



LEOFF I Disability Board

Approval of Case #05-19 Transportation Reimbursement Request

Agenda Date: 8/12/2019
Agenda Item Number: 4.A
File Number: 19-0335

Type: decision **Version:** 2 **Status:** Filed

Title

Approval of Case #05-19 Transportation Reimbursement Request

Report

Issue:

Whether to approve reimbursement of costs for using public transportation for follow-up appointments for a LEOFF member.

Staff Contact:

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Background:

The member has not submitted any additional medical information since the meeting on April 8, 2019.

The member is requesting reimbursement for transportation related expenses for using public transportation for eye surgery and follow-up appointments after surgery. The member provided a letter from his physician stating the date of the surgery and identified dates for four (4) follow-up appointments and noting additional appointments might be needed in the future. The letter does not indicate the member is unable to drive to these appointments but only the dates of the surgery and the follow-up appointments. The member is seeking reimbursement in the amount of \$376.00 for nine (9) trips. The physician's letter includes a date for a follow-up appointment that the member is not requesting reimbursement for. The cost for transportation for the surgery date and the three (3) dates for follow-up appointments identified in the letter from the physician is \$168.00. The member is requesting reimbursement for a date one (1) month prior to the surgery date and four (4) dates after the dates stated in the physician's letter. This is not in accordance with LEOFF 1 Disability Board Policies and Procedures, Section III, A which states the services are medically necessary which the physician's letter does not state.

Attachments:

Application for payment
Letter from physician
Payment receipts

Type: decision **Version:** 2 **Status:** Filed

Reference:

LEOFF 1 Disability Board Policies and Procedures (2018), Section III, Paragraph A, Medical Services