LEOFF Application for Payment of Services Case No: _____

Please Print Clearly & Legibly – Incomplete Form Will Be Returned

A) This Section To Be Completed by Member

Member Name: [redacted]

Member Teleph

Member Addres

Alternate Conta

Describe Your Condition and Why It Is Duty Related: Continued Shoulder pain Post shoulder replacement - Knee pain and ↓ R.O.M. Following Septic Knee infection From Surgery.

Describe the Service/Treatment Requested:

Mesenchymal Stem Cell Therapy shoulder (R)

Mesenchymal Stem Cell Therapy Knee (R).

Total Cost of Treatment/Service: $ 5,500.00 per Area

Amount Paid by Insurance/Medicare: $ _____

Amount Requested from the Board $ 11,000.00

LEOFF member-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: [redacted] Date: 7/28/26

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

Provider's Name: Dr. Wibowo Poudel Provider's Telephone: 360-280-2976

Clinic/Office Name: Sound Regenerative Medicine

Provider's Address: 3617 Capitol Mall Dr SW B-3A Olympia WA 98502

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

(R) Knee Pain Post Surgical Infection

(R) Shoulder Pain Post shoulder replacement.

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

See attached letter. Failed Surgical Intervention on Objective findings ↓ R.O.M. Regenerative medicine is medically necessary

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

Based This is the Alternative for Surgery.

(R) Shoulder and Knee stem cells to ↓ Pain SX.

Provider's Signature: _____ Date: 7/26/26

Fax completed form to: (360) 709-2735 or
Mail to: City Of Olympia HR Dept, PO Box 1967, Olympia WA 98507-1967

Increase to ~~decrease~~ R.O.M.

Costs. above.

Letter of Medical Necessity

Patient: [redacted]
DOB: *11/09/1949*
Provider: *Dr. Brian Wilmovsky*
Date: *7/24/26*

To whom it may concern,

I am writing on behalf of my patient, [redacted] to request authorization for treatment**.**

The patient has experienced Right knee and shoulder pain, that is an 8 out of 10 on the pain scale. The patient had knee surgery 30 years ago which resulted in massive infection in his right knee leading to significant scar tissue damage. The patient had a total knee replacement 12 years ago, but still has significant pain as well as palpatory tenderness in the medial and posterior aspects of the right knee. The patient had a positive theater sign knee test which indicates inflammation and degeneration. X- ray revealed large amounts of scar tissue damage and calcification in the posterior right knee and medial right knee. The patient does not wish to undergo another surgery based on his past poor outcome. I recommend referral for regenerative medicine stem cell therapy to decrease pain and symptoms and increase range of motion. Furthermore the patient also experiences 8 out of 10 pain post right shoulder surgery. X-ray findings revealed shoulder replacement hardwear. The exam revealed a significantly decreased range of motion. Palpatory findings revealed pain and tenderness in the supraspinatus tendon along with bicipital tenderness. The patient exhibited pain with empty can test and bicipital tendon test. The patient also wishes to not endure another shoulder surgery as well. I recommended a referral to stem cell therapy in the right shoulder soft tissue to decrease pain and symptoms and increase range of motion. These opinions are based on medical necessity for Mr. McBride based on his unresolved surgical therapy and continued pain levels on an 8 of a scale of 10, X-ray findings and physical exam.

Please contact my office at soundregenerativemedicine@gmail.com if additional documentation is required.

Sincerely,

Brian Wilmovsky D.C, C.C.W.P

Sound regenerative Medicine
2627 Capitol Mall drive SW Suite B-3A
Olympia, WA, 98502
(360) 280 - 7876