hearing Aid	1717319	Philips ITC HearLink 9030 (Right) Loss & Damage Warranty Battery Size 312 SN	36 mths 24 mths	999.99	999.99
Hearing Aid	1717319	Philips ITC HearLink 9030 (Left) Loss & Damage Warranty Battery Size 312 SN	36 mths 24 mths	999.99	999.99
Accessory	1399778	Perfect Drylux (95)	36 mths	39.99	39.99
				Tax (if applicable)	_____
				Total	_____

I PURCHASED
THE CLEANER

Check Cash Credit Card Debit

Manufacturer warranty periods are noted above.

Buyer's Initials: _____

3894891

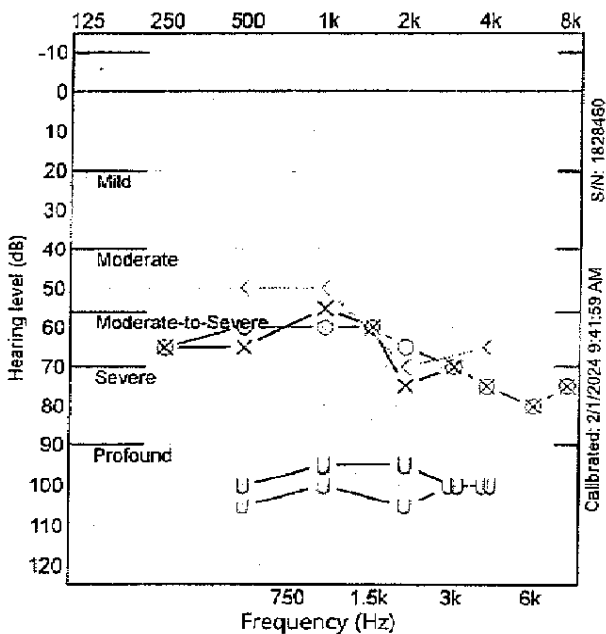


Report Date: 4/11/2024
 Tester: scl
 Report Comments:

AUDIOMETRY 4/11/2024

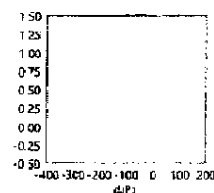
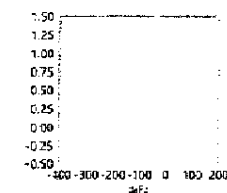
IMMITTANCE 4/11/2024

AC: Insert Earphones, BC: B71



Right

Left



Tymp Right

Tone	Hz
SC	ml
TPP	daPa
ECV	ml
TW	daPa
Type	

Tymp Left

Tone	Hz
SC	ml
TPP	daPa
ECV	ml
TW	daPa
Type	

Reflex	Screening (dB HL)					Decay (s)	
	500	1k	2k	4k	BBN	500	1k
R Ipsi							
L Ipsi							
R Contra							
L Contra							

Stimulus Ear

Probe tone: 226 Hz

AC	R	
AC	L	
BC	R	
BC	L	

PTA (dB HL) / AI (%)

	AC	BC	AI
Right	62	57	0
Left	65		0

Reliability

Speech **SDT** **SRT** **WRS / SRS 1** **WRS / SRS 2** **MCL UCL**

	dB HL	(m)	dB HL	(m)	%	dB HL	(m)	S/N	%	dB HL	(m)	S/N	dB HL	dB HL
Right			70		72.0	80							75	90
Left			70		60.0	75							70	90
Bin														
Note	1 NU-6 1A - Ordered by Difficulty						2 NU-6 2A - Ordered by Difficulty							
Aided														
Note														

Legend

L	R	Masked
X	○	AC □ △
>	<	BC ▢ ▣
S	S	S SF ✕ ⊗
M	M	MCL
U	U	UCL
↘	↙	NR
PTA AC: 500, 1k, 2k		
BC: 500, 1k, 2k		
Aud Method:		

Signed by: *[Signature]*
 60493230
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