

LEOFF Board Application for Payment of ServicesCase No: 21-3Please Print Clearly & Legibly – Incomplete Form Will Be Returned**A) This Section To Be Completed by Member**

Member Name: [REDACTED] Active: ☐ Retired: ☒
 Member Telephone: [REDACTED] Police: ☒ Fire: ☐
 Member Address: [REDACTED]
 Alternate Contact: [REDACTED] Alternate Contact Telephone: [REDACTED]
 Describe Your Condition and Why It Is Duty Related: Medical Retirement - he shows signs of injury in 1987. Current condition - Stage IV metastatic lung cancer
 Describe the Service/Treatment Requested: In-home health care - bathing, toileting, transfers, medications, etc

Total Cost of Treatment/Service: \$
 Amount Paid by Insurance/Medicare: \$ -0
 Amount Requested from the Board \$ 11,070 MD

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. n/a

Member Signature: [REDACTED] Date: 2/3/21
 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: Providence Sound Hospice Provider's Telephone: 360-493-5900

Clinic/Office Name: - Ann Smith, RN

Provider's Address: 4200 6th Ave SE, Suite 201, Lacey, WA 98503

Describe the Patient's Current Condition and State Whether It Is Duty Related: No
Metastatic lung cancer with rapid decline, onset of confusion, weakness, falls.

Describe Your Recommended Treatment Plan and Why It Is Medically Necessary: I am recommending a caregiver to stay with XXXXXXXX overnight 2 nights weekly for safety, to prevent falls due to increased confusion.

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

Provider's Signature: Ann Smith, RN Date: 02/02/21

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

02/03/2021

To Debbi Hufana, City Of Olympia, Human Resources Department

Fax 360 709- 2735

From: [REDACTED]

[REDACTED]

Note, I have attached the financial Durable POA, but I also have a Healthcare POA if you need it. I have estimated costs, based on average prices for home health care, as I have not actually hired anyone yet. I will work on that today. I based that on having someone for overnight shifts all week, and just a couple of short day shifts during the week for bathing., on the recommendation of the hospice doctor. I used 5 weeks as my estimator to be safe but [REDACTED] actual life expectancy at this point is probably about 3 weeks. Hope that's o k. Give me a call if questions. Thanks for your help.

[REDACTED]