LEOFF Board Application for Payment of Services Case No: 05-19

Please Print Clearly & Legibly – Incomplete Form Will Be Returned

A) This Section To Be Completed by Member

Member Name: _____ Active: _____ Retired: yes

Member Telephone: _____ Police: _____ Fire: LEOFF-1

Member Address: _____

Alternate Contact: _____ Alternate Contact Telephone: _____

Describe Your Condition and Why It Is Duty Related: Elevated pressure in left eye Glaucoma resulting in gradual loss of vision. Tube placed in eye to reduce pressure and various eye drops prescribed to slow process.

Describe the Service/Treatment Requested: 2 Surgeries to relocate tube and remove scar tissue.

RECEIVED
MAR 25 2019
CITY OF OLYMPIA
HUMAN RESOURCES DEPT.

Total Cost of Treatment/Service: $ _____

Amount Paid by Insurance/Medicare: $ _____

Amount Requested from the Board $ 376.00

reimbursement req. is for transportation costs

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: 3-12-2019

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: Aiyin Chen MD Provider's Telephone: 503-494-7667

Clinic/Office Name: Casey Eye Institute Glaucoma Service

Provider's Address: 3303 SW Bond Ave, 11th Floor FAX 503-494-3075

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

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

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

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

CASEY EYE
Institute

South Waterfront

Mail Code CH11P
3303 SW Bond Ave., 11th Floor
Portland, Oregon 97239-4501

Address Service Requested

January 16, 2019

To Whom It May Concern:

had surgery with Dr. Chen on 11/28/18 for glaucoma here in Portland. He needed to be seen for the following postop appointments which were on 11/29, 12/4, 1/4 and 1/15. He might also need further appointments in the future.

Any questions, please call us at 503-494-7667.

Thank-you,

LEOFF 1
Claims Reimbursement Form (Fire)

Name (Last, first)		*Vendor #	22653	Date claim submitted	Mar 12TH 2019
		*Bars #	014-1714-530-22.02		
Address		Primary phone #		Check if new (address, phone or email)	☐
City, State Zip		Cell #			
Email		*HR internal use			

PLEASE COMPLETE AND SUBMIT THIS FORM WITH ALL CLAIM REIMBURSEMENTS

	Date of Service (in date order oldest to newest)	Enter either (prescription, Medical, Dental or Vision)	Description	Qty	Total
1)	Jan 24 & 25 2018	Medical OP & Post OP	Transport From Goldendale to Portland	$42.00 ea	$84.00
2)	Feb 8 & Mar 8TH 2019	" "	Check #1911 a Hached		
			Transport Same 2 trips		
			Check # 1921 a Hached	$42.00	$84.00
3)	Oct 15, 2018	" "	Transport Same 1 trip		
			Check # $2063 a Hached	$40.00	$40.00
4)	Nov 28 & 29TH 2018	Med Op & Post Op	Transport 2 trips	42.00	$84.00
			Check # 2076 a Hached		
5)	Dec 4TH - 2018	Med Post Op	Transport 1-trip	$42.00	$42.00
			Check # 2104		
6)	Jan 15TH, 2019	Med Post op	Transport 1 Trip	$42.00	$42.00
			Doctor Chen letter a Hached		
			Mt Adams Transport administer by Klickitat County Senior Services KCSS		
			Nine Trips Total	9	$378.00

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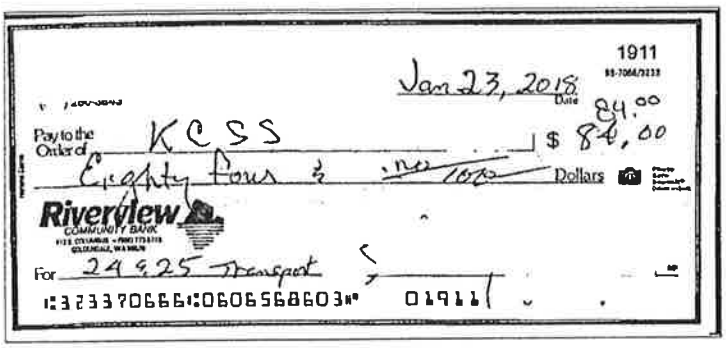
MAR 14 2019
CITY OF OLYMPIA
HUMAN RESOURCES DEPT

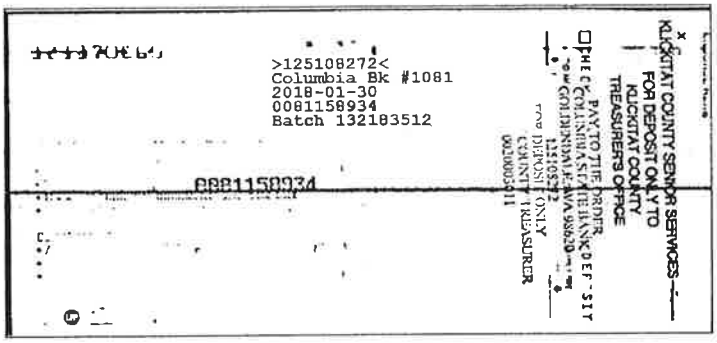
Submit claims for reimbursement via:

- Mail: Attn: HR, City of Olympia, 601 4th Ave. E., Olympia, WA 98501
- Email: humanresources@ci.olympia.wa.us
- Fax: 360-709-2735

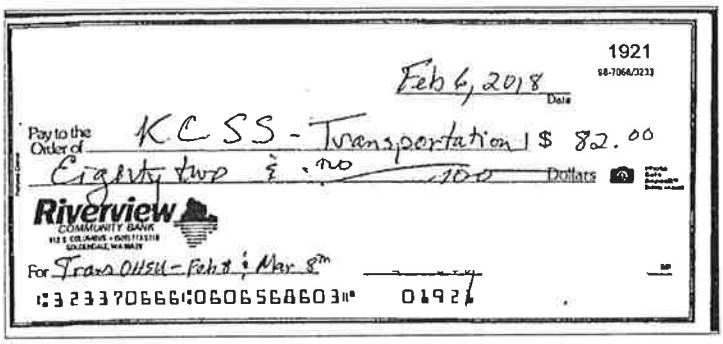
LEOFF 1 Disability policies and procedures, forms and detailed information about how to submit claims are posted on the city's website: LEOFF Disability Board Information



1/31/2018 1911 $84.00



1/31/2018 1911 $84.00



1921
98-7064/3233

Feb 6, 2018
Date

Pay to the Order of KCSS - Transportation $ 82.00

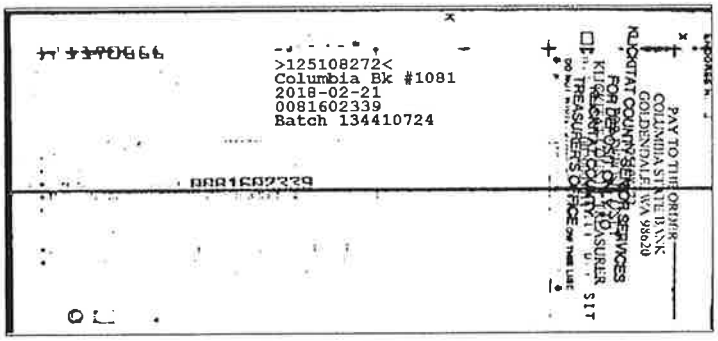
Eighty two & no/100 Dollars

Riverview COMMUNITY BANK

For Trans OHSU - Feb 8 & Mar 8th

⑆323370666⑆0606568603⑈ 01921

2/22/2018 1921 $82.00



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2018-02-21
0081602339
Batch 134410724

⑈0081602339

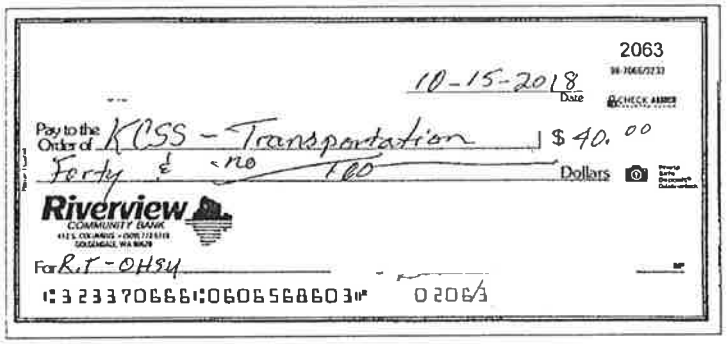
PAY TO THE ORDER OF
COLUMBIA STATE BANK
GOLDENDALE, WA 98620

KLICKITAT COUNTY SENIOR SERVICES

FOR DEPOSIT ONLY TO KLICKITAT COUNTY TREASURER

TREASURER'S OFFICE

2/22/2018 1921 $82.00



2063

10-15-2018
Date

Pay to the Order of KCSS - Transportation $ 40.00

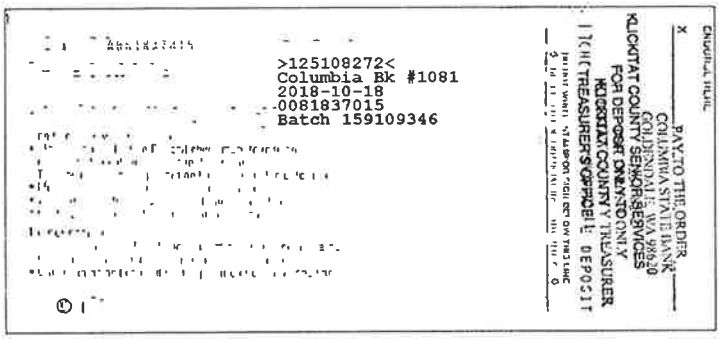
Forty & no 100 Dollars

Riverview COMMUNITY BANK

For R.T - OHSU

⑆323370666⑆0606568603⑈ 02063

10/19/2018 2063 $40.00



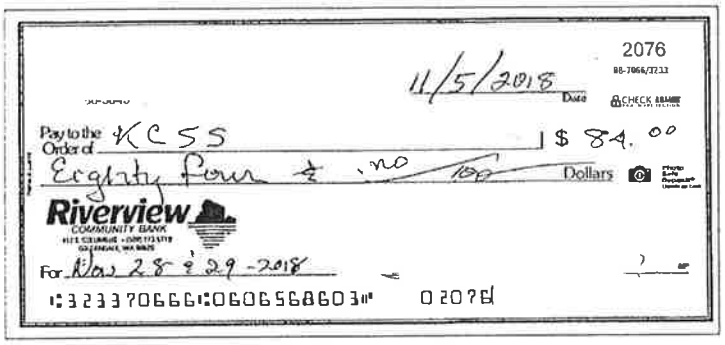
>125108272<
Columbia Bk #1081
2018-10-18
-0081837015
Batch 159109346

ENDORSE HERE

PAY TO THE ORDER
COLUMBIA STATE BANK
COLUMBIA, WA 99320
KLICKITAT COUNTY SENIOR SERVICES
FOR DEPOSIT ONLY TO
KLICKITAT COUNTY TREASURER

KLICKITAT COUNTY TREASURER'S OFFICE DEPOSIT

10/19/2018 2063 $40.00



2076

11/5/2018
Date

Pay to the Order of KCSS $ 84.00

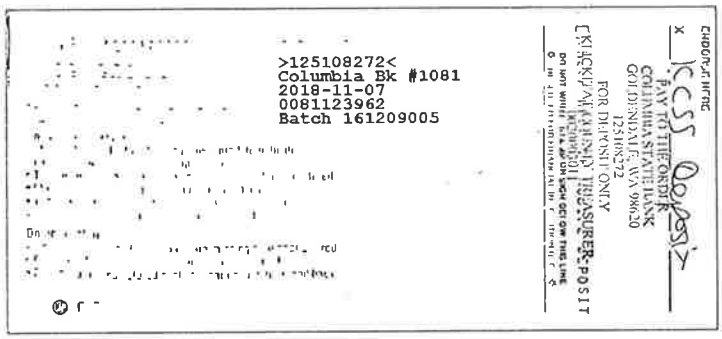
Eighty four + no/100 Dollars

Riverview COMMUNITY BANK

For Nov 28 & 29 -2018

⑆323370666⑆0606568603⑈ 0207

11/8/2018 2076 $84.00



>125108272<
Columbia Bk #1081
2018-11-07
0081123962
Batch 161209005

CHECK/CREDIT

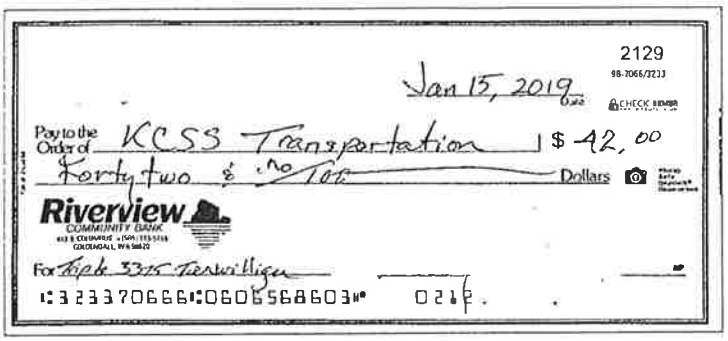
X KCSS Deposit

PAY TO THE ORDER OF
COLUMBIA STATE BANK
GOLDENDALE, WA 98620
125108272
FOR DEPOSIT ONLY

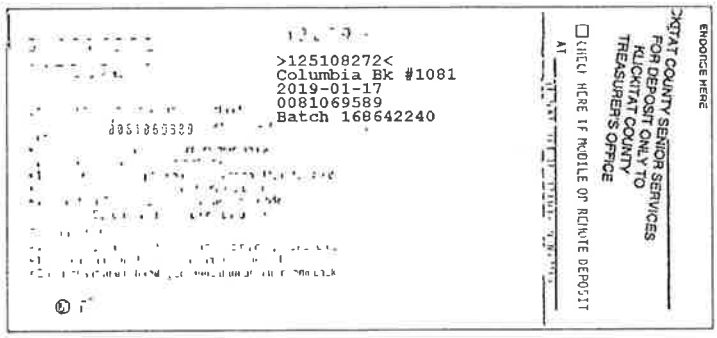
[illegible] TREASURER-POSIT

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE

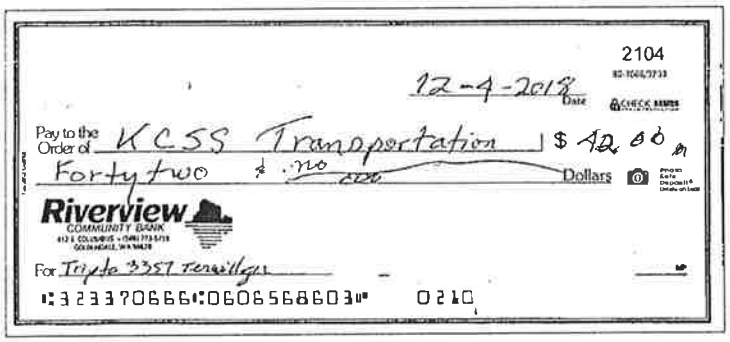
11/8/2018 2076 $84.00



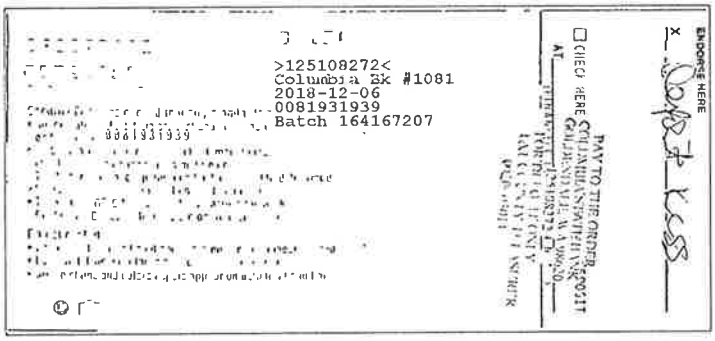
1/18/2019 2129 $42.00



1/18/2019 2129 $42.00



12/7/2018 2104 $42.00



12/7/2018 2104 $42.00