



## LEOFF I Disability Board

### Case #02-17 Medical Request

**Agenda Date:** 3/13/2017  
**Agenda Item Number:** 4.B  
**File Number:** 17-0251

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

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#### **Title**

Case #02-17 Medical Request

#### **Report**

##### **Issue:**

Whether or not to approve payment for medical charges that were not paid by insurance

##### **Staff Contact:**

Carl Watts, Personnel Analyst, Administrative Services/Human Resources, 360.753.8305

##### **Background:**

The board must decide whether or not to approve the medical request in the amount of \$1,234.13. The member developed a blood clot that required testing to determine the exact cause. Three genetic tests prescribed by the doctor were not reimbursed by the insurance company. This was resubmitted to AWC and it was determined the insurance assessment was correct. The member has already paid for the services.

##### **Attachments:**

Attachments containing protected medical information will be sent via File Transfer Protocol (FTP)

##### **Reference:**

LEOFF Disability Board Policies and Procedures (2009) Paragraph J, Medical Services.