

Member Name: _____ Active: _____ Retired: X
 Member Telephone: _____ Police: X Fire: _____
 Member Address: _____
 Alternate Contact: _____ Alternate Contact Telephone: _____
 Describe Your Condition and Why It Is Duty Related: New bridge to
replace old bridge that fell out + hindered
chewing function
 Describe the Service/Treatment Requested: See above

Total Cost of Treatment/Service: \$ 4546⁰⁰ 9152⁰⁰ or at least 4446
 Amount Paid by Insurance/Medicare: \$ 0
 Amount Requested from the Board \$ 9152⁰⁰ \$13,998⁰⁰

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: 10-5-19
 Please attach a copy of the Power of Attorney if signed by the alternate contact.

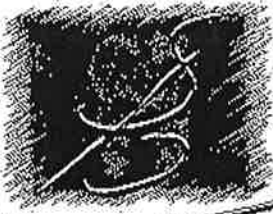
Provider's Name: Dr. Thomas Duffy Provider's Telephone: (360) 426-9711
 Clinic/Office Name: Bowers Dental Group
 Provider's Address: 1525 Olympic Hwy N, Shelton WA 98584
 Describe the Patient's Current Condition and State Whether It Is Duty Related:
SEE NEXT PAGE

Describe Your Recommended Treatment Plan and Why It Is Medically Necessary:
SEE NEXT PAGE

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

Provider's Signature: Thomas Duffy, DDS Date: 10/4/19
 Fax Completed Form to: (360) 709-2735 or mail to: City Of Olympia HR Dept, PO Box 1967, Olympia WA 98507-1967





Bowers Dental Group
Cosmetic & Family Dentistry
"Excellence Through Detail"

October 7, 2019

Attn: City of Olympia/ LEOFF Board

Re

To whom it may concern:

Has an extensive treatment plan, however, his highest priority is the upper left quadrant as the old bridge has fallen off due to decay on both previous abutments.

Upper Left Quadrant: #11-#13 New Bridge (Abutments on teeth #'s 11 & 13, pontic on #12) with build ups on teeth #'s 11 & #13. Also in the upper left quadrant is a filling on tooth #10, front and backsides (DL, MF) which is due to active decay.

next priorities are as follows:

Lower Left Quadrant: Tooth #22 needs a two surface filling due to wear and decay. #21 needs a crown and build up due to extraordinary wear and breakdown, it is not currently serving as a functional tooth. #23 & #24 needs single surface fillings where the enamel has worn through into the softer part of the tooth, to build the tooth back up and prevent further breakdown. is missing 2 molars in this quadrant; we are recommending a bridge to fill that gap and allow for proper chewing function- #17-#20 Bridge (Abutments on teeth #'s 17 & 20, pontics on #'s 18 & 19) with build ups on teeth #'s 17 & 20.

Upper Right Quadrant: Tooth #3 needs a crown with a buildup due to the size of the existing filling (there is an old, all surface amalgam filling that was placed essentially as a crown although it is not made of crown material). Should this filling fail/break, the tooth may not be restorable without more extensive work (such as a root canal); we recommend pro-actively treating this tooth before it's harder to treat later on.

Lower Right Quadrant: Teeth #'s 25, 26 & 27 needs single surface fillings where the enamel has worn through into the softer part of the tooth, to build the tooth back up and prevent further breakdown.

Thank you,

Melissa Upson

Office Administrator

Case # 08-19

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

is missing teeth #'s 1, 2, 5, 12, 16, 18, 19, 30, 31 & 32. Pt has bridges in the UR and UL quadrants. The UR Bridge is stable, the UL is decayed and has fallen off. Duty related= unknown. Patients LL and LR quadrants are missing enough teeth that regular chewing function isn't possible. Pt has worn through his enamel and into dentin in multiple sites. Duty related= unknown.

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

treatment plan includes a new bridge on the UL to replace the old bridge that has recently fallen off due to decay. Plan includes a LL bridge to restore chewing function, fillings to remove decay and protect tooth structure.

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

Alternative treatment could include removable partial dentures, but would not have near as good a result or provide the same comfort. All treatment outcomes are expected to last many years. Cost has been outlined on the treatment plan submitted.

Case # 08-19

Treatment Plan

Patient
 Birthdate:
 Provider: Thomas V. Duffy DDS
 Phone: (360)426-9711
 Office: 1525 Olympic Hwy N
 Shelton, WA 98584

Date: 10/01/2019
 SS#:

Chart #: ME0025

Ord	Th	Surf	Description	Fee	Pat	Pri Ins	Sec Ins
1	10	DL	D2331:Resin-two surfaces, anterior	237.00	237.00	0.00	0.00
1	10	MF	D2331:Resin-two surfaces, anterior	237.00	237.00	0.00	0.00
1	11		D2950:Core buildup, include any pins	285.00	285.00	0.00	0.00
1	11		D6740:Abutment porcelain/ceramic	1170.00	1170.00	0.00	0.00
1	12		D6245:Pontic-porcelain/ceramic	1170.00	1170.00	0.00	0.00
1	13		D2950:Core buildup, include any pins	285.00	285.00	0.00	0.00
1	13		D6740:Abutment porcelain/ceramic	1170.00	1170.00	0.00	0.00
1	22	IF	D2331:Resin-two surfaces, anterior	237.00	237.00	0.00	0.00
Sub Total:				4791.00	4791.00	0.00	0.00
2			B SEAT:Seat Bridge	0.00	0.00	0.00	0.00
2			D0220:Intraoral Periapical Images	31.00	31.00	0.00	0.00
2			D0230:Intraoral-periapical each add'l	24.00	24.00	0.00	0.00
Sub Total:				55.00	55.00	0.00	0.00
3	21		D2950:Core buildup, include any pins	285.00	285.00	0.00	0.00
3	21		D2740:Crown- all porcelain	1170.00	1170.00	0.00	0.00
Sub Total:				1455.00	1455.00	0.00	0.00
4			D0220:Intraoral Periapical Images	31.00	31.00	0.00	0.00
4	21		SEAT:Seat Crown	0.00	0.00	0.00	0.00
Sub Total:				31.00	31.00	0.00	0.00
5	3		D2740:Crown- all porcelain	1170.00	1170.00	0.00	0.00
5	3		D2950:Core buildup, include any pins	285.00	285.00	0.00	0.00
Sub Total:				1455.00	1455.00	0.00	0.00
6			D0220:Intraoral Periapical Images	31.00	31.00	0.00	0.00
6	3		SEAT:Seat Crown	0.00	0.00	0.00	0.00
Sub Total:				31.00	31.00	0.00	0.00
7	23	I	D2330:Resin-one surface, anterior	175.00	175.00	0.00	0.00
7	24	I	D2330:Resin-one surface, anterior	175.00	175.00	0.00	0.00
7	25	I	D2330:Resin-one surface, anterior	175.00	175.00	0.00	0.00
7	26	I	D2330:Resin-one surface, anterior	175.00	175.00	0.00	0.00
7	27	I	D2330:Resin-one surface, anterior	175.00	175.00	0.00	0.00
Sub Total:				875.00	875.00	0.00	0.00
8	17		D2950:Core buildup, include any pins	285.00	285.00	0.00	0.00
8	17		D6740:Abutment porcelain/ceramic	1170.00	1170.00	0.00	0.00
8	18		D6245:Pontic-porcelain/ceramic	1170.00	1170.00	0.00	0.00
8	19		D6245:Pontic-porcelain/ceramic	1170.00	1170.00	0.00	0.00
8	20		D2950:Core buildup, include any pins	285.00	285.00	0.00	0.00
8	20		D6740:Abutment porcelain/ceramic	1170.00	1170.00	0.00	0.00
Sub Total:				5250.00	5250.00	0.00	0.00
9			B SEAT:Seat Bridge	0.00	0.00	0.00	0.00
9			D0220:Intraoral Periapical Images	31.00	31.00	0.00	0.00
9			D0230:Intraoral-periapical each add'l	24.00	24.00	0.00	0.00
Sub Total:				55.00	55.00	0.00	0.00

Case #08-19

Treatment Plan

Patient:

Birthdate:

Provider: Thomas V. Duffy DDS

Phone: (360)426-9711

Office: 1525 Olympic Hwy N
Shelton, WA 98584

Date: 10/01/2019

SS#:

Chart #: ME0025

Treatment Plan Total	13,998.00
Estimated Deductible to be Applied	0.00
Estimated Insurance Payment	0.00
Estimated Patient's Portion	13,998.00

Dental Insurance Benefits	Patient		Family	
	Primary	Secondary	Primary	Secondary
Annual Plan Benefits	0.00	0.00	0.00	0.00
Paid Benefits YTD	0.00	0.00	0.00	0.00
Pending Insurance Est. YTD	0.00	0.00	0.00	0.00
Est. Benefits Remaining YTD	0.00	0.00	0.00	0.00
Benefits Expire				
Deductible Owed YTD Standard	0.00	0.00	0.00	0.00
Preventive	0.00	0.00	0.00	0.00
Other	0.00	0.00	0.00	0.00
Primary Dental Insurance:				