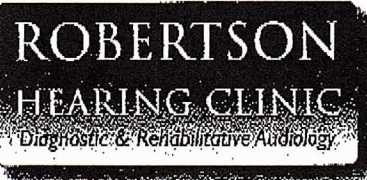


Case 21-2



January 7, 2021

City of Olympia  
900 Plum Street  
PO Box 1967  
Olympia, WA 98507-1967  
Attn: Leoff Board

RE: ~~Donald Warner~~  
DOB: ~~5-27-1942~~

Dear Madam or Sirs,

Thank you for the opportunity to serve your members. We performed a diagnostic hearing evaluation on ~~Donald Warner~~ today. He was fit with hearing aids through the LEOFF board in April 2016. ~~Donald Warner's~~ current hearing aids are nearly 5 years old. His current hearing aids are not functioning up to the manufacturer's specifications. He is having significant difficulty with background noise and inability to understand speech. Based on this information, I am recommending two new Oticon digital receiver in the ear hearing aids. This type of technology and style of hearing aid is ideal for Mr. Warner's hearing difficulties. This price includes a three year loss and damage and three year warranty repair. The following is a list of prices:

| <u>Description</u>     | <u>Quantity</u> | <u>Price</u> |
|------------------------|-----------------|--------------|
| Digital, binaural, BTE | 2               | \$5600.00    |
| Batteries (size 312)   | 10              | \$ 60.00     |

Total: \$ 5660.00

Thank you for your consideration in this matter. If you have any questions or concerns, please feel free to call 360-866-2500.

Sincerely,

Alexander K. Robertson, Au.D., CCC-A  
Doctor of Audiology

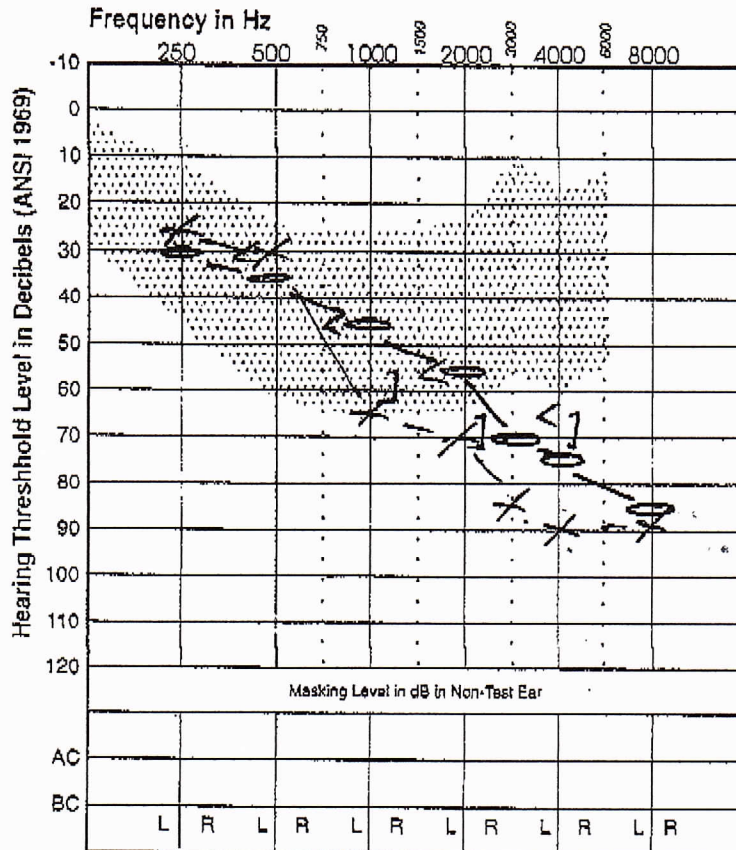
Alexander K. Robertson, Au.D., CCC-A, Doctor of Audiology

# ROBERTSON HEARING CLINIC

909 TROSPER ROAD SW SUITE 101  
TUMWATER, WA 98512  
360-866-2500 TEL 360-866-2521 FAX  
ROBERTSONHEARING.COM

ALEXANDER K. ROBERTSON AUD, CCC-A  
DOCTOR OF AUDIOLOGY

## RECORD OF AUDIOMETRIC EVALUATION



Hours since last noise exposure:

Otoscope Exam: Am: clear

COMMENTS:

LEOFF 1

PAST AUDIOGRAM SEPT 2012 @ RHC.

AD: mild to severe SWHL  
AS: borderline normal to profound SWHL

WRT in quiet:

AD: excellent

AS: fair.

Tymps: Results show normal ME function, Am.

Patient Name: [REDACTED]

Test Date: 07 JAN 21

|  |                    |
|--|--------------------|
| Head Phone <input checked="" type="checkbox"/> 3A Inserts <input type="checkbox"/> | KEY                |
| Response Mode:   | R(Ad) L(As)        |
| BOA VRA CPA  | AC Unmasked o x    |
| Conventional   | AC Masked Δ □      |
| Test Reliability:  | BC Mastoid < >     |
| good fair poor   | Unmasked           |
| Examiner: <u>AKR</u>   | BC Masked [ ]      |
| Audiometer: <u>GS1-61</u>  | No Response / \    |
|  | Sound Field S      |
|  | Could Not Test CNT |
|  | Did Not Test DNT   |

### SPEECH AUDIOMETRY 2 FRED AUG

| Stimuli:     | PTA | R  | S  | L  |
|--------------|-----|----|----|----|
| MLV Spondees | 45  | 45 | 48 | 48 |
| Tape Numbers | 45  | 45 | 50 | 50 |
| Object I.D.  | 65  | 65 | 75 | 75 |
|              | LDL | 95 | 95 | 95 |

### WORD RECOGNITION TESTING (WRT)

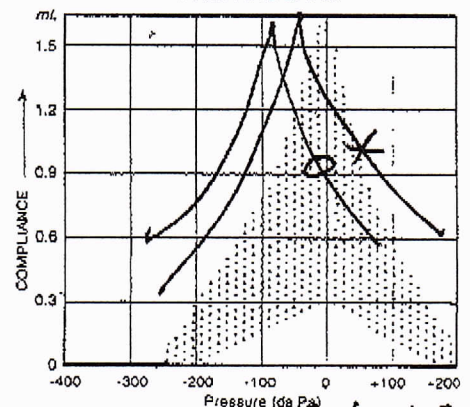
|        | R  | L  | % at | dB | Hz |
|--------|----|----|------|----|----|
| TEST 1 | 68 | -  | % at | 45 | 48 |
| TEST 2 | 92 | -  | % at | 70 | 75 |
| TEST 3 | -  | 76 | % at | 75 | 75 |

| Stimuli: | W 22 | PBK      | Noise:                |
|----------|------|----------|-----------------------|
| MLV      | NU 6 | WIPI     | SPN                   |
| Tape     |      | NU-CHIPS | WN                    |
|          |      |          | 4TB = 4 Talker Babble |

### ACOUSTIC REFLEX THRESHOLDS

|   | RIGHT EAR STIMULATED  |     |      |      |      | LEFT EAR STIMULATED   |     |      |      |      |
|---|-----------------------|-----|------|------|------|-----------------------|-----|------|------|------|
|   | 250                   | 500 | 1000 | 2000 | 4000 | 250                   | 500 | 1000 | 2000 | 4000 |
| 1 | /                     | /   | /    | /    | /    | /                     | /   | /    | /    | /    |
| C | /                     | /   | /    | /    | /    | /                     | /   | /    | /    | /    |
|   | ACOUSTIC REFLEX DECAY |     |      |      |      | ACOUSTIC REFLEX DECAY |     |      |      |      |
|   |                       |     |      |      |      |                       |     |      |      |      |

### TYMANOGRAM



Ear Canal Volume: AD 2.4 AS 1.9  
Static Compliance (ml): AD 1.6 AS 1.7

January 13, 2021

City of Olympia LEOFF1 Pension Board,

I had a hearing exam from Dr. Alex Robertson on January 7, 2021. Dr. Robertson sent the results and hearing aid costs to Debbi Hufana at City of Olympia.

The reason for this letter is a request that I be allowed to stay under the care and receive hearing aids from Dr. Robertson. The reasons for my request are as follows.

1. Level of care. Dr. Roberson can give me full hearing care which Costco cannot provide. With my problem with wax buildup Dr. Robertson is able to fully remove the wax plus clean the hearing aids at a the same visit.
2. Dr. Robertson has an open door policy. With the convenience of his office (one and ½ miles) I can stop in anytime for an adjustment, reprogram, cleaning, wax removal or any other ear concerns. Costco doesn't provide those services on a drop in basis.
3. Total difference of the level of care is very important to me.

Therefore, I respectfully request that the Board allow me to stay with my present hearing aid provider, Dr. Alex Robertson.

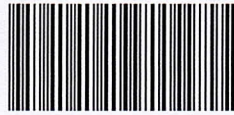
Thank you,

**[REDACTED]**, LEOFF1





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



5755572

Sun, Mon, Wed, Fri - 10:00am to 6:00pm, Tue, Thu - 10:00am to 7:30pm, Sat - 9:30am to 6:00pm

Donald E Warner  
PRINT NAME OF USER

805554692500  
MEMBERSHIP NO.

4213 Antsen RD SW  
ADDRESS

(360) 791-3309  
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 | 1334239 | HearLink 9010 T R RIC Right<br>Loss & Damage Warranty<br>Battery Size Li-ion | 36 mths<br>24 mths    | 1,249.99            | 1,249.99       |
| Left Hearing Aid  | 1334239 | HearLink 9010 T R RIC Left<br>Loss & Damage Warranty<br>Battery Size Li-ion  | 36 mths<br>24 mths    | 1,249.99            | 1,249.99       |
| Accessory         | 1334259 | Philips HL Charger   | 36 mths               | 199.99              | 199.99         |
| Right Receiver    |         | SBO-Philips / 85 - Speaker 3   | 36 mths               | 0.00                | 0.00           |
| Left Receiver     |         | SBO-Philips / 85 - Speaker 3   | 36 mths               | 0.00                | 0.00           |
|                   |         |  |                       | Tax (if applicable) | <u>\$20.00</u> |
|                   |         |  |                       | Total               | <u>2717.99</u> |

☐ Check ☐ Cash ☐ Credit Card ☐ Debit

**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: \_\_\_\_\_