

**LEOFF Board Application for Payment of Services**Case No: 20-4

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

This Section To Be Completed by Member

Member Name: \_\_\_\_\_ Active: \_\_\_\_\_ Retired: X

Member Telephone: \_\_\_\_\_ Police: \_\_\_\_\_ Fire: \_\_\_\_\_

Member Address: \_\_\_\_\_

\* Alternate Contact: \_\_\_\_\_ Alternate Contact Telephone: \_\_\_\_\_

Describe Your Condition and Why It Is Duty Related: not duty relatedDescribe the Service/Treatment Requested: MRI Spectroscopy to studymetabolic changes in brain tumorTotal Cost of Treatment/Service: \$ 1800 (approx) 1887<sup>35</sup>Amount Paid by Insurance/Medicare: \$ 0Amount Requested from the Board \$ 1800 (approx) 1887<sup>35</sup>

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.

This Section To Be Completed by Member's Attending Physician or Other Provider

Provider's Name: Burberg, Izio MD Provider's Telephone: 360-486-6150Clinic/Office Name: Providence NeurosurgeryProvider's Address: 115 Lilly Rd NE Suite 220

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

Not duty related. See attached clinicals.

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

See Attached Clinicals

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

See AttachedProvider's Signature: \_\_\_\_\_ Date: 1/6/20

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

Baker, William Timothy "Tim" (MRN 60001043375) DOB: 06/30/1951 Encounter Date: 12/18/2019

ATT:

Debbi Hulona

Letter by Katrina E Marmo, RN on 12/18/2019

Providence Medical Group Neurosurgery Clinic

615 LILLY RD NE STE 220

OLYMPIA WA 98506-5137

Phone: 360-486-6150

Fax: 360-486-6155



December 18, 2019

Re:

DOB:

ATTN: LOEFF Board

I ordered MR spectroscopy for \_\_\_\_\_ as it is the only reliable way to look at a brain tumor to determine if it is metastasis versus radiation necrosis. It is my opinion that this is medically necessary. I did a peer-to-peer on November 26, 2019 and they notified me that this study is not approved by Medicare [as their guidelines state that *Spectroscopy* is experimental] and therefore Kaiser will not approve it. You need to know that there is not a comparable alternate study to rule out radiation necrosis and that doing the study may spare the patient a brain surgery. This is an urgent matter and again, the only reliable study for \_\_\_\_\_ to determine his future treatment.

Thank you,

A handwritten signature in black ink, appearing to read "Barbara E. Lazio".

Barbara E. Lazio, MD, FAANS

Providence Neurosurgery



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## FOR PROVIDERS

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## BUSINESS TOOLS

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## Referral Detail

Status: DENIED  
Medical necessity not met

Referral #: 20202343

## Member

Member #: 00327619

PCP: TIMOTHY SCHOLLES

Date of birth:

View eligibility

## Referring Provider

BARBARA LAZIO

NPI #: 1649389263

XXXXX

XXXXX, WA 00000

## Referred-To Provider

SOUTH SOUND RADIOLOGISTS

3417 ENSIGN RD NE

OLYMPIA WA 98506

(360) 493-4600

## Referral Information

Specialty: RADIOLOGY

Scope: Itemized Services

Procedure: 76390 MR SPECTROSCOPY

Diagnosis: C7931 Secondary malignant neoplasm of brain

Request date: 11/12/2019

Start date: 11/12/2019

End date:

Quantity:

Cost share information: View eligibility

Urgency: Routine

## Additional Information

Contact information for this referral: Tammy Smith (360) 486-6962 Ext.

Kaiser Permanente Referral Services: (800) 289-1363

Conduct Other Transactions for This Member

D E B I Hufana - City of Olympia HR Dept  
 pay # 360-709-2735



South Sound  
RADIOLOGY

# RECEIPT

Payment Date: 01/27/2020

SOUTH SOUND RADIOLOGY OLYMPIA  
 PO BOX 3308  
 INDIANAPOLIS, IN 46206  
 (844) 821-7045  
<https://mydocbill.com/sosrol>

Location: SOUTH SOUND RADIOLOGISTS INC  
 PS OFC  
 3417 ENSIGN ROAD NE  
 OLYMPIA, WA 98506

Financially Responsible

Account Number: 258663-SOSK

Today's Services Payment	Today's Discount	Prior Balance Payment	Total Payment
\$1,887.35	30.00%	\$0.00	\$1,887.35

Payment Method

Card #: \*\*\*\*\*5156

Total Amount Paid: \$1,887.35

Approval Code: 06889D

X

**Thank you for your business!**

**THIS IS AN ESTIMATE**

If we are filing insurance for you today, once your insurance carrier receives your claim, they may determine that you are responsible for a different amount than discussed at your time of service. Exact patient responsibility amounts will be determined by your insurance company.

3T MRS - CPT CODE - 76390

3T MRI BRAIN w/wo contrast - 70553 CPT CODE

Brain MRI & Spectroscopy: William T. BAKER

pd in full 1/27/2020 - TO BE REIMBURSED -