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LEOFF I Disability Board

Approval of Case 21-8 Dental Request

Agenda Date: 9/13/2021
Agenda Item Number: 3.A
File Number: 21-0888

Type: decision **Version:** 1 **Status:** Passed

Title

Approval of Case 21-8 Dental Request

Report

Issue:

Whether to approve payment for dental request for retired LEOFF 1 member.

Staff Contact:

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Background:

LEOFF 1 member is requesting reimbursement for 3 dental implants and a 4 unit bridge in the amount of \$17,454.35. The extractions and 3 implants were done by an oral surgeon for a total of \$8,806.35. The 4 bridge unit for over the implants was done by the members dentist for a total cost of \$8,648.00. This request is not in accordance with City of Olympia LEOFF policies which require the member to submit for board approval prior to having the dental procedure, however, the policy also allows for approval by the board after completion of the work.

Attachments:

Applications for payment of services and supporting documentation

Reference:

Section III Procedures to Receive Benefits, Paragraph H