

**LEOFF Application for Payment of Services**Case No: 01-18

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] OLY, WA 98501  
Alternate Contact/Phone: \_\_\_\_\_ Email: [REDACTED]  
Describe Your Condition and Why It Is Duty Related: \_\_\_\_\_

Describe the Service/Treatment Requested: REQUEST NEW HEARING AIDS  
AS THE AIDS I HAVE NOW ARE OVER 5 YRS OLD  
ALSO HAVE STYRIC IN LEFT EARR

Total Cost of Treatment/Service: \$ 5050.00  
Amount Paid by Insurance/Medicare: \$ \_\_\_\_\_  
Amount Requested from the Board \$ 5050.00

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: \_\_\_\_\_  
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: Avada Provider's Telephone: 360 943 8920  
Clinic/Office Name: Avada Hearing Care Centers  
Provider's Address: 2603 Martin Way E, Olympia, WA 98506  
Describe the Patient's Current Condition and State Whether It Is Duty Related: \_\_\_\_\_

Sec letter

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

Sec letter

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

Sec letter

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

LEOFF BOARD

I REQUEST NEW HEARING AIDS FROM AVADA HEARING CENTER.

THEY GIVE EXCELLENT SERVICE ANYTIME DURING REGULAR OFFICE HOURS.

THEY CLEAN, REPLACE BATTERIES, AND FILTERS AT NO CHARGE.

I WAS INFORMED AT COSTCO BY PRIOR APPOINTMENTS THEY WOULD SERVICE

MY AIDS EVERY THREE MONTHS. THERE IS A CHARGE FOR BATTERIES AND FILTERS.

DUE TO WAX BUILDUP I HAVE MY AIDS SERVICED EVERY FOUR TO SIX WEEKS,

SOMETIMES SOONER.

RESPECTFULLY,

A solid black rectangular box used to redact the signature of the sender.



2600 Martin Way E • Olympia, WA, 98506  
Tel: 360-943-8920 • e-mail: mhbu@oneretail.org

December 11<sup>th</sup>, 2017

Leoff 1



[REDACTED] was seen in for an evaluation of his hearing on 12/6/2017 his previously obtained hearing aids are non-functional The right aid is static and the left aid is weak and intermitting. The aids are obsolete and can no longer be repairable.

I am requesting new OPN 3 mini rite BTE with superior sound quality and noise management

There was no blockage of the ear canals or any contraindications for hearing aids.

[REDACTED] had a complete audiogram, which showed a moderate to severe sensory neural hearing loss in the left ear and a mild to severe sensorineural hearing loss in the right Speech reception thresholds were 45 dB in the right, 60 dB in the left ear. Speech recognition was 90% in the right ear at 90 dB presentation level and 90% in the right at 80 dB. Presentation level.

[REDACTED] is having a hard time following normal conversational speech, which puts a lot of stress on his daily life. And the life of his family

My recommendation to him would be binaural OPN 2 mini Rite with 3/85 receivers left and right hearing aids. He would benefit greatly from a regular remote and a TV connect 3.0

The total cost would be \$5050.00 with a discount of \$720 which is the biggest discount available. They also come with a 3 year warranty and we include batteries for him.

Thank you for your time, if you have any questions or concerns please call me at 360-415-0421.

Sincerely,

A handwritten signature in black ink that reads "Golda Gold".

Golda Gold

Hearing Instrument Specialist WA 2046

# Avada Hearing Care Centers

2600 Martin Way E, Suite A; Olympia, WA 98506 | (360) 943-8920

Golda Gold WA 2046 12/6/17

Hearing Care Provider | Golda L. Gold -HIS WA # 2046 Date

Audiometer: **MedRX Avant A2D+** SN: **A2DP7H008E0** Calibrated: **07/19/2017**  
Bond# **83BSBHC6622**

## Results of Otoscopy

NO Blockages  
Partially Blocked / Impression OK  
Partially Blocked / Impression NO  
IMPACTED

RIGHT

LEFT

(X)  
( )  
( )  
( )  
( )

(X)  
( )  
( )  
( )  
( )

FDA 8-Questions Completed

If any issues, list here

none

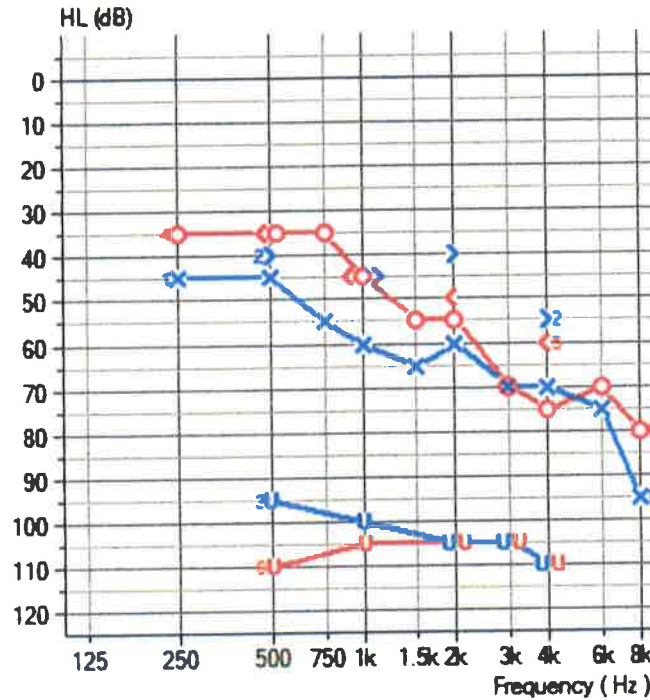
YES

NO

Source:

3rd Party:

## Audiometry



Right	125	250	500	750	1k	1.5k	2k	3k	4k	6k	8k
AC		35	35	35	45	55	55	70	75	70	80
BC			35		45		50		60		

Left	125	250	500	750	1k	1.5k	2k	3k	4k	6k	8k
AC		45	45	55	60	65	60	70	70	75	95
BC			40		45		40		55		

- 1 X Air Conduction, AI=7%, PTA=55, HFA=78
- 2 X Bone Conduction, PTA=42, HFA=53
- 3 X Uncomfortable level
- 4 O Air Conduction, AI=18%, PTA=45, HFA=75
- 5 O Bone Conduction, PTA=43, HFA=58
- 6 O Uncomfortable level

AC	SRT	WR	WR, Aided
Left	60dB	90% at 80dB	
Right	45dB	90% at 80dB	
Both		90% at 80/80dB	

MCL	UCL
80dB	105dB
80dB	106dB
75/75dB	

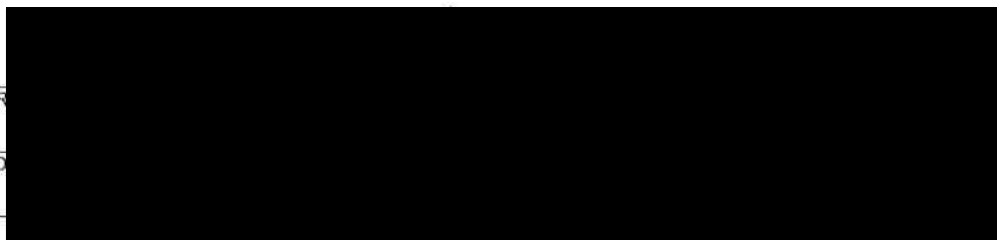
# COSTCO

## HEARING AID CENTER

5500 Littlerock Road SW  
Tumwater, WA 98512  
(360) 357-8470



000643655928



TELEPHONE NO.

PRINT NAME OF BUYER (INDICATE IF BUYER IS THE SAME AS USER)

MEMBERSHIP NO.

ADDRESS

TELEPHONE NO.

	Item #	Make/Model/Description	Serial #	Battery Size	Price
Right Ear		<u>Resound Forte Ric</u>		<u>13</u>	<u>\$1299.99</u>
Left Ear		<u>Resound Forte Ric</u>		<u>13</u>	<u>\$1299.99</u>
Ear Mold/Components	Right Item #	\$	Left Item #	\$	\$
Accessories	Item #				\$
Services/Other					\$
Tax (if applicable)					<u>\$ 0</u>
TOTAL					<u>\$2599.98</u>

☐ Check ☐ Cash ☐ Credit Card ☐ Debit

Manufacturer warranty periods are noted below:

Hearing Aid 36 Months  
Ear Mold \_\_\_\_\_ Months  
Other: \_\_\_\_\_

Hearing Aid Damage 24 Months  
Hearing Aid Components \_\_\_\_\_ Months

Hearing Aid Loss 24 Months  
Accessories \_\_\_\_\_ Months

**180-DAY TRIAL PERIOD:** During the 180-day trial period following the Dispensing Date, you may return the hearing aid, component, ear mold, and accessories for any reason to receive a full refund provided you return the item to the Costco Hearing Aid Center in the same condition as when purchased, ordinary wear and tear excluded. The 180-day trial period shall commence from the date the hearing aid is originally delivered to you or the date this purchase agreement is delivered to you, whichever is later. The 180-day trial period shall be tolled for any period during which the hearing aid specialist or audiologist has possession or control of the hearing aid after its original delivery. No cancellation fee will be assessed by the Costco