

**LEOFF Board Application for Payment of Services**

Case No: 26-5

Please Print Clearly & Legibly – Incomplete Form Will Be Returned

**A) This Section To Be Completed by Member**

Member Name: \_\_\_\_\_  
Member Telephone: \_\_\_\_\_  
Member Address: \_\_\_\_\_

Alternate Contact: same Alternate Contact Telephone: \_\_\_\_\_

Describe Your Condition and Why It Is Duty Related: \_\_\_\_\_

Severely loss of hearing  
Did not wear ear protection on active duty

Describe the Service/Treatment Requested: \_\_\_\_\_

New hearing aids

Total Cost of Treatment/Service: \$ 6,200.00  
Amount Paid by Insurance/Medicare: \$ \_\_\_\_\_  
Amount Requested from the Board \$ \_\_\_\_\_

Please attach the Explanation of Benefits statement(s) from your insurance provider(s) and/or Medicare which indicates the amount paid for this treatment/service.

Member Signature: \_\_\_\_\_

Please attach a copy of the Power of Attorney if signed by the alternate contact.

**B) This Section To Be Completed by Member's Attending Health Care Provider**  
(attach additional pages as needed)

Provider's Name: \_\_\_\_\_ Provider's Telephone: \_\_\_\_\_

Clinic/Office Name: \_\_\_\_\_

Provider's Address: \_\_\_\_\_

Describe the Patient's Current Condition and State Whether It Is Duty Related: \_\_\_\_\_

Describe Your Recommended Treatment Plan and Why It Is Medically Necessary: \_\_\_\_\_

Please Describe Any Reasonable Alternative Treatment Plans. Include Expected Outcome & Costs: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax Completed Form to: (360) 709-2735 or mail to: City Of Olympia HR Dept, PO Box 1967, Olympia WA 98507-1967

**ROBERTSON  
HEARING CLINIC**  
*Diagnostic & Rehabilitative Audiology*

March 16, 2026

City of Olympia  
900 Plum Street  
PO Box 1967  
Olympia, WA 98507-1967  
Attn: Leoff Board

[REDACTED]

Dear Madam or Sirs,

Thank you for the opportunity to serve your members. We performed a recent diagnostic hearing evaluation on [REDACTED]. Results reveal a mild to profound sensori-neural hearing loss, bilaterally. Word recognition testing revealed fair scores, bilaterally. Tympanometry revealed results consistent with normal middle ear function, bilaterally.

He was previously fit with his current hearing aids in February 2021. He is having significant difficulty with background noise and inability to understand speech. Based on this information, I am recommending two new Oticon Intent rechargeable receiver in the canal hearing aids. This type of technology and style of hearing aid is ideal for Mr. [REDACTED] hearing difficulties. This price includes a three year loss and damage and three year warranty repair. The following is a list of prices:

<u>Description</u>	<u>Quantity</u>	<u>Price</u>
Digital, binaural, BTE	2	\$6200.00

Thank you for your consideration in this matter. If you have any questions or concerns, please feel free to call 360-866-2500.

Sincerely,



Alexander K. Robertson, Au.D, CCC-A  
Doctor of Audiology

# ROBERTSON HEARING CLINIC

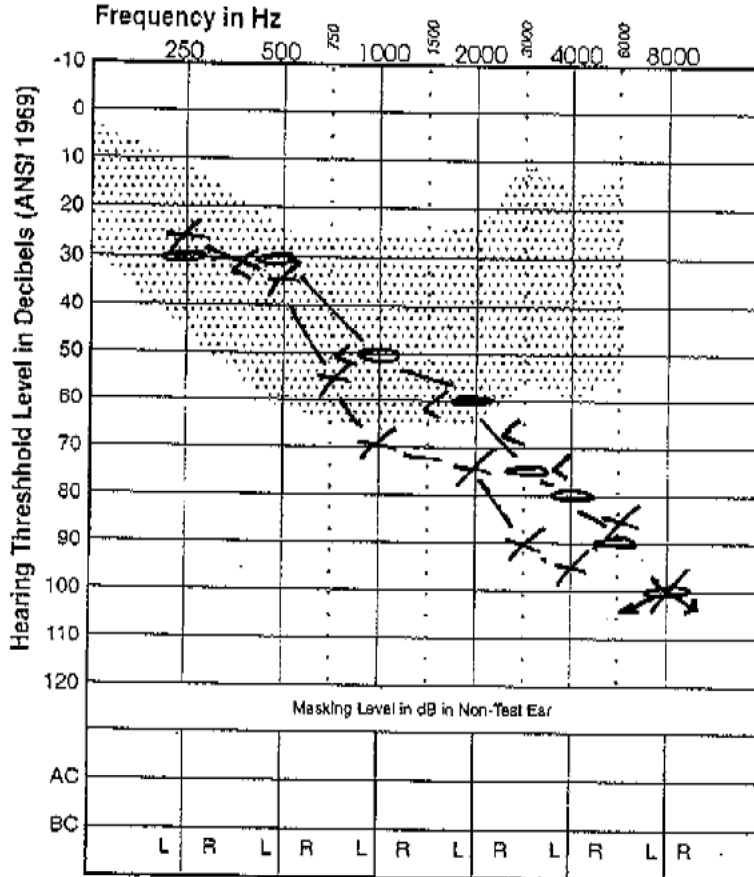
909 TROSPER ROAD SW SUITE 101  
 TUMWATER, WA 98512  
 360-866-2500 TEL 360-866-2521 FAX  
 ROBERTSONHEARING.COM

ALEXANDER K. ROBERTSON AUD, CCC-A  
 DOCTOR OF AUDIOLOGY

## RECORD OF AUDIOMETRIC EVALUATION

Patient Name: [REDACTED]

Test Date: 16 MAR 26



Head Phone <input checked="" type="checkbox"/> 3A Inserts <input type="checkbox"/>	KEY
Response Mode: BOA VRA CPA <b>Conventional</b>	R(A <sub>D</sub> ) L(A <sub>S</sub> ) AC Unmasked o x AC Masked Δ □ BC Mastoid Unmasked < > BC Masked [ ] No Response ✓ ✗
Test Reliability: <b>good</b> fair poor	Sound Field S Could Not Test CNT Did Not Test DNT
Examiner: <b>AKR</b>	
Audiometer: <b>GSI 61</b>	

SPEECH AUDIOMETRY		R	L
Stimuli: MLV Tape	PTA SRT MCL LDL	50 70	55 75

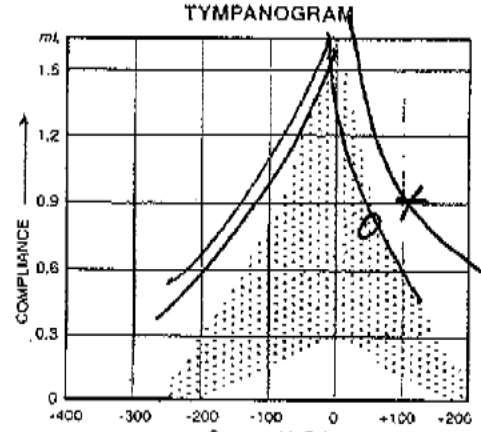
WORD RECOGNITION TESTING (WRT)		R	L
TEST 1		72 %	- % at 70 dB HL
TEST 2		- %	76 % at 75 dB HL
TEST 3		%	% at dB

Stimuli: MLV Tape	W-22 NU 6	FBK WIPI NU-CHIPS	Noise: SPN WN 4TB = 4 Talker Babble
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ACOUSTIC REFLEX THRESHOLDS									
RIGHT EAR STIMULATED					LEFT EAR STIMULATED				
250	500	1000	2000	4000	250	500	1000	2000	4000
ACOUSTIC REFLEX DECAY									

Hours since last noise exposure: \_\_\_\_\_  
 Otoscopic Exam: **TM: normal**  
 COMMENTS: **non-occluding**

LEOFF 1



Ear Canal Volume: A<sub>D</sub> 1.5 A<sub>S</sub> 1.6  
 Static Compliance (ml): A<sub>D</sub> 1.9 A<sub>S</sub> 2.0



## Support, every step of the way

The Philips HearLink 2 app empowers you with easy, discreet control over your wireless hearing aids. You can also find your hearing aids if they become lost, consult with your hearing care professional remotely, and monitor progress with your hearing aid usage.

### Remote services

Connect online with your hearing care provider over the Philips HearLink 2 app. Together, you can benefit from the following remote service functionalities:

- 📍 **Philips HearLink fine-tuning:** Your hearing care provider can adjust your Philips hearing aids online in real time.
- 📺 **Video calls:** Set up a video call to have face-to-face conversations with your hearing care provider.
- 📞 **Phone calls:** Talk to your hearing care provider with the camera turned off, if you prefer.



## Check your smart device's compatibility now!

Scan the QR code to run the compatibility checker and download mobile apps.



## About Philips

Philips has delivered innovation that matters to you for over 130 years. As a trusted healthcare brand for millions of people worldwide, we believe that there is always a way to make life better, including for those with hearing loss.

SBO Hearing US  
580 Howard Avenue  
Somerset, NJ 08873

Your local hearing aid center:

Costco Hearing Aid Center  
1470 Marvin Rd NE  
Lacey WA, 98516  
(360)412-3504

SBO Hearing US, Inc. is a member of the Demant family of companies. Demant is a brand licensee of Royal Philips.

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The Easy LE Adapter has been manufactured by Minami Acoustics Limited.

PHILIPS

HearLink

\$1,599.99 pair

# Hear the sounds you love



294492US / 2025.11.10 / v1



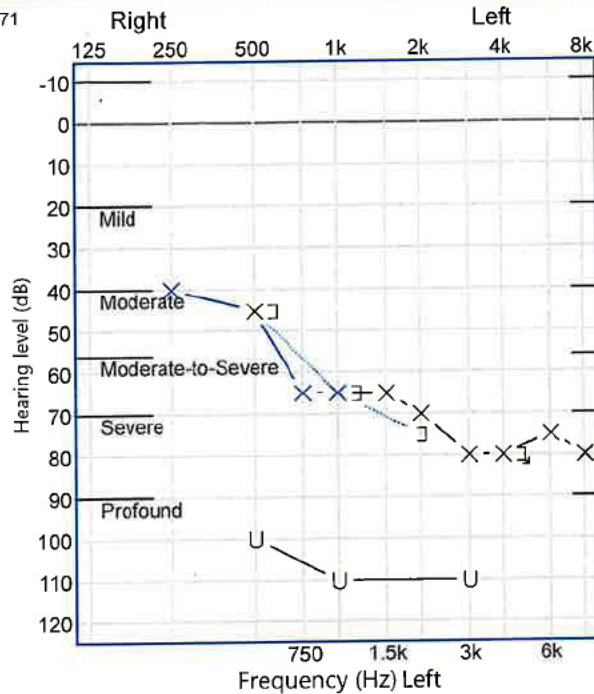
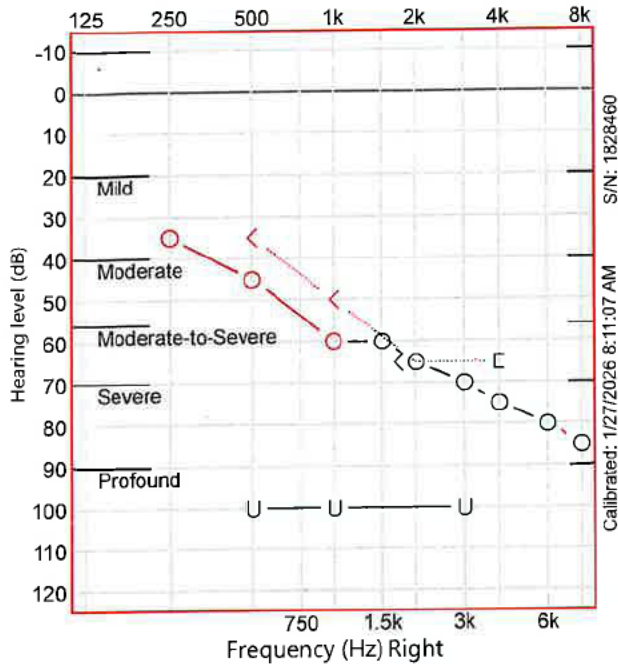
Report Date: 4/7/2026  
 Tester: scl

Report Comments:

Valid for use in wt state.

AUDIOMETRY 4/7/2026

AC: Insert Earphones, BC: B71



AC	
BC	100

AC			
BC	80	95	90

Speech	SDT		SRT		WRS / SRS 1			WRS / SRS 2			MCL UCL			
	dB HL	[m]	dB HL	[m]	%	dB HL	[m]	S/N	%	dB HL	[m]	S/N	dB HL	dB HL
Right			55		68.0	85							75	95
Left			60		56.0	85							75	100
Bin														
Note	1 NU-6 1A - Ordered by Difficulty						2 NU-6 2A - Ordered by Difficulty							
Aided														
Note	1						2							

**Legend**

L	R	Masked
X	O	AC □ △
>	<	BC □ □
S	S	S SF ✕ ∅
M	M	MCL
U	U	UCL
↘	↙	NR
PTA AC: 500, 1k, 2k		
BC: 500, 1k, 2k		
Aud Method:		

Test	Ear	Type	SNR Loss	Lists	Category/Comments
1	Both	Standard	19	2	AC - Severe SNR Loss

Maximum SNR improvement is needed. Consider FM system.

	PTA (dB HL) / AI (%)			Reliability
	AC	BC	AI	
Right	57	50	2	
Left	60	62	1	

Signed by:

*[Signature]*  
 #60493230