

# **LEOFF I Disability Board**

# Case #04-17 Dental Request

Agenda Date: 4/10/2017 Agenda Item Number: 4.A File Number: 17-0371

Type: decision Version: 1 Status: Passed

### Title

Case #04-17 Dental Request

# Report

## Issue:

Whether to approve payment for dental work for LEOFF member and for what amount.

### **Staff Contact:**

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

# **Background:**

The board must decide whether or not to approve the request for dental work in the amount of \$2,508. The member was diagnosed with poor dentation which is at a higher risk of dental infection. This is in accordance with LEOFF I policies and procedures. This request is being submitted in advance of the procedure.

### Attachments:

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

### Reference:

LEOFF Disability Board Policies and Procedures (2009) Paragraph Q, Dental Benefits.