



## LEOFF I Disability Board

### Approval of Case #13-19 Medical Request

**Agenda Date:** 12/9/2019  
**Agenda Item Number:** 4.B  
**File Number:** 19-1147

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

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**Title**

Approval of Case #13-19 Medical Request

**Report**

**Issue:**

Whether to approve payment for medical expenses for LEOFF 1 member and in what amount

**Staff Contact:**

Debbi Hufana, HR Analyst, Human Resources, 360.753.8149

**Background:**

The board must decide whether or not to approve the request for payment of compression socks and tool to assist in placing on the leg. Both are prescribed by LEOFF 1 member's physician but are not covered by Medicare or medical insurance. Total cost for socks and tool is \$87.00

**Attachments:**

Application for Payment of Services packet

**Reference:**

Section III Procedures to Receive Benefits, A