



LEOFF I Disability Board

Approval of Case 20-11 Dental Request

Agenda Date: 9/14/2020
Agenda Item Number: 3.A
File Number: 20-0718

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

Title

Approval of Case 20-11 Dental Request

Report

Issue:

Whether to approve payment for dental implant for retired LEOFF 1 member in the amount of \$6,008.00

Staff Contact:

Debbi Hufana, HR Analyst, Human Resources, 360.753.8149

Background:

The board must decide whether or not to approve the request for a dental implant for this member in the amount of \$6,008.00. The implant is for a front tooth that broke off at the gum line and the member has started the implant process.

Attachments:

Application for Payment of Services
Treatment Plans
Receipts for payment

Reference:

Section III Procedures to Receive Benefits, H. Dental