

LEOFF Board Application for Payment of Services

Case No: 07-19

Please Print Clearly & Legibly - Incomplete Form Will Be Returned

A) This Section To Be Completed by Member

Member Name: _____ Active: _____ Retired: ☒

Member Telephone: _____ Police: _____ Fire: ☒

Member Address: _____

Alternate Contact: _____ Alternate Contact Telephone: _____

Describe Your Condition and Why It Is Duty Related: YES - CONSTANCE EXPOSED TO SIREN AND ENGINE NOISE OF FIRE DEPT EMERGENCY VEHICLES. NO HEARING WAS PROVIDED OR SUGGESTED / IF COLLARED USE WAS NEVER OFFERED

Describe the Service/Treatment Requested: REPLACE HEARING AIDS. MIRACLE EAR HAS TAKEN CARE OF MY HEARING ISSUES FOR OVER 10 YRS. THEY OFFER A BETTER PRODUCT W/ 12 PROGRAMS (COST CO 7 PROGRAMS) THE AFTER PURCHASE SERVICE WILL BE AS ALWAYS. I PREFER MIRACLE EAR

Total Cost of Treatment/Service: \$ 3800.00

Amount Paid by Insurance/Medicare: \$ 0

Amount Requested from the Board \$ 3800.00

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: _____ Date: 7-30-19

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: LATISA PAASZ Provider's Telephone: 360-491-4460

Clinic/Office Name: PANORA MA

Provider's Address: 1450 NORTHWEST LANE LACEY, WA

Describe the Patient's Current Condition and State Whether It Is Duty Related: bilateral hearing loss duty related

Describe Your Recommended Treatment Plan and Why It Is Medically Necessary: patient needs hearing aids

Please Describe Any Reasonable Alternative Treatment Plans. Include Expected Outcome & Costs: no alternative treatments

Provider's Signature: _____ Date: 07-30-19

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



Miracle-Ear Center
1110 College St SE Suite A
Lacey, WA 98503

July 2, 2019

Re: Phillip S. Swor

Please accept my proposal to fit with our top of the line hearing aids, which are a binaural set of 5500 in the canal hearing aids. These hearing aids include a 3 year warranty, cleaning, adjustments and hearing evaluations for the life of the hearing aids (approx. 5 years). This can be done for the prior agreed discounted amount of \$3800. If you have any further questions please call our office at (360)923-0464.

Thank You,

A handwritten signature in cursive script that reads "Doreen Keator".

Doreen Keator

Hearing Instrument Specialist

WA LIC#638



Miracle-Ear Center
1110 College St SE Suite A
Lacey, WA 98503

July 2nd 2019

Re:

Subject: LEOFF 1 Hearing Aid Claim

Dear Mr. Watts,

I am requesting that you take my pre approval into consideration for hearing aid benefits. He has been a patient of mine since 12/28/2009. Our hearing aids meet the requirements of a 3 year warranty. A life time after care program for cleaning, reprogramming and testing at no additional charge. Miracle Ear has been in business for over 70 years; our location is convenient for to get his hearing aids, follow ups and service. I have been licensed as hearing aid fitter and dispenser for over 28 years. I have been National Board Certified in Hearing Instrument Sciences for over 20 years. Any questions please call (360)923-0464.

Thank You,

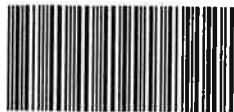
Doreen Keator

Board Certified Hearing Instrument Sciences

WA LIC#638



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



5212416

Sun - 10:00am to 6:00pm, Mon,Tue,Wed,Thu,Fri - 10:00am to 8:00pm, Sat - 9:30am to 6:00pm

PRINT NAME OF USER

MEMBERSHIP NO.

ADDRESS

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
Right Hearing Aid	1277813	Vida 8 ITE Right Loss & Damage Warranty Battery Size 13	36 mths 24 mths	1,349.99	1,349.99
Left Hearing Aid	1277813	Vida 8 ITE Left Loss & Damage Warranty Battery Size 13	36 mths 24 mths	1,349.99	1,349.99
Accessory	799863	Resound TV Streamer 2	12 mths	259.99	259.99
Accessory	892697	Perfect Drylux	36 mths	39.99	39.99

☐ Check ☐ Cash ☐ Credit Card ☐ Debit

Tax (if applicable) _____
Total 2999.96

Manufacturer warranty periods are noted above:

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. No cancellation fee will be assessed by the Costco Hearing Aid Center.

LAST DAY TO RETURN ITEMS FOR FULL REFUND: _____

MANUFACTURER WARRANTY POLICY: Beginning on the Dispensing Date, as identified below, the hearing aid, components, ear mold and accessories you purchased are warranted by the manufacturer to be free from all defects in materials and workmanship, and the manufacturer agrees to make all necessary repairs or, at the manufacturer's option, provide a replacement without charge to the buyer during the warranty periods noted above.

Buyer's Initials: _____

3894891

Age:

Date of birth

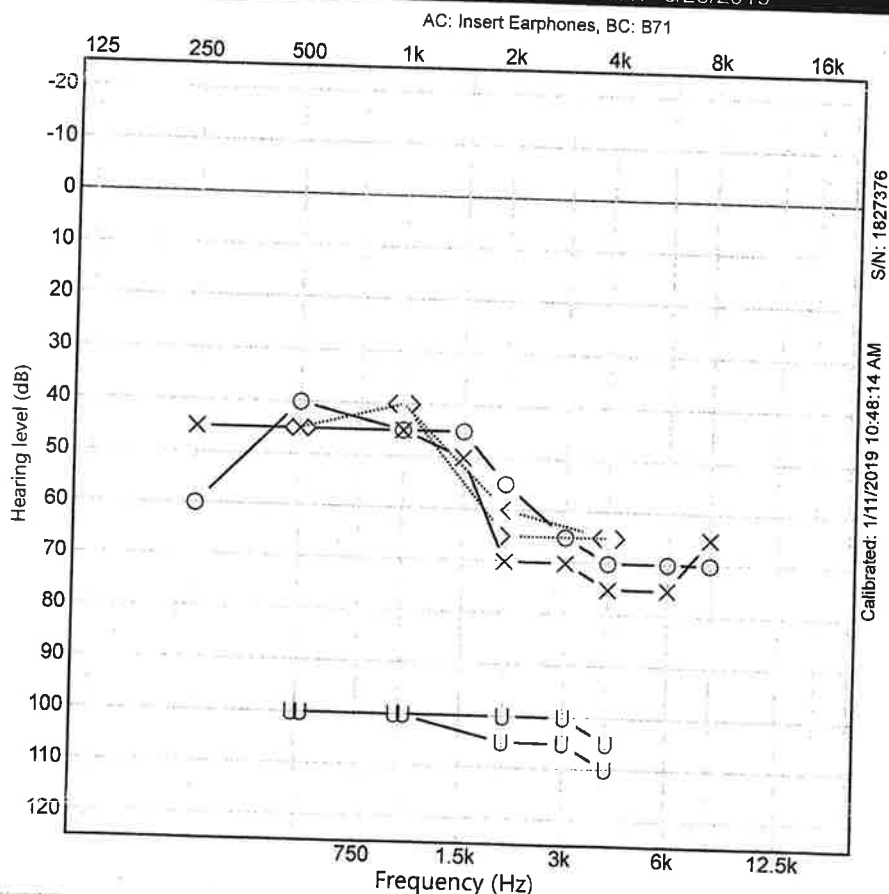
Report Date: 6/28/2019

Tester: scl



Report Comments:

AUDIOMETRY 6/28/2019



Reliability

PTA (dB HL) / AI (%)

	AC	BC	AI
Right	47	48	9
Left	53	50	5

Legend

L	R	Masked
X	O	AC □ △
>	<	BC □ □
S	S	SF ✕ ∅
M	M	MCL
U	U	UCL
↘	↙	NR

PTA AC: 500, 1k, 2k

BC: 500, 1k, 2k

Aud Method:

Signed by:

Imudel

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60853559

R	AC	
L	AC	
R	BC	
L	BC	

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			55		57.0	90									
Left			60		71.0	90							90	100	
Bin					92.0	85							90	100	
Note	1 NU-6 1A - Ordered by Difficulty								2 NU-6 2A - Ordered by Difficulty						
Aided															
Note	1								2						