

**..Title**

Case #14-17 Request for three Dental Cleanings per year.

**..Report****Issue:**

Whether or not to authorize three dental cleanings a year for LEOFF member.

**Staff Contact:**

Carl Watts, Personnel Analyst, General Government, Human Resources, 360.753.8305

**Background:**

The doctor is recommending regular cleanings three times yearly due to high plaque and dental index, gingival inflammation, recession, periodontal probing depths and calculus. This is to prevent the risk for coronary artery disease with underlying systemic hypertension, hyperlipidemia, and family history of coronary artery disease.

**Attachments:**

Attachments containing protected medical information will be sent via File Transfer Protocol (FTP)

**Reference:**

LEOFF Disability Board Policies and Procedures (2009) Paragraph Q, Dental Benefits

**LEOFF Application for Payment of Services**Case No: 14-17

Please Print Clearly &amp; Legibly - Incomplete Form Will Be Returned

**A) This Section To Be Completed by Member**Member Name: [REDACTED] Active: ☐ Retired: ☒Member Telephone: [REDACTED] Police: ☒ Fire: ☐

Member Address: [REDACTED]

Alternate Contact/Phone: [REDACTED] Email: [REDACTED]

Describe Your Condition and Why It Is Duty Related: \_\_\_\_\_

Describe the Service/Treatment Requested: Additional mental exams neededTotal Cost of Treatment/Service: \$ 252.70

Amount Paid by Insurance/Medicare: \$ \_\_\_\_\_

Amount Requested from the Board \$ \_\_\_\_\_

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: \_\_\_\_\_ Date: 10/13/17

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: Bend Memorial Clinic Provider's Telephone: (541) 382-2811Clinic/Office Name: Bend Memorial Clinic Total CareProvider's Address: 1501 NE Medical Center Drive, Bend OR 97709

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

See Letter

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

See Letter

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

See LetterProvider's Signature: See Letter Date: \_\_\_\_\_Fax completed form to: (360) 709-2735 or  
Mail to: City Of Olympia HR Dept, PO Box 1967, Olympia WA 98507-1967

October 9, 2017

Re: [REDACTED]

To Whom It May Concern:

[REDACTED] is a patient of mine and in need of periodontal cleanings every 4 months by his dentist. The need for this frequency is due to high plaque and dental index, gingival inflammation, recession, periodontal probing depths and calculus present. [REDACTED] is at risk for coronary artery disease with underlying systemic hypertension, hyperlipidemia, and family history of coronary artery disease. He should undergo 3 dental cleanings per year to prevent more bone loss that could lead to infection, tooth loss and to lower his risk for heart disease. If you have questions please feel free to contact me.

Sincerely,



Arthur Parker MD

## LEOFF 1

Name (Last, first)	[REDACTED]	Vendor #	[REDACTED]	Date claim submitted	9.14.17
		Bars #	[REDACTED]		
Address	[REDACTED]	Primary phone #	[REDACTED]	Check if new (address, phone or email)	<input type="checkbox"/>
City, State Zip	[REDACTED]	Cell #	[REDACTED]		
Email	[REDACTED]				

**PLEASE COMPLETE AND SUBMIT THIS FORM WITH ALL CLAIM REIMBURSEMENTS**

[illegible]

**Submit claims for reimbursement via:**

- Mail: Attn: HR, City of Olympia, 601 4<sup>th</sup> Ave. E., Olympia, WA 98501
- Email: [humanresources@ci.olympia.wa.us](mailto:humanresources@ci.olympia.wa.us)
- Fax: 360-709-2735

**LEOFF 1 Disability policies and procedures, forms and detailed information about how to submit claims are posted on the city's website: [LEOFF Disability Board Information](#)**

**Deschutes Dental Center**  
 Phillippe C. Freeman, D.M.D., F.A.G.D.  
 159 SW Shevlin Hixon Drive  
 Bend, OR 97702  
 (541)317-1300 (541)317-1380

September 14, 2017



ID: 5492

Account Aging	
Current:	\$0.00
30 Days:	\$0.00
60 Days:	\$0.00
90 Days:	\$0.00
Contract:	\$0.00
Balance Due:	\$0.00
Estimated Insurance:	\$0.00
<b>Balance Due Now:</b>	<b>\$0.00</b>

<u>Date</u>	<u>Patient</u>	<u>Provider</u>	<u>Transaction</u>	<u>Tth</u>	<u>Surface</u>	<u>Fee</u>
9/14/2017			Credit Adj - 5% discount pay in full for (\$13.30)			
			Acct Pmt - Check Number 2421 for (\$252.70)			
		Tiffany Hanks	04910 - PERIODONTAL MAINTENANCE			\$182.00
		Tiffany Hanks	00274 - BITEWINGS-FOUR FILMS			\$84.00
			<b>SubTotal:</b>			<b>\$266.00</b>
			<b>Tax:</b>			<b>\$0.00</b>
			<b>Today's Charges:</b>			<b>\$266.00</b>
			<b>Today's Payment:</b>			<b>\$252.70</b>
			<b>Adjustments Today:</b>			<b>\$13.30</b>
			<b>Balance Due:</b>			<b>\$0.00</b>

Contract Balance	Estimated Insurance	Previous Balance	Charges Today	Payments Today	Adjustments Today	Balance Due Now
\$0.00	N/A	\$0.00	\$266.00	\$252.70	(\$13.30)	\$0.00

Future Family Appointments:					
Patient:	Next Appointment:	Patient:	Next Appointment:	Patient:	Next Appointment:

Thank You for Visiting our Office. The greatest compliment we could receive is the referral of a friend or family member. Have a Nice Day!

## Carl Watts

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**From:** Carl Watts  
**Sent:** Thursday, September 21, 2017 9:43 AM  
**To:** [REDACTED]  
**Cc:** Cyndi Cox  
**Subject:** Additional dental cleanings

[REDACTED]

When the LEOFF Board met on February 9, 2015, one of the clarification items on the agenda was Interpretation of the Dental Reimbursement rule. The Board decided that if any LEOFF member has on ongoing dental cleanings (more than one a year) they would need to send Medical approval from a doctor, (not dentist) once every two years to continue being allowed cleanings more than once a year. The approval should state the reason the cleaning is needed more than once a year. (Such as, to reduce the chance of Heart disease, reduce chance of infections, or reduce Diabetes risk factors.) When you send us your verification we can process your 9/14/17 claim for \$252.70 and you will be set for another two years. Let me know if you have any questions. Thanks. Carl.