# City of Longview

1525 Broadway
Longview, WA 98632
www.ci.longview.wa.us

## LEOFF-1
## Disability Board

## Agenda

**Wednesday, March 27, 2024** | **8:30 AM** | **2nd Floor, City Hall**

**The City Hall is accessible for persons with disabilities. Special equipment to assist the hearing impaired is also available. Please contact the City Executive Office at 360.442.5004 48 hours in advance if you require special accommodations to attend the meeting.**

To attend the meeting virtually use the link or information below:
Click here to join the meeting
Meeting ID: 269 837 824 466
Passcode: 998pKy

Or call in (audio only)
+1 213-631-2692
Phone Conference ID: 315 649 02#

**1 CALL TO ORDER**

**2 ROLL CALL**

**3 CHANGES TO THE AGENDA**

**4 PUBLIC COMMENT**

**5 APPROVAL OF MINUTES**

**24-00119 February 28, 2024 Regular Meeting Minutes**

**6 MEDICAL REIMBURSEMENT REQUESTS**

**24-00298 R-22 Request for pre-approval of Long-Term Care (LTC) facility cost and reimbursement of LTC in-home care received since September, 2023.**

**7 APPROVAL OF BILLS**

**24-00113 March 2024 Medicare B Reimbursement - Total $8,580.**

**24-00114 March 2024 Medical Bills (Regular) - Total $41,608.51**

**8 NEW BUSINESS**

**24-00137 Annual Election of Chairperson and Vice Chairperson per Rule 1 - General, Section 9 - Officers**

**9 ADJOURNMENT**

**NEXT REGULAR MEETING:**
**Wednesday, April 24, 2024 at 8:30 a.m.**

# City of Longview

## Agenda Summary

**February 28, 2024 Regular Meeting Minutes**

Attachments:
1. February 28, 2024 Regular Meeting Minutes

# City of Longview

1525 Broadway
Longview, WA 98632
www.ci.longview.wa.us

## LEOFF-1
## Disability Board

## Minutes

**Wednesday, February 28, 2024** | **8:30 AM** | **2nd Floor, City Hall, Small Conference Room**

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**1 CALL TO ORDER**

*Chair Barnd called the meeting to order at 8:31 a.m.*

**2 ROLL CALL**

*Present: Don Barnd, Police Retiree Representative*
*Jim Morkert, Fire Retiree Representative*
*MaryAlice Wallis, City Council Representative*
*Erik Halvorson, City Council Representative*
*Chet Makinster, Member-at-Large*

*Also Present: Kelly Jensen, Board Secretary*
*Dana Beck, Payroll Specialist*

**3 CHANGES TO THE AGENDA**

*None.*

**4 PUBLIC COMMENT**

*None.*

**5 APPROVAL OF MINUTES**

**24-00118 JANUARY 31, 2024 REGULAR MEETING MINUTES**

*A motion was made by Member Halvorson, seconded by Member Wallis to approve the January 31, 2024 Regular Meeting Minutes. The motion carried unanimously.*

**6 MEDICAL REIMBURSEMENT REQUESTS**

**24-00174 R-22 REQUEST FOR PRE-APPROVAL OF LONG-TERM CARE(LTC) FACILITY COST AND REIMBURSEMENT OF LTC IN-HOME CARE RECEIVED SINCE SEPTEMBER 2023.**

*Discussion of the request was held.*

*A motion was made by Member Morkert, seconded by Member Wallis to approve the reimbursement for long term care as presented.*
*Discussion was held.*
*After discussion, Member Morkert withdrew his motion and the Board decided to table the motion until we have a dollar amount and more information.*

**24-00194 R13 REQUEST FOR PRE-APPROVAL OF HEARING AID EXPENSES**

*Discussion of the expenses was held.*

*A motion was made by Member Halvorson for pre-approval of the cost of the basic hearing aid model and a pair of ear molds and any associated sales tax, seconded by Member Wallis to approve the reimbursement for hearing aid expenses as presented in the motion by Member Halvorson.*
*Discussion was held.*
*The motion carried unanimously.*

## 7 APPROVAL OF BILLS

**24-00111 FEBRUARY 2024 MEDICARE B REIMBURSEMENT - TOTAL $9,004.40**

*A motion was made by Member Halvorson, seconded by Member Makinster to approve the bills as presented, reasonable, and medically necessary. The motion carried unanimously.*

**24-00112 FEBRUARY 2024 MEDICAL BILLS (REGULAR) - TOTAL $15,875.40**

*A motion was made by Member Morkert, seconded by Member Wallis to approve the bills as presented, reasonable, and medically necessary. The motion carried unanimously.*

## 8 NEW BUSINESS

*Temporary Chair Don Barnd reminded the Board that in March we need to elect a new Chair and Vice Chair.*

## 9 ADJOURNMENT

*With no further business to discuss, Chair Barnd adjourned the meeting at 8:53 a.m.*

***Next Meeting***
*The next regular meeting of the LEOFF-1 Board is scheduled for March 27, 2024 at 8:30 a.m.*

_____ _____

*Don Barnd, Chair* *Kelly Jensen, Board Secretary*

# City of Longview

## Agenda Summary

**R-22 Request for pre-approval of Long-Term Care (LTC) facility cost and reimbursement of LTC in-home care received since September, 2023.**

Attachments:
1. R-22 LTC Documentation from DR
2. R-22 Reimbursement Request for approval

The City of Longview Washington

# Memorandum

**TO:** **LEOFF-1 DISABILITY BOARD**

**FROM:** **DANA BECK, INTERIM LEOFF-1 ADMINISTRATOR**

**SUBJECT:** R-22 REQUEST FOR APPROVAL OF LONG-TERM CARE(LTC) FACILITY COST AND REIMBURSEMENT OF LTC IN-HOME CARE RECEIVED SINCE SEPTEMBER 2023.

R-22's family is requesting reimbursement for in-home LTC services from 8/2023-12/2023 and LTC Senior Living facility expenses from 3/16/2024-04/2024 and future living expense. UNUM LTC denied R-22's claim. The family is in the process of getting R-22 re-evaluated and re-submitting to UNUM.

Action needed on this claim:

1. Make determination as to whether R-22 qualifies for reimbursement of LTC in-home care, from September of 2023 to December 2023. Total cost $3993.00.

2. Make determination as to whether R-22 qualifies for reimbursement of LTC facility costs. R-22 moved into Sunrise of Scottsdale Senior Living facility 03/16/2024. Total cost $17358.00.

Documents included for review:

1. Reasonable & Medically Necessary Services Form
2. City's Medical Report & LTC form
3. Medical Release Form (HIPPA release form)
4. City's Physician's Statement
5. City's Application Request for Skilled Nursing Home Care
6. Invoices from 08/2023-12/2023 for in-home LTC services
7. Invoice from Sunrise of Scottsdale Senior Living facility for 03/15-04/30/2024.
8. Several email communications.

## Dana Beck

**From:** [redacted]
**Sent:** Monday, March 18, 2024 10:33 AM
**To:** Dana Beck; Tiffany Ostreim
**Cc:** [redacted]
**Subject:** Re: UNUM denied insurance claim

Thank you for the heads up on Fridays. I am available to chat after you finish payroll.

We did some research this weekend and it looks like UNUM declines 95% of claims. My brother is trying to get a new cognitive exam done through his neurologist again in the next week or two so we have additional evidence, but not sure if they will take it. The facility we moved him into said most places have to get a lawyer. We don't know if we would be the ones or if it would be the city or a combination as the policy was paid for by the city or if because the claim was filed for him specifically, he would need to get one.

I will keep doing some research on our end as well. Let me know what you need from us.

Thank you,

[redacted]

---

**From:** Dana Beck <Dana.Beck@ci.longview.wa.us>
**Date:** Monday, March 18, 2024 at 8:38 AM
**To:** [redacted], Tiffany Ostreim <Tiffany.Ostreim@ci.longview.wa.us>
**Cc:** [redacted]
**Subject:** RE: UNUM denied insurance claim

Good morning,
Sorry to hear UNUM denied your dad's claim. I'm currently processing The City's payroll so don't have any answers for you. I will get back to you ASAP.

Just wanted to let you know why I don't respond to your emails on Fridays. My workday/hours are Monday-Thursday 7:00am to 6:00om. City Hall is closed on Fridays.

**Dana Beck**
Payroll Specialist
City of Longview
Finance Department
Dana.Beck@ci.longview.wa.us
Phone: 360-442-5023

**From:** [redacted]
**Sent:** Friday, March 15, 2024 10:31 AM
**To:** Dana Beck <Dana.Beck@ci.longview.wa.us>; Tiffany Ostreim <Tiffany.Ostreim@ci.longview.wa.us>
**Cc:** [redacted]

**Subject:** UNUM denied insurance claim
**Importance:** High

Good morning!

The UNUM people denied my dad's claim. They said he passed his cognitive test (I was there and he did not). We are working to collect additional information (I even sent them what I sent you guys with the Physician's statement and other information). They said they wouldn't close the claim yet which is good, but I know they are playing games and not sure what to do.

We are moving my dad into Memory Care tomorrow. Can I forward you all of the receipts and everything else now too? Is there anything you can do on your end to help the process. Every doctor has said he needs 24/7 care, the facility he is moving into tomorrow did the same assessment the week before and said he needed 24/7 care. Let us know if you can help, and I will keep trying.

I have all of the costs and needed cares for the memory care and have all of the caretaker's receipts (I have only sent you the ones through Dec 1, but can send Dec 1 through now as well as for the first two months of memory care.

I am stuck at a small airport until 3:00pm Pacific and can chat on the phone too if that is easier.

Thank you,

[redacted]

--

[redacted]
Chief Academic Officer, Evergreen Education Group
Program Chair, DLAC 2024
[redacted]

Schedule a call with me at: [redacted]

Join the Digital Learning Collaborative at DLAC 2024 February 26-28, 2024 in Austin, TX!

## Dana Beck

**From:** Scottsdale Gold Dust.ED (Thompson, Erik) <ScottsdaleGoldDust.ED@sunriseseniorliving.com>
**Sent:** Wednesday, March 20, 2024 12:15 PM
**To:** [redacted]
**Cc:** [redacted], Scottsdale Gold Dust.ADOS (Huynh, Huy)
**Subject:** RE: LTC information

Hello [redacted] & Dana,

Thank you for reaching out. We are happy to provide clarification on what is included in [redacted] Reminiscence Plus care. According to our assessment, Dave needs assistance with the following:

Assistance to the Bathroom
Continence
Assistance with Medication Administration Safety Points (needing to be on a secured unit due to the risk of elopement)
Grooming Dressing Bathing

You are correct, the incontinence service includes wipes, chucks, gloves, and briefs.

Prepayment only happens when a family is first taking financial possession of a resident's suite. Thereafter, the billing is monthly and the bill is due on the first of the month, similar to an apartment.

If you have any other questions, please reach out.

Thanks so much!

Erik Thompson
Executive Director

Sunrise of Scottsdale
7370 E Gold Dust Ave, Scottsdale, AZ 85258
Direct: (480) 609-5115
SunriseScottsdale.com

LinkedIn
| Facebook
| Twitter

Recommend Sunrise at ReferSunrise.com
We value your feedback! Share it here

-----Original Message-----
[redacted]
Sent: Wednesday, March 20, 2024 10:22 AM

To: Dana Beck <Dana.Beck@ci.longview.wa.us>
[redacted], Tiffany Ostreim <Tiffany.Ostreim@ci.longview.wa.us>; Scottsdale Gold Dust.ADOS (Huynh, Huy) <Huy.Huynh@sunriseseniorliving.com>; Scottsdale Gold Dust.ED (Thompson, Erik) <ScottsdaleGoldDust.ED@sunriseseniorliving.com>
Subject: Re: LTC information

Hi Dana,

Thank you for your response and all of your help. I am copying Huy and Erik from the Sunrise facility where we moved our dad last weekend. One of them should be able to explain the levels of service being provided and answer your specific questions below.

Huy and Erik, this is Dana Beck from the City of Longview who is helping us with the expenses of [redacted] care while we are appealing the insurance company's claim denial.

Please let us know if you have any other questions and thank you everyone for all of your help!

[redacted]

I am copying

On 3/19/24, 5:13 PM, "Dana Beck" <Dana.Beck@ci.longview.wa.us <mailto:Dana.Beck@ci.longview.wa.us>> wrote:

Good afternoon,

I finally am reviewing your emails. Looking at the Sunrise Senior Living invoice, I have a few questions so I can be prepared for the Board.

What is the Reminiscence Plus? I tried looking on their website but did not see any explanation.

Is the Incontinence Service another term for ancillary items? The Board does not cover non-medical costs, this includes but not limited to hair care, personal toiletries, sundries, or recreational activities. The board has had discussion on the expense of adult diapers and such items are not reimbursable.

Does Sunrise require pre-payment for their facility? This invoice is for half of March and all of April.

I do not have an answer for your question regarding legal counsel for UNUM's denial of the claim.

The Board meets on March 27th, so hope to have some answers for you.

Thanks,

Dana Beck
Payroll Specialist
City of Longview
Finance Department
Dana.Beck@ci.longview.wa.us <mailto:Dana.Beck@ci.longview.wa.us>
Phone: 360-442-5023

-----Original Message-----
From: [redacted]
Sent: Monday, March 18, 2024 2:01 PM
To: Dana Beck <Dana.Beck@ci.longview.wa.us <mailto:Dana.Beck@ci.longview.wa.us>>
Cc: [redacted]; Tiffany Ostreim <Tiffany.Ostreim@ci.longview.wa.us <mailto:Tiffany.Ostreim@ci.longview.wa.us>>
Subject: FW: LTC information

Mimecast Attachment Protection has deemed this file to be safe, but always exercise caution when opening files.

Hi Dana,

Attached is our first bill (along with what the facility sent UNUM for March (pro-rated) and April 2024 for the Memory Care unit. I paid it out of pocket today. I will send the other in home care receipts later this week. Let me know when you learn more and I will do the same.

[redacted]

On 3/18/24, 1:16 PM, "Scottsdale Gold Dust.BOC (Perea, Teresa)" <ScottsdaleGoldDust.BOC@sunriseseniorliving.com <mailto:ScottsdaleGoldDust.BOC@sunriseseniorliving.com> <mailto:ScottsdaleGoldDust.BOC@sunriseseniorliving.com <mailto:ScottsdaleGoldDust.BOC@sunriseseniorliving.com>>> wrote:

[redacted]

Here is what I sent the LTC company. Let me know if you have any questions.

Regards,

Teresa Perea | Business Office Coordintor

Sunrise of Scottsdale
sunrisescottsdale.com
7370 E Gold Dust Ave Scottsdale, AZ 85258
480-609-5115

Sunrise-care.co.uk

Fax 480-609-5744

**Dana Beck**

**From:** [redacted]
**Sent:** Wednesday, March 20, 2024 3:19 PM
**To:** Dana Beck
**Subject:** Re: denial from UNUM

The guy just told me over the phone. I argued so he said he wouldn't completely close the claim yet. I can see if he can send me something in writing. I am filling up his inbox with evidence but the only thing he said that matters is the cognitive test they do which was a joke and probably why they deny 95% of their claims.

We have another real one schedule with his neurologist on May 7 and hoping to get in if someone cancels. We have submitted the two previous ones his neurologist did in 2021 and 2022 and the doctor's notes and missing posters, police reports, incidence reports from the facility he is in now, reports and notes from his primary care doctor, hospital visits, etc. all which say he needs to be in memory care or assisted living but they said he is perfectly fine and passed their cognitive test with flying colors..

I will see if I can get something in writing from them. Let me know if you need any other evidence as I have a ton now.... Not sure if you guys can do anything with the insurance company as well as you have been paying for it, and if they are going to deny everyone, it might not be worth it. I found out there is a government org that focuses on insurance companies and I am going to file a complaint. We are also looking into getting an attorney but we haven't been the ones paying the premium so my cousins are trying to figure it out for us as they are lawyers but not in the insurance field.

Please let me know if you need anything else from me. This has been a nightmare on top of supporting and moving our dad. Everyone said to move him that everything would be covered and now it could be that nothing will be covered.

Thank you,

[redacted]

---

**From:** Dana Beck <Dana.Beck@ci.longview.wa.us>
**Date:** Wednesday, March 20, 2024 at 1:53 PM
**To:** [redacted]
**Subject:** denial from UNUM

[redacted]

Do you have a copy of the denial letter from UNUM that you can send to me? I believe, the Board will want to see this along with all other supporting documentation I have when making their decision.

Thanks,

**Dana Beck**
Payroll Specialist
City of Longview
Finance Department
Dana.Beck@ci.longview.wa.us
Phone: 360-442-5023

# *City of Longview*

## *LEOFF-1*

### *Reasonable and Medically Necessary Services*

*Completion of this form by the physician (or dentist) recommending treatment is required for the LEOFF-1 Disability Board to consider reimbursement requests for services not covered by insurance (dental, massage, acupuncture, etc). The retiree is responsible for submitting the form to the LEOFF-1 Disability Board with a completed claim form, invoice or estimate, explanation of benefits from insurance (denial of claim), & proof of payment.* ***Procedures that are purely cosmetic and not medically necessary are not eligible for reimbursement. The City of Longview cannot pay providers directly – the retiree is responsible for making payment. Only procedures/services that are determined to be reasonable and medically necessary by the LEOFF-1 Board will be considered for reimbursement.***

**PATIENT/RETIREE NAME:** R-22

1. Name of physician/dentist and business/clinic address: Rebecca Jones, MD
3805 E Bell Rd ste 2400 Phoenix, AZ 85032

2. Condition requiring treatment: Frontal temporal Dementia

3. Summary of recommended services: Memory care or 24/7
In home care

4. Are the recommended services purely cosmetic (yes/no): NO

5. Are the recommended services reasonable and medically necessary (yes/no): Yes

6. Explain why you determined that the recommended services are reasonable and medically necessary:
FTD is a terminal disease causing progressive
Cognitive and physical decline

7. Please provide the dates on which services were provided (if already provided):
7/21/2021 – Current

8. If the treatment has not yet been provided, are there alternative treatment options?_____

9. What are the approximate costs of alternative treatment, if applicable?

in home assistance for 7 days a week, 4 hours a day is approx $150+ a day or $4500/month. We are researching memory care facilities now.

10. Explain why these alternative treatment options were not chosen:

I swear under penalty of perjury that the above statements are true.

R Jones, MD
Physician/Dentist Signature

1-10-2024
Date

Patient/retiree authorization for the release of this form to the City of Longview LEOFF-1 Disability Board (LEOFF Administrator Dana Beck and Board Secretary Tiffany Ostreim):

Patient/Retiree Signature

2-10-24
Date

# *City of Longview*

***LEOFF-1***

***Medical Report and Request for Long-Term In-Home Nursing Assistance, Confinement in a Nursing Home or Similar Facility, or in a Hospital Extended Care Facility***

**Name of Member:** R-22

1. Name and address of attending physician:

Rebecca Jones
3805 E. Bell Rd ste 2402
Phoenix, Az 85032

2. The following are the dates on which the member was examined relative to his/her present condition, including the most recent examination:

| | | | | |
|---|---|---|---|---|
| 7/21/2021 | 12/29/2021 | 9/29/2022 | 5/10/2023 | 11/9/2023 |
| 9/23/2021 | 3/23/2022 | 10/12/2022 | 10/4/2023 | |
| 9/29/2021 | 9/8/2022 | 11/8/2022 | ~~4/5/23~~ | |

3. The following is a summary of the relevant medical, mental, functional, neurological history of this member as known to me:

The patient has Fronto-Temporal Dementia

4. The following are my findings as to the medical condition of this member, including diagnosis and prognosis.

FTD is a terminal neurodegenerative disease that causes progressive cognitive decline

| | Yes | No |
|---|---|---|
| 5. Home health care is necessary due to the foregoing diagnosis: | | No, not if in a facility |
| 6. Nursing home confinement is necessary due to the foregoing diagnosis: | yes | |
| 7. Hospital extended facility confinement is necessary due to the foregoing diagnosis: | | NO |

8. Is the member able to perform the following Activities of Daily Living (ADLs)?

| | Yes | No |
|---|---|---|
| Bathing | | X |
| Dressing | | X |
| Feeding | | X |
| Toileting | | X |
| Transferring | X | |
| Continence | | X |
| Cognitive Impairment | | X |
| Other* | | X |

*Describe "other" (i.e., self medicate, etc.)

cannot manage any aspects of life independently

9. The following are my opinions on the specific medical and other assistance this member needs:

Memory care unit

10. The following is my opinion regarding the estimated length of time this member will require the care identified in 5, 6, or 7, above:

For the remainder of his life

11. I have also met, spoken with or consulted the following persons regarding this member:

Family members

Dated this 10th day of January 2024

Physician's Signature R Jones, MD Phone Number 602-482-2114

Physician's Name (Please type or print clearly) Rebecca Jones

# *Medical Information Release Form*

## *(HIPAA Release Form)*

**Name:** R-22 **Date of Birth:** 6/26

## ***Release of Information***

[X] I authorize the release of information including the diagnosis, records; examination rendered to me and claims information. This information may be released to:

[ ] Spouse_____

[X] Child(ren)_____

[X] Other City of Longview

[ ] Information is not to be released to anyone.

This ***Release of Information*** will remain in effect until terminated by me in writing.

## ***Messages***

Please call [ ] my home [ ] my work [ ] my cell Number:_____

If unable to reach me:

[ ] you may leave a detailed message

[ ] please leave a message asking me to return your call

[ ] _____

The best time to reach me is (*day*)_____ between (*time*)_____

Signed: _____ Date: 2/10/24

Witness: Sheila R. Coleman Date: 2/10/24

The City of Longview Washington

**CITY OF LONGVIEW FINANCE**
1525 Broadway – 1st Floor/P.O. Box 128
Longview, WA 98632-7080
360.442.5023 phone 360.442.5950 fax
E-Mail – dana.beck@cl.longview.wa.us

# Physician's Statement

| LEOFF I Member Name: | SSN: | Birth Date: |
|---|---|---|
| R-22 | ·1786 | 6/26/ |

*The LEOFF I member, as listed above, has applied to the City of Longview LEOFF-1 Disability Board for approval of medical services. Please complete and sign the **PHYSICIAN** section of the form as listed below.*

| Diagnosis: | Prognosis: |
|---|---|
| Fronto temporal Dementia | Terminal |

| Assistance Needed: | Full Assistance | Some Assistance | No Assistance |
|---|---|---|---|
| Taking Medications | ☒ | ☐ | ☐ |
| Eating | ☐ | ☒ | ☐ |
| Toileting | ☐ | ☒ | ☐ |
| Bathing or Showering | ☒ | ☐ | ☐ |
| Dressing | ☐ | ☒ | ☐ |
| Transferring | ☐ | ☐ | ☒ |
| Continence | ☐ | ☒ | ☐ |
| Shaving, Hair Care | ☒ | ☐ | ☐ |
| Preparing Meals | ☒ | ☐ | ☐ |
| Transportation | ☒ | ☐ | ☐ |
| Housekeeping | ☒ | ☐ | ☐ |
| Personal Laundry | ☒ | ☐ | ☐ |

Walking Ability: ☒ Independent ☐ Walker ☐ Cane ☐ Wheelchair ☐ Not Mobile

Memory Loss: ☐ Frequent loss ☐ Occasional loss ☐ No memory loss
☒ Dementia Diagnosis ☐ Alzheimer's Diagnosis

Based on the needs of this patient, I would recommend the following type of service (please check one):

☐ Home Health Care ☐ Skilled Nursing Home Care Services ☐ Other Memory unit

Based on the needs of this patient, I would recommend the following level of care (please check one):

☑ Skilled Care: nursing care performed under the orders of a doctor, supervised by a licensed registered nurse or practical nurse available around the clock on a daily basis. A person with professional training or skills must perform most daily procedures.

☐ Intermediate Care: nursing care performed under the orders of a doctor and under supervision of a licensed registered nurse or practical nurse. The patient is provided with skilled care on a periodic basis. These periodic procedures cannot be done without professional training or skill.

☐ Custodial Care: primarily meets the personal needs of the patient and can be provided by a person without professional training or skill.

Frequency of Need: 24 (#) hours a day, 7 (#) days a week

Duration (how long do you anticipate need): ☐ Less than 2 weeks ☐ 3 – 4 weeks ☐ 1 – 3 months ☐ 4 – 6 months ☐ over 6 months ☐ not sure ☒ other permanent

**ADDITIONAL INFORMATION**

Please provide any additional opinions on the specific medical and other assistance this patient needs:

Physician's Signature: R Jones, MD Date: 1-10-24

Typed or Printed Name: Rebecca Jones Phone: 602-482-2114

| Physical Address, including zip code: | Mailing Address, including zip code: |
|---|---|
| 3805 E Bell Rd Ste 2400<br>Phoenix, AZ 85032 | same |

Please **SEND** this form to: City of Longview Finance/LEOFF-1 Disability Board, Attn: Dana Beck
P.O. Box 128, Longview, WA 98632-7080 **OR** Fax: (360) 442-5950

**CITY OF LONGVIEW FINANCE**
1525 Broadway – 1st Floor/P.O. Box 128
Longview, WA 98632-7080
360.442.5023 phone 360.442.5950 fax
**E-Mail** – dana.beck@ci.longview.wa.us

# Application Request

**(To Be Completed by Member, Family Member or Legal Rep – please check one)**

☐ Home Health Care ☒ Skilled Nursing Home Care Services ☐ Other_____

| Name: R22 Member Daughter/POA | SSN: -1786 | Telephone Number: Daughter |
|---|---|---|
| Complete address including zip code: Scottsdale, AZ 85257 | LEOFF-1 Disability Board: ☒ Police ☐ Fire | Status: ☐ Active ☒ Retired |
| Medical Insurance: ☐ Medicare ☐ Kaiser Permanente ☒ Humana ☐ Other _____ | | Veteran? ☐ Yes - Branch of Svc _____ ☒ No |

## QUICK PERSONAL ASSESSMENT TOOL

(TO BE COMPLETED BY MEMBER, FAMILY MEMBER OR LEGAL REPRESENTATIVE)

| Assistance Needed: | Full Assistance | Some Assistance | No Assistance |
|---|---|---|---|
| Taking Medications | ☐ | ☒ | ☐ |
| Eating | ☐ | ☒ | ☐ |
| Toileting | ☐ | ☒ | ☐ |
| Bathing or Showering | ☒ | ☐ | ☐ |
| Dressing | ☐ | ☒ | ☐ |
| Transferring | ☐ | ☐ | ☒ |
| Continence | ☐ | ☒ | ☐ |
| Shaving, Hair Care | ☐ | ☐ | ☒ |
| Preparing Meals | ☒ | ☐ | ☐ |
| Transportation | ☒ | ☐ | ☐ |
| Housekeeping | ☐ | ☒ | ☐ |
| Personal Laundry | ☒ | ☐ | ☐ |

Current Living Situation: ☐ Home (alone) ☒ Home (with services) ☐ Lives with family ☐ Hospital ☐ Other _____

Walking Ability: ☒ Independent ☐ Walker ☐ Cane ☐ Wheelchair ☐ Not Mobile

Memory Loss: ☐ Frequent loss ☐ Occasional loss ☐ No memory loss ☒ Dementia Diagnosis ☐ Alzheimer's Diagnosis

## ADDITIONAL INFORMATION

What recent conditions or events have occurred causing you to consider a change in your circumstance? Please be specific.

My father has been diagnosed with dementia and is steadily declining. He needs to be moved into a Memory care facility full-time according to his doctor and several other people who know/support him. We have a care taker come a few times a week but he needs full attention and assistance. We are hoping to find and move him in the next few months.

I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and that the information is true and complete to the best of my knowledge and belief.

Signature: _____ Date: 2/7/24

Print Name: _____ Relationship to Member: Daughter POA

The City of Longview Washington

**CITY OF LONGVIEW FINANCE**
1525 Broadway – 1st Floor/P.O. Box 128
Longview, WA 98632-7080
360.442.5023 phone 360.442.5950 fax
E-Mail – dana.beck@ci.longview.wa.us

# Physician's Statement

| LEOFF I Member Name: | SSN: | Birth Date: |
|---|---|---|
| R-22 | 1786 | 6/26/.. |

*The LEOFF I member, as listed above, has applied to the City of Longview LEOFF-1 Disability Board for approval of medical services. Please complete and sign the **PHYSICIAN** section of the form as listed below.*

| Diagnosis: | Prognosis: |
|---|---|
| | |

| Assistance Needed: | Full Assistance | Some Assistance | No Assistance |
|---|---|---|---|
| Taking Medications | ☒ | ☐ | ☐ |
| Eating | ☐ | ☒ | ☐ |
| Toileting | ☐ | ☒ | ☐ |
| Bathing or Showering | ☒ | ☐ | ☐ |
| Dressing | ☐ | ☒ | ☐ |
| Transferring | ☐ | ☐ | ☒ |
| Continence | ☐ | ☒ | ☐ |
| Shaving, Hair Care | ☒ | ☐ | ☐ |
| Preparing Meals | ☒ | ☐ | ☐ |
| Transportation | ☒ | ☐ | ☐ |
| Housekeeping | ☒ | ☐ | ☐ |
| Personal Laundry | ☒ | ☐ | ☐ |

Walking Ability: ☒ Independent ☐ Walker ☐ Cane ☐ Wheelchair ☐ Not Mobile

Memory Loss: ☐ Frequent loss ☐ Occasional loss ☐ No memory loss
☒ Dementia Diagnosis ☐ Alzheimer's Diagnosis

Based on the needs of this patient, I would recommend the following type of service (please check one):

☒ Home Health Care ☐ Skilled Nursing Home Care Services ☐ Other N/A

Based on the needs of this patient, I would recommend the following level of care (please check one):

☑ Skilled Care: nursing care performed under the orders of a doctor, supervised by a licensed registered nurse or practical nurse available around the clock on a daily basis. A person with professional training or skills must perform most daily procedures.

☐ Intermediate Care: nursing care performed under the orders of a doctor and under supervision of a licensed registered nurse or practical nurse. The patient is provided with skilled care on a periodic basis. These periodic procedures cannot be done without professional training or skill.

☐ Custodial Care: primarily meets the personal needs of the patient and can be provided by a person without professional training or skill.

Frequency of Need: 24 (#) hours a day, 7 (#) days a week

Duration (how long do you anticipate need): ☐ Less than 2 weeks ☐ 3 – 4 weeks
☐ 1 – 3 months ☐ 4 – 6 months ☐ over 6 months ☐ not sure ☐ other Permanent

**ADDITIONAL INFORMATION**

Please provide any additional opinions on the specific medical and other assistance this patient needs:

Physician's Signature: R Jones, MD Date: 1.10.24

Typed or Printed Name Rebecca Jones Phone: 602-482-2111

| Physical Address, including zip code: | Mailing Address, including zip code: |
|---|---|
| 3805 E Bell Rd Ste 2400<br>Phoenix, AZ 85032 | same |

Please **SEND** this form to: City of Longview Finance/LEOFF-1 Disability Board, Attn: Dana Beck
P.O. Box 128, Longview, WA 98632-7080 **OR** Fax: (360) 442-5950

The City of Longview Washington

**CITY OF LONGVIEW FINANCE**
1525 Broadway – 1st Floor/P.O. Box 128
Longview, WA 98632-7080
360.442.5023 phone 360.442.5950 fax
**E-Mail** – dana.beck@ci.longview.wa.us

# Application Request

**(To Be Completed by Member, Family Member or Legal Rep – please check one)**

☒ Home Health Care ☐ Skilled Nursing Home Care Services ☐ Other _____

| Name: | SSN: | Telephone Number: |
|---|---|---|
| R-22 - Member Daughter PoA | -1786 | Daughter - '7 |

| Complete address including zip code: | LEOFF-1 Disability Board: | Status: |
|---|---|---|
| Daughter's Address - Scottsdale, AZ 85257 | ☒ Police ☐ Fire | ☐ Active ☒ Retired |

| Medical Insurance: | Veteran? |
|---|---|
| ☐ Medicare ☐ Kaiser Permanente ☒ Humana ☐ Other _____ | ☐ Yes - Branch of Svc _____ ☒ No |

## QUICK PERSONAL ASSESSMENT TOOL

(TO BE COMPLETED BY MEMBER, FAMILY MEMBER OR LEGAL REPRESENTATIVE)

| Assistance Needed: | Full Assistance | Some Assistance | No Assistance |
|---|---|---|---|
| Taking Medications | ☐ | ☒ | ☐ |
| Eating | ☐ | ☒ | ☐ |
| Toileting | ☐ | ☒ | ☐ |
| Bathing or Showering | ☒ | ☐ | ☐ |
| Dressing | ☐ | ☒ | ☐ |
| Transferring | ☐ | ☐ | ☒ |
| Continence | ☐ | ☒ | ☐ |
| Shaving, Hair Care | ☐ | ☐ | ☒ |
| Preparing Meals | ☒ | ☐ | ☐ |
| Transportation | ☒ | ☐ | ☐ |
| Housekeeping | ☐ | ☒ | ☐ |
| Personal Laundry | ☒ | ☐ | ☐ |

Current Living Situation: ☐ Home (alone) ☒ Home (with services) ☐ Lives with family ☐ Hospital ☐ Other _____

Walking Ability: ☒ Independent ☐ Walker ☐ Cane ☐ Wheelchair ☐ Not Mobile

Memory Loss: ☐ Frequent loss ☐ Occasional loss ☐ No memory loss
☒ Dementia Diagnosis ☐ Alzheimer's Diagnosis

## ADDITIONAL INFORMATION

What recent conditions or events have occurred causing you to consider a change in your circumstance? Please be specific.

My father was diagnosed with dementia. He is still physically able to get around but is declining steadily in his memory. He needs reminders & help daily to shower, brush teeth, and do basic tasks. A nurse comes to his apartment twice a day to give him his medications. We have been paying for a caretaker to come help him with some of these activities, plus to drive him to run errands, get haircuts, help with appointments, etc. and would like to update this service to seven days a week until we can find a memory care unit. He is partially functional to be on his own but needs consistent routine and support to take care of himself. He has gotten lost and we have had to do 3 police searches in the past few years. He is no longer able to drive. We will be moving him to Memory Care soon but need assistance until then.

I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and that the information is true and complete to the best of my knowledge and belief.

Signature: _____ Date: 2/7/23

Print Name: _____ Relationship to Member: Daughter PoA

R-22

**Dana Beck**

**From:** n>
**Sent:** Tuesday, February 20, 2024 8:55 AM
**To:** Dana Beck; Tiffany Ostreim
**Cc:**
**Subject:** Re:

I just got off the phone with UNUM. The lady was super helpful and I have started the claim process with them.

She said they had a 90 day elimination period, but because we started care last year, she said once the claim is filed, that he should start getting the benefits. I used the September 2023 date as a start date as you had said we could go back 6 months for reimbursement (even though care started earlier).

Another person from the claims department will call sometime in the next week (I am unfortunately traveling for work and will not be able to talk to them next Monday - Wed (2/26-2/28) but she has that noted. Hopefully they will call before then to start processing everything. I will let you guys know after everything is set as well.

She said that the state of WA policy provides a daily benefit amount of $338.64 for care ($10,159.20) a month to cover the costs of the facility and his care.

I am not sure when that will start, but I will keep you posted once I talk to the claims agent and get everything going. Let me know if you have any other questions and thank you again for all of your help!

On 2/20/24, 8:53 AM, "Dana Beck" <Dana.Beck@ci.longview.wa.us <mailto:Dana.Beck@ci.longview.wa.us>> wrote:

Yes. This invoice will work. Were you able to contact UNUM? I'm not sure if they cover this kind of LTC. If they do, can you submit previous claims? These are questions the board will ask and the answers depend on the reimbursement.

Dana Beck
Payroll Specialist
City of Longview
Finance Department
Dana.Beck@ci.longview.wa.us <mailto:Dana.Beck@ci.longview.wa.us>
Phone: 360-442-5023

-----Original Message-----
From:
Sent: Tuesday, February 20, 2024 7:09 AM
To: Dana Beck <Dana.Beck@ci.longview.wa.us <mailto:Dana.Beck@ci.longview.wa.us>>; Tiffany Ostreim <Tiffany.Ostreim@ci.longview.wa.us <mailto:Tiffany.Ostreim@ci.longview.wa.us>>
Cc:
Subject: FW:

R-22

# CITY OF LONGVIEW
## LEOFF-1 MEDICAL EXPENSE REIMBURSEMENT CLAIM FORM

I, [redacted], do hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof; that I am retired LEOFF-1 member of the City of Longview and that the following attached prescription(s), doctor bill(s) and or hospital bill(s) were medically necessary; and that this sickness or disability was not caused by dissipation or abuse.

| Date(s) of Service(s)/Expense(s) | Name of Pharmacy, Doctor, Clinic, Medical Vendor, Service Provider, etc. | Total Amount Submitted to Insurance | Member's Responsibility |
|---|---|---|---|
| 3/16-4/30/24 | Sunrise of Scottsdale Senior Living | $17,772.00 | $17,772.00 |
| | | | - 414.00 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Total reimbursement amount requested: | ~~$17,772.00~~ $17358.00 |

Attach (1) prescription receipts, (2) all bills and (3) all applicable Explanation(s) of Benefits (EOB's) from your insurer(s). Note: All LEOFF-1 Plan Members are ultimately responsible for hospital and medical accounts, and any late charges added as a result of overdue payments.

[redacted]
Signature

3/18/24
Date

POF A

Rev. Jan 2021

SUNRISE
SENIOR LIVING

Community Name Sunrise of Scottsdale
Resident Name [redacted]
Room Number 306 Private
Handbill Date 03/11/2024
Effective Date 03/16/2024
Occupancy Date 03/16/2024
Residency Type Permanent

# Resident Handbill

## Move-In Fee and Applicable Deposits

| | |
|---|---|
| Total Move-In Fee Charged: | $2,500.00 |
| Move-In Fee Paid: | $0.00 |
| ***Unpaid Balance of Move-In Fee:*** | $2,500.00 |
| Deposit - Not Applicable | $0.00 |

## Resident Care and Services

| Begin Billing | Bill Thru | # of Days | Rate | Service | Amount |
|---|---|---|---|---|---|
| 03/16/2024 | 04/30/2024 | 46 | 169.00 | Daily Room Rate | 7,774.00 |
| 03/16/2024 | 04/30/2024 | 46 | 121.00 | Reminiscence Plus | 5,566.00 |
| 03/16/2024 | 04/30/2024 | 46 | 33.00 | Medication Services - REM Level 2 | 1,518.00 |
| 03/16/2024 | 04/30/2024 | 46 | 9.00 | Incontinence Service REM-Level 1 | ~~414.00~~ |
| | | | | **Misc. Charges and Credits** | |
| | | | | **Total Due** | $17,772.00 |

- 414.00
17358.00

Future bills will be sent to the billable party address indicated on the Resident Information Sheet. You will have the option to enroll in online billing or you may send future payments to the address indicated on the bill. Future payments should not be sent to the community.

*Thank you for choosing Sunrise Senior Living!*
SunriseSeniorLiving.com

Unum
The Benefits Center
PO Box 100196
Columbia, SC 29202-3158
Phone: 1-866-275-1832
www.unum.com

March 12, 2024

SUNRISE OF SCOTTSDALE
7370 E GOLD DUST AVENUE
SCOTTSDALE, AZ 85258-

RE: [redacted]
Claim Number: [redacted]
Policy Number: [redacted]
Unum Life Insurance Company of America

**Attention Administration**

**PATIENT:** [redacted]
**CLAIM NUMBER:** [redacted]

One of the individuals insured by our company is interested in obtaining services from your organization. To determine eligibility for benefits, we need information about your licensing and range of services.

Please complete the attached questionnaire **regarding your Assisted Living Facility** and return the form to us by March 15, 2024.

**Please fax this information to me at 1-800-268-1377 or you may email to** LTCClaims@unum.com. If responding by email, please include only the claim number listed above in the subject line.

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unum

**FACILITY CARE QUESTIONNAIRE**

The Benefits Center
P.O. Box 100196, Columbia, SC 29202-9975
www.unum.com
Phone: 1-800-693-4988, Fax: 1-800-268-1377

02875012028690301

## GENERAL INFORMATION

Name: [redacted] Claim number: [redacted]

## FACILITY INFORMATION SUNRISE SENIOR LIVING

7370 E GOLD DUST AVE SCOTTSDALE, AZ 85258

### A. License Information

Is this facility licensed by the state? ☑ Yes ☐ No

If yes, what state department office oversees your facility?

☐ Department of Human Services

☐ Department of Mental Health and Disabilities

☐ Department of Insurance

☑ Other Arizona Department of Health Services

License number: AL162871C Expiration date: _____

Is a copy of license enclosed? ☑ Yes ☐ No

Has care started? ☐ Yes ☑ No Start of care date: 3/16/2024

### B. Type of Facility

**This facility is a (an):**

| | Admission Date | Discharge Date |
|---|---|---|
| ☐ Independent living facility | | |
| ☑ Assisted living facility | | |
| ☐ Residential care facility | | |
| ☐ Skilled nursing facility | | |
| ☑ Memory care unit | 3/16/2024 | |
| ☐ Other (please specify): _____ | | |

**If this facility has a memory care unit, please advise how it is licensed:**

☐ Memory care license ☑ Assisted living facility license ☐ Skilled nursing facility license

%*$"\)&!\)-*%"\("`]&%&&'\)*%"]&$"'"&&%-\)!"\

02875012028690302

**C. Additional Facility Information (check all that apply)**

- ☐ Is Medicare certified
- ☐ Provides skilled nursing care
- ☐ Provides PT, OT or ST
- ☐ Provides intermediate nursing care
- ☑ Provides patient care under the supervision of a registered nurse or licensed practical/vocational nurse
- ☑ Primarily provides nursing care under the orders of a physician
- ☐ Regularly provides room & board and continuous 24 hours a day nursing care of sick and injured persons
- ☑ Maintains a daily medical record of each patient who must be under the care of a physician (this can include medication logs, care logs, ADL notes...)
- ☑ Develops and/or maintains a plan of care approved by a physician
- ☐ Is authorized to administer medications to patients on the order of a physician
- ☑ Provides custodial and personal care services (ADL assistance, bathing, dressing...)
- ☑ Provides 3 meals a day, including special dietary requirements
- ☑ Has formal arrangements for physician or nurse care in case of emergency (this can include a nurse on staff or contacting the resident's physician or calling 911)
- ☑ Has an employee on duty at all times who is awake, trained and ready to provide care

Does the facility have a minimum of 3 beds? ☑ Yes ☐ No

**INDIVIDUAL COMPLETING THIS FORM**

**The above statements are true and complete to the best of my knowledge and belief.**

Signature of individual completing this form: Dawn E. Miranda, RCD

Print name of individual completing this form: Dawn E. Miranda

Title of individual completing this form: Resident Care Director

Date: 3/15/24

R-22

# CITY OF LONGVIEW
## LEOFF-1 MEDICAL EXPENSE REIMBURSEMENT CLAIM FORM

I, [redacted], do hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof; that I am retired LEOFF-1 member of the City of Longview and that the following attached prescription(s), doctor bill(s) and or hospital bill(s) were medically necessary; and that this sickness or disability was not caused by dissipation or abuse.

| Date(s) of Service(s)/Expense(s) | Name of Pharmacy, Doctor, Clinic, Medical Vendor, Service Provider, etc. | Total Amount Submitted to Insurance | Member's Responsibility | |
|---|---|---|---|---|
| 8/28/23 - 9/3/23 | Always Best Care Senior Services | $282.35 | ~~$282.35~~ | $264.00 |
| 9/4/23 - 9/10/23 | Always Best Care Senior Services | $271.60 | ~~$271.60~~ | $264.00 |
| 9/11/23 - 9/17/23 | Always Best Care Senior Services | $429.74 | $429.74 | $396.00 |
| 9/18/23 - 9/24/23 | Always Best Care Senior Services | $416.44 | $416.44 | $396.00 |
| 9/25/23 - 10/1/23 | Always Best Care Senior Services | $283.66 | $283.66 | $264.00 |
| 10/2/23 - 10/8/23 | Always Best Care Senior Services | $278.42 | $278.42 | $264.00 |
| 10/9/23 - 10/15/23 | Always Best Care Senior Services | $286.08 | $286.08 | $264.00 |
| 10/16/23 - 10/22/23 | Always Best Care Senior Services | $277.76 | $277.76 | $264.00 |
| 10/23/23 - 10/29/23 | Always Best Care Senior Services | $271.86 | $271.86 | $264.00 |
| 10/30/23 - 11/5/23 | Always Best Care Senior Services | $269.51 | $269.51 | $264.00 |
| 11/6/23 - 11/12/23 | Always Best Care Senior Services | $305.25 | $305.25 | $297.00 |
| | | **Total reimbursement amount requested:** | $3372.67 | $3201.00 |

Attach (1) prescription receipts, (2) all bills and (3) all applicable Explanation(s) of Benefits (EOB's) from your insurer(s). Note: All LEOFF-1 Plan Members are ultimately responsible for hospital and medical accounts, and any late charges added as a result of overdue payments.

[redacted] 3-8-24

Signature Date

[redacted] Power of Attorney and daughter

*reduced requested reimbursement by mileage.

Rev. Jan 2021

**Always Best Care, Tempe**
2111 E. Baseline Rd.
Suite B4
Tempe, AZ 85283
480-676-1446 || 888-342-2011

PAID

Always Best Care
senior services

**Client** [redacted]
**Invoice No.** 2128
**Invoice Date** 09/03/2023
**Date Due** 10/03/2023
**From** 08/28/2023 **to** 09/03/2023

| DESCRIPTION | QUANTITY | RATE | AMOUNT |
|---|---|---|---|
| 8/28/23 12:31pm - 4:31pm Maritano, Brittney | 4 hrs | 33.00/hr | $132.00 |
| 9/1/23 12:31pm - 4:32pm Udall, Louisa | 4 hrs | 33.00/hr | $132.00 |
| 8/28/23 - Mileage: Frys | 5miles | 0.66 | $3.28 |
| 9/1/23 - Mileage: Golf and lunch | 23miles | 0.66 | $15.07 |
| | | **Invoice Total:** | **$282.35** |
| Payment received on 09/04/2023 | | | (282.35) |
| | | **Outstanding Balance:** | **$0.00** |

$264.00

**Last payment(s) received** *Thank you for your payment!*

| DATE | DESCRIPTION | AMOUNT |
|---|---|---|
| 02/19/2024 | | $1,062.44 |
| 02/12/2024 | | $790.40 |
| 02/05/2024 | | $305.27 |
| 01/29/2024 | | $280.00 |

## Aging Summary

| CURRENT | 1 - 30 DAYS | 31 - 60 | 61 - 90 | 91+ | TOTAL |
|---|---|---|---|---|---|
| $0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

*Please tear off this portion and return with your payment to the address below*

From:

Client: [redacted]
Invoice: 2128 - 09/03/2023
**Amount Due on This Invoice: $0.00**
Amount Enclosed: $

Mail to:
**Always Best Care, Tempe**
2111 E. Baseline Rd.
Suite B4
Tempe, AZ 85283

**Always Best Care, Tempe**
2111 E. Baseline Rd.
Suite B4
Tempe, AZ 85283
480-676-1446 || 888-342-2011

PAID

Always Best Care
senior services

**Client** [redacted]
**Invoice No.** 2142
**Invoice Date** 09/10/2023
**Date Due** 10/10/2023
**From** 09/04/2023 **to** 09/10/2023

| DESCRIPTION | QUANTITY | RATE | AMOUNT |
|---|---|---|---|
| 9/6/23 12:27pm - 4:31pm Udall, Louisa | 4 hrs | 33.00/hr | $132.00 |
| 9/7/23 12:30pm - 4:33pm Gray, Katie | 4 hrs | 33.00/hr | $132.00 |
| 9/6/23 - Mileage: Grocery shopping, lunch, bank, library | 11.6miles | 0.66 | $7.60 |
| | | **Invoice Total:** | **$271.60** |
| Payment received on 09/11/2023 | | | (271.60) |
| | | **Outstanding Balance:** | **$0.00** |

**Last payment(s) received** *Thank you for your payment!*

| DATE | DESCRIPTION | AMOUNT |
|---|---|---|
| 02/19/2024 | | $1,062.44 |
| 02/12/2024 | | $790.40 |
| 02/05/2024 | | $305.27 |
| 01/29/2024 | | $280.00 |

## Aging Summary

| CURRENT | 1 - 30 DAYS | 31 - 60 | 61 - 90 | 91+ | TOTAL |
|---|---|---|---|---|---|
| $0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

*Please tear off this portion and return with your payment to the address below*

From:

Client: [redacted]
Invoice: 2142 - 09/10/2023
**Amount Due on This Invoice: $0.00**
Amount Enclosed: $

Mail to:
**Always Best Care, Tempe**
2111 E. Baseline Rd.
Suite B4
Tempe, AZ 85283

**Always Best Care, Tempe**
2111 E. Baseline Rd.
Suite B4
Tempe, AZ 85283
480-676-1446 || 888-342-2011

PAID

Always Best Care
senior services

**Client** [redacted]
**Invoice No.** 2159
**Invoice Date** 09/17/2023
**Date Due** 10/17/2023
**From** 09/11/2023 **to** 09/17/2023

| DESCRIPTION | QUANTITY | RATE | AMOUNT |
|---|---|---|---|
| 9/12/23 12:21pm - 4:34pm Maritano, Brittney | 4 hrs | 33.00/hr | $132.00 |
| 9/14/23 12:31pm - 4:30pm Gray, Katie | 4 hrs | 33.00/hr | $132.00 |
| 9/15/23 12:30pm - 4:31pm Udall, Louisa | 4 hrs | 33.00/hr | $132.00 |
| 9/12/23 - Mileage: Cold stone Cracker Barrel and good city | 15miles | 0.66 | $9.83 |
| 9/12/23 - Mileage: Cold stone Cracker Barrel and good city | 15miles | 0.66 | $9.83 |
| 9/14/23 - Mileage: Golfing | 16miles | 0.66 | $10.48 |
| 9/15/23 - Mileage: Bass pro shop and lunch | 5.5miles | 0.66 | $3.60 |
| | | **Invoice Total:** | **$429.74** |
| Payment received on 09/18/2023 | | | (429.74) |
| | | **Outstanding Balance:** | **$0.00** |

**Last payment(s) received** *Thank you for your payment!*

| DATE | DESCRIPTION | AMOUNT |
|---|---|---|
| 02/19/2024 | | $1,062.44 |
| 02/12/2024 | | $790.40 |
| 02/05/2024 | | $305.27 |
| 01/29/2024 | | $280.00 |

## Aging Summary

| CURRENT | 1 - 30 DAYS | 31 - 60 | 61 - 90 | 91+ | TOTAL |
|---|---|---|---|---|---|
| $0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

*Please tear off this portion and return with your payment to the address below*

From:

Client: [redacted]
Invoice: 2159 - 09/17/2023
**Amount Due on This Invoice: $0.00**
Amount Enclosed: $

Mail to:
**Always Best Care, Tempe**
2111 E. Baseline Rd.
Suite B4
Tempe, AZ 85283

**Always Best Care, Tempe**
2111 E. Baseline Rd.
Suite B4
Tempe, AZ 85283
480-676-1446 || 888-342-2011

PAID

Always Best Care
senior services

**Client** [redacted]
**Invoice No.** 2172
**Invoice Date** 09/24/2023
**Date Due** 10/24/2023
**From** 09/18/2023 **to** 09/24/2023

| DESCRIPTION | QUANTITY | RATE | AMOUNT |
|---|---|---|---|
| 9/20/23 12:30pm - 4:31pm Udall, Louisa | 4 hrs | 33.00/hr | $132.00 |
| 9/21/23 12:32pm - 4:31pm Gray, Katie | 4 hrs | 33.00/hr | $132.00 |
| 9/22/23 12:31pm - 4:31pm Udall, Louisa | 4 hrs | 33.00/hr | $132.00 |
| 9/20/23 - Mileage: Theatre and lunch | 4miles | 0.66 | $2.62 |
| 9/21/23 - Mileage: Errands | 12miles | 0.66 | $7.86 |
| 9/22/23 - Mileage: Art museum and food | 15.2miles | 0.66 | $9.96 |
| | | **Invoice Total:** | **$416.44** |
| Payment received on 09/25/2023 | | | (416.44) |
| | | **Outstanding Balance:** | **$0.00** |

**Last payment(s) received** *Thank you for your payment!*

| DATE | DESCRIPTION | AMOUNT |
|---|---|---|
| 02/19/2024 | | $1,062.44 |
| 02/12/2024 | | $790.40 |
| 02/05/2024 | | $305.27 |
| 01/29/2024 | | $280.00 |

## Aging Summary

| CURRENT | 1 - 30 DAYS | 31 - 60 | 61 - 90 | 91+ | TOTAL |
|---|---|---|---|---|---|
| $0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

*Please tear off this portion and return with your payment to the address below*

From:

Client: [redacted]
Invoice: 2172 - 09/24/2023
**Amount Due on This Invoice: $0.00**
Amount Enclosed: $

Mail to:
**Always Best Care, Tempe**
2111 E. Baseline Rd.
Suite B4
Tempe, AZ 85283

**Always Best Care, Tempe**
2111 E. Baseline Rd.
Suite B4
Tempe, AZ 85283
480-676-1446 || 888-342-2011

PAID

Always Best Care
senior services

**Client** [redacted]
**Invoice No.** 2186
**Invoice Date** 10/01/2023
**Date Due** 10/31/2023
**From** 09/25/2023 **to** 10/01/2023

| DESCRIPTION | QUANTITY | RATE | AMOUNT |
|---|---|---|---|
| 9/26/23 12:21pm - 4:43pm Maritano, Brittney | 4 hrs | 33.00/hr | $132.00 |
| 9/29/23 12:31pm - 4:30pm Udall, Louisa | 4 hrs | 33.00/hr | $132.00 |
| 9/26/23 - Mileage: Golf course bank Cracker Barrel foo cityd | 25miles | 0.66 | $16.38 |
| 9/29/23 - Mileage: Theater and lunch | 5miles | 0.66 | $3.28 |
| | | **Invoice Total:** | **$283.66** |
| Payment received on 10/02/2023 | | | (283.66) |
| | | **Outstanding Balance:** | **$0.00** |

**Last payment(s) received** *Thank you for your payment!*

| DATE | DESCRIPTION | AMOUNT |
|---|---|---|
| 02/19/2024 | | $1,062.44 |
| 02/12/2024 | | $790.40 |
| 02/05/2024 | | $305.27 |
| 01/29/2024 | | $280.00 |

## Aging Summary

| CURRENT | 1 - 30 DAYS | 31 - 60 | 61 - 90 | 91+ | TOTAL |
|---|---|---|---|---|---|
| $0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

*Please tear off this portion and return with your payment to the address below*

From:

Client: [redacted]
Invoice: 2186 - 10/01/2023
**Amount Due on This Invoice: $0.00**
Amount Enclosed: $

Mail to:
**Always Best Care, Tempe**
2111 E. Baseline Rd.
Suite B4
Tempe, AZ 85283

**Always Best Care, Tempe**
2111 E. Baseline Rd.
Suite B4
Tempe, AZ 85283
480-676-1446 || 888-342-2011

PAID

Always Best Care
senior services

**Client** [redacted]
**Invoice No.** 2201
**Invoice Date** 10/08/2023
**Date Due** 11/07/2023
**From** 10/02/2023 **to** 10/08/2023

| DESCRIPTION | QUANTITY | RATE | AMOUNT |
|---|---|---|---|
| 10/3/23 10:50am - 3:03pm Maritano, Brittney | 4 hrs | 33.00/hr | $132.00 |
| 10/5/23 12:28pm - 4:32pm Cortez, Elena | 4 hrs | 33.00/hr | $132.00 |
| 10/3/23 - Mileage: Desert Cracker Barrel food city cold stone | 15miles | 0.66 | $9.83 |
| 10/5/23 - Mileage: went to cracker barrel and drove around for a bit | 7miles | 0.66 | $4.59 |
| | | **Invoice Total:** | **$278.42** |
| Payment received on 10/09/2023 | | | (278.42) |
| | | **Outstanding Balance:** | **$0.00** |

**Last payment(s) received** *Thank you for your payment!*

| DATE | DESCRIPTION | AMOUNT |
|---|---|---|
| 02/19/2024 | | $1,062.44 |
| 02/12/2024 | | $790.40 |
| 02/05/2024 | | $305.27 |
| 01/29/2024 | | $280.00 |

## Aging Summary

| CURRENT | 1 - 30 DAYS | 31 - 60 | 61 - 90 | 91+ | TOTAL |
|---|---|---|---|---|---|
| $0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

*Please tear off this portion and return with your payment to the address below*

From:

Client: [redacted]
Invoice: 2201 - 10/08/2023
**Amount Due on This Invoice: $0.00**
Amount Enclosed: $

Mail to:
**Always Best Care, Tempe**
2111 E. Baseline Rd.
Suite B4
Tempe, AZ 85283

**Always Best Care, Tempe**
2111 E. Baseline Rd.
Suite B4
Tempe, AZ 85283
480-676-1446 || 888-342-2011

PAID

Always Best Care
senior services

**Client** [redacted]
**Invoice No.** 2216
**Invoice Date** 10/15/2023
**Date Due** 11/14/2023
**From** 10/09/2023 **to** 10/15/2023

| DESCRIPTION | QUANTITY | RATE | AMOUNT |
|---|---|---|---|
| 10/10/23 2:20pm - 6:46pm Maritano, Brittney | 4 hrs | 33.00/hr | $132.00 |
| 10/13/23 12:31pm - 4:30pm Udall, Louisa | 4 hrs | 33.00/hr | $132.00 |
| 10/10/23 - Mileage: Cracker Barrel food city desert financials Tempe market | 21miles | 0.66 | $13.76 |
| 10/13/23 - Mileage: Movie, grocery shopping, bank | 12.7miles | 0.66 | $8.32 |
| | | **Invoice Total:** | **$286.08** |
| Payment received on 10/16/2023 | | | (286.08) |
| | | **Outstanding Balance:** | **$0.00** |

**Last payment(s) received** *Thank you for your payment!*

| DATE | DESCRIPTION | AMOUNT |
|---|---|---|
| 02/19/2024 | | $1,062.44 |
| 02/12/2024 | | $790.40 |
| 02/05/2024 | | $305.27 |
| 01/29/2024 | | $280.00 |

## Aging Summary

| CURRENT | 1 - 30 DAYS | 31 - 60 | 61 - 90 | 91+ | TOTAL |
|---|---|---|---|---|---|
| $0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

*Please tear off this portion and return with your payment to the address below*

From:

Client: [redacted]
Invoice: 2216 - 10/15/2023
**Amount Due on This Invoice: $0.00**
Amount Enclosed: $

Mail to:
**Always Best Care, Tempe**
2111 E. Baseline Rd.
Suite B4
Tempe, AZ 85283

**Always Best Care, Tempe**
2111 E. Baseline Rd.
Suite B4
Tempe, AZ 85283
480-676-1446 || 888-342-2011

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senior services

**Client** [redacted]
**Invoice No.** 2233
**Invoice Date** 10/22/2023
**Date Due** 11/21/2023
**From** 10/16/2023 **to** 10/22/2023

| DESCRIPTION | QUANTITY | RATE | AMOUNT |
|---|---|---|---|
| 10/17/23 9:33am - 1:35pm Maritano, Brittney | 4 hrs | 33.00/hr | $132.00 |
| 10/19/23 12:00pm - 4:02pm Gray, Katie | 4 hrs | 33.00/hr | $132.00 |
| 10/17/23 - Mileage: Desert food city cracker barrel | 13miles | 0.66 | $8.52 |
| 10/19/23 - Mileage: Errands and movie | 8miles | 0.66 | $5.24 |
| | | **Invoice Total:** | **$277.76** |
| Payment received on 10/23/2023 | | | (277.76) |
| | | **Outstanding Balance:** | **$0.00** |

**Last payment(s) received** *Thank you for your payment!*

| DATE | DESCRIPTION | AMOUNT |
|---|---|---|
| 02/19/2024 | | $1,062.44 |
| 02/12/2024 | | $790.40 |
| 02/05/2024 | | $305.27 |
| 01/29/2024 | | $280.00 |

## Aging Summary

| CURRENT | 1 - 30 DAYS | 31 - 60 | 61 - 90 | 91+ | TOTAL |
|---|---|---|---|---|---|
| $0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

*Please tear off this portion and return with your payment to the address below*

From:

Client: [redacted]
Invoice: 2233 - 10/22/2023
**Amount Due on This Invoice: $0.00**
Amount Enclosed: $

Mail to:
**Always Best Care, Tempe**
2111 E. Baseline Rd.
Suite B4
Tempe, AZ 85283

**Always Best Care, Tempe**
2111 E. Baseline Rd.
Suite B4
Tempe, AZ 85283
480-676-1446 || 888-342-2011

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senior services

**Client** [redacted]
**Invoice No.** 2248
**Invoice Date** 10/29/2023
**Date Due** 11/28/2023
**From** 10/23/2023 **to** 10/29/2023

| DESCRIPTION | QUANTITY | RATE | AMOUNT |
|---|---|---|---|
| 10/24/23 12:28pm - 4:33pm Cortez, Elena | 4 hrs | 33.00/hr | $132.00 |
| 10/27/23 12:31pm - 4:32pm Udall, Louisa | 4 hrs | 33.00/hr | $132.00 |
| 10/24/23 - Mileage: when to the bank then good city and then cracker barrel | 12miles | 0.66 | $7.86 |
| | | **Invoice Total:** | **$271.86** |
| Payment received on 10/30/2023 | | | (271.86) |
| | | **Outstanding Balance:** | **$0.00** |

**Last payment(s) received** *Thank you for your payment!*

| DATE | DESCRIPTION | AMOUNT |
|---|---|---|
| 02/19/2024 | | $1,062.44 |
| 02/12/2024 | | $790.40 |
| 02/05/2024 | | $305.27 |
| 01/29/2024 | | $280.00 |

## Aging Summary

| CURRENT | 1 - 30 DAYS | 31 - 60 | 61 - 90 | 91+ | TOTAL |
|---|---|---|---|---|---|
| $0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

*Please tear off this portion and return with your payment to the address below*

From:

Client: [redacted]
Invoice: 2248 - 10/29/2023
**Amount Due on This Invoice: $0.00**
Amount Enclosed: $

Mail to:
**Always Best Care, Tempe**
2111 E. Baseline Rd.
Suite B4
Tempe, AZ 85283

**Always Best Care, Tempe**
2111 E. Baseline Rd.
Suite B4
Tempe, AZ 85283
480-676-1446 || 888-342-2011

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senior services

**Client** [redacted]
**Invoice No.** 2264
**Invoice Date** 11/05/2023
**Date Due** 12/05/2023
**From** 10/30/2023 **to** 11/05/2023

| DESCRIPTION | QUANTITY | RATE | AMOUNT |
|---|---|---|---|
| 11/1/23 12:30pm - 4:33pm Udall, Louisa | 4 hrs | 33.00/hr | $132.00 |
| 11/3/23 12:31pm - 4:31pm Udall, Louisa | 4 hrs | 33.00/hr | $132.00 |
| 11/1/23 - Mileage: Mesa arts museum | 3miles | 0.66 | $1.97 |
| 11/3/23 - Mileage: Lunch and haircut | 5.4miles | 0.66 | $3.54 |
| | | **Invoice Total:** | **$269.51** |
| Payment received on 11/06/2023 | | | (269.51) |
| | | **Outstanding Balance:** | **$0.00** |

**Last payment(s) received** *Thank you for your payment!*

| DATE | DESCRIPTION | AMOUNT |
|---|---|---|
| 02/19/2024 | | $1,062.44 |
| 02/12/2024 | | $790.40 |
| 02/05/2024 | | $305.27 |
| 01/29/2024 | | $280.00 |

## Aging Summary

| CURRENT | 1 - 30 DAYS | 31 - 60 | 61 - 90 | 91+ | TOTAL |
|---|---|---|---|---|---|
| $0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

*Please tear off this portion and return with your payment to the address below*

From:
[redacted]

Client: [redacted]
Invoice: 2264 - 11/05/2023
**Amount Due on This Invoice: $0.00**
Amount Enclosed: $

Mail to:
**Always Best Care, Tempe**
2111 E. Baseline Rd.
Suite B4
Tempe, AZ 85283

**Always Best Care, Tempe**
2111 E. Baseline Rd.
Suite B4
Tempe, AZ 85283
480-676-1446 || 888-342-2011

PAID

Always Best Care
senior services

**Client** [redacted]
**Invoice No.** 2284
**Invoice Date** 11/12/2023
**Date Due** 12/12/2023
**From** 11/06/2023 **to** 11/12/2023

| DESCRIPTION | QUANTITY | RATE | AMOUNT |
|---|---|---|---|
| 11/8/23 12:31pm - 4:33pm Udall, Louisa | 4 hrs | 33.00/hr | $132.00 |
| 11/9/23 12:30pm - 4:30pm Gray, Katie | 4 hrs | 33.00/hr | $132.00 |
| 11/9/23 1:13pm - 2:10pm Grigsby, Ryan | 1 hrs | 33.00/hr | $33.00 |
| 11/8/23 - Mileage: Bank and Tempe marketplace | 12.6miles | 0.66 | $8.25 |
| | | **Invoice Total:** | **$305.25** |
| Payment received on 11/13/2023 | | | (305.25) |
| | | **Outstanding Balance:** | **$0.00** |

**Last payment(s) received** *Thank you for your payment!*

| DATE | DESCRIPTION | AMOUNT |
|---|---|---|
| 02/19/2024 | | $1,062.44 |
| 02/12/2024 | | $790.40 |
| 02/05/2024 | | $305.27 |
| 01/29/2024 | | $280.00 |

## Aging Summary

| CURRENT | 1 - 30 DAYS | 31 - 60 | 61 - 90 | 91+ | TOTAL |
|---|---|---|---|---|---|
| $0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

*Please tear off this portion and return with your payment to the address below*

From:

Client: [redacted]
Invoice: 2284 - 11/12/2023
**Amount Due on This Invoice: $0.00**
Amount Enclosed: $

Mail to:
**Always Best Care, Tempe**
2111 E. Baseline Rd.
Suite B4
Tempe, AZ 85283

R-22

# CITY OF LONGVIEW
## LEOFF-1 MEDICAL EXPENSE REIMBURSEMENT CLAIM FORM

I, [redacted], do hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof; that I am retired LEOFF-1 member of the City of Longview and that the following attached prescription(s), doctor bill(s) and or hospital bill(s) were medically necessary; and that this sickness or disability was not caused by dissipation or abuse.

| Date(s) of Service(s)/Expense(s) | Name of Pharmacy, Doctor, Clinic, Medical Vendor, Service Provider, etc. | Total Amount Submitted to Insurance | Member's Responsibility | |
|---|---|---|---|---|
| 11/13/23-11/19/23 | Always Best Care Senior Services | $284.98 | $284.98 | $264.00 |
| 11/20/23-11/26/23 | Always Best Care Senior Services | $271.86 | $271.86 | $264.00 |
| 11/27/23-12/3/23 | Always Best Care Senior Services | $264.00 | $264.00 | $264.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | Total reimbursement amount requested: | $820.84 | $792.00 |

Attach (1) prescription receipts, (2) all bills and (3) all applicable Explanation(s) of Benefits (EOB's) from your insurer(s). Note: All LEOFF-1 Plan Members are ultimately responsible for hospital and medical accounts, and any late charges added as a result of overdue payments.

[redacted]
Signature

3/8/24
Date

* reduced requested reimbursement by mileage

Rev. Jan 2021

**Always Best Care, Tempe**
2111 E. Baseline Rd.
Suite B4
Tempe, AZ 85283
480-676-1446 || 888-342-2011

PAID

Always Best Care
senior services

**Client** [redacted]
**Invoice No.** 2301
**Invoice Date** 11/19/2023
**Date Due** 12/19/2023
**From** 11/13/2023 **to** 11/19/2023

| DESCRIPTION | QUANTITY | RATE | AMOUNT |
|---|---|---|---|
| 11/14/23 1:07pm - 5:02pm Grigsby, Ryan | 4 hrs | 33.00/hr | $132.00 |
| 11/15/23 8:52am - 1:15pm Maritano, Brittney | 4 hrs | 33.00/hr | $132.00 |
| 11/14/23 - Mileage: Food city ice cream | 5miles | 0.66 | $3.28 |
| 11/15/23 - Mileage: Cracker cvs Walgreens food city desert finanacal | 9miles | 0.66 | $5.90 |
| 11/15/23 - Mileage: Cracker cvs Walgreens food city desert finanacal | 9miles | 0.66 | $5.90 |
| 11/15/23 - Mileage: Cracker cvs Walgreens food city desert finanacal | 9miles | 0.66 | $5.90 |
| | | **Invoice Total:** | **$284.98** |
| Payment received on 11/20/2023 | | | (284.98) |
| | | **Outstanding Balance:** | **$0.00** |

**Last payment(s) received** *Thank you for your payment!*

| DATE | DESCRIPTION | AMOUNT |
|---|---|---|
| 02/19/2024 | | $1,062.44 |
| 02/12/2024 | | $790.40 |
| 02/05/2024 | | $305.27 |
| 01/29/2024 | | $280.00 |

## Aging Summary

| CURRENT | 1 - 30 DAYS | 31 - 60 | 61 - 90 | 91+ | TOTAL |
|---|---|---|---|---|---|
| $0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

*Please tear off this portion and return with your payment to the address below*

From:

Client: [redacted]
Invoice: 2301 - 11/19/2023
**Amount Due on This Invoice: $0.00**
Amount Enclosed: $

Mail to:
**Always Best Care, Tempe**
2111 E. Baseline Rd.
Suite B4
Tempe, AZ 85283

**Always Best Care, Tempe**
2111 E. Baseline Rd.
Suite B4
Tempe, AZ 85283
480-676-1446 || 888-342-2011

PAID

Always Best Care
senior services

**Client** [redacted]
**Invoice No.** 2318
**Invoice Date** 11/26/2023
**Date Due** 12/26/2023
**From** 11/20/2023 **to** 11/26/2023

| DESCRIPTION | QUANTITY | RATE | AMOUNT |
|---|---|---|---|
| 11/21/23 1:04pm - 4:44pm Grigsby, Ryan | 4 hrs | 33.00/hr | $132.00 |
| 11/22/23 12:30pm - 4:31pm Udall, Louisa | 4 hrs | 33.00/hr | $132.00 |
| 11/21/23 - Mileage: Food city and cold stone | 6miles | 0.66 | $3.93 |
| 11/22/23 - Mileage: Lunch and bank | 6miles | 0.66 | $3.93 |
| | | **Invoice Total:** | **$271.86** |
| Payment received on 11/27/2023 | | | (271.86) |
| | | **Outstanding Balance:** | **$0.00** |

**Last payment(s) received** *Thank you for your payment!*

| DATE | DESCRIPTION | AMOUNT |
|---|---|---|
| 02/19/2024 | | $1,062.44 |
| 02/12/2024 | | $790.40 |
| 02/05/2024 | | $305.27 |
| 01/29/2024 | | $280.00 |

## Aging Summary

| CURRENT | 1 - 30 DAYS | 31 - 60 | 61 - 90 | 91+ | TOTAL |
|---|---|---|---|---|---|
| $0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

*Please tear off this portion and return with your payment to the address below*

From:

Client: [redacted]
Invoice: 2318 - 11/26/2023
**Amount Due on This Invoice: $0.00**
Amount Enclosed: $

Mail to:
**Always Best Care, Tempe**
2111 E. Baseline Rd.
Suite B4
Tempe, AZ 85283

**Always Best Care, Tempe**
2111 E. Baseline Rd.
Suite B4
Tempe, AZ 85283
480-676-1446 || 888-342-2011

PAID

Always Best Care
senior services

**Client** [redacted]
**Invoice No.** 2335
**Invoice Date** 12/03/2023
**Date Due** 01/02/2024
**From** 11/27/2023 **to** 12/03/2023

| DESCRIPTION | QUANTITY | RATE | AMOUNT |
|---|---|---|---|
| 11/28/23 1:13pm - 5:01pm Grigsby, Ryan | 4 hrs | 33.00/hr | $132.00 |
| 11/30/23 1:01pm - 4:14pm Grigsby, Ryan | 4 hrs | 33.00/hr | $132.00 |
| | | **Invoice Total:** | **$264.00** |
| Payment received on 12/04/2023 | | | (264.00) |
| | | **Outstanding Balance:** | **$0.00** |

**Last payment(s) received** *Thank you for your payment!*

| DATE | DESCRIPTION | AMOUNT |
|---|---|---|
| 02/19/2024 | | $1,062.44 |
| 02/12/2024 | | $790.40 |
| 02/05/2024 | | $305.27 |
| 01/29/2024 | | $280.00 |

## Aging Summary

| CURRENT | 1 - 30 DAYS | 31 - 60 | 61 - 90 | 91+ | TOTAL |
|---|---|---|---|---|---|
| $0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

*Please tear off this portion and return with your payment to the address below*

From:

Client: [redacted]
Invoice: 2335 - 12/03/2023
**Amount Due on This Invoice: $0.00**
Amount Enclosed: $

Mail to:
**Always Best Care, Tempe**
2111 E. Baseline Rd.
Suite B4
Tempe, AZ 85283

# City of Longview

## Agenda Summary

**March 2024 Medicare B Reimbursement - Total $8,580.**

Attachments:
1. Medicare B MARCH 2024 voucher list

## Medicare Premiums March 2024

| Code | Vendor # | | Year | |
|---|---|---|---|---|
| R59 | | 000092 | 2024 | $508.00 |
| R2 | | 000122 | 2024 | $257.50 |
| R5 | | 000233 | 2024 | $382.70 |
| R6 | | 000278 | 2024 | $174.70 |
| R34 | | 000447 | 2024 | $164.70 |
| R8 | | 000465 | 2024 | $174.70 |
| R9 | | 000466 | 2024 | $174.70 |
| R11 | | 000632 | 2024 | $174.70 |
| R28 | | 000664 | 2024 | $174.70 |
| R13 | | 000666 | 2024 | $174.70 |
| R37 | | 000701 | 2024 | $174.70 |
| R14 | | 000706 | 2024 | $174.70 |
| R39 | | 000740 | 2024 | $174.70 |
| R40 | | 000744 | 2024 | $174.70 |
| R16 | | 000789 | 2023 | $164.90 |
| R17 | | 000827 | 2024 | $174.70 |
| R64 | | 000883 | 2023 | $164.90 |
| R19 | | 000963 | 2024 | $174.70 |
| R44 | | 001021 | 2023 | $164.90 |
| R51 | | 001106 | 2024 | $170.70 |
| R29 | | 001124 | 2024 | $174.70 |
| R47 | | 001226 | 2024 | $174.70 |
| R21 | | 001245 | 2024 | $174.70 |
| R49 | | 001402 | 2024 | $174.70 |
| R50 | | 001481 | 2024 | $175.30 |
| R23 | | 001511 | 2024 | $174.70 |
| R24 | | 001631 | 2024 | $174.70 |
| R25 | | 001644 | 2022 | $256.10 |
| R53 | | 001685 | Quarterly | |
| R63 | | 001694 | 2024 | $174.70 |
| R55 | | 001714 | 2024 | $174.70 |
| R56 | | 001732 | 2024 | $174.70 |
| R58 | | 001823 | 2024 | $174.70 |
| R26 | | 002066 | 2024 | $174.70 |
| R27 | | 210058 | 2024 | $174.70 |
| R18 | | 210122 | 2023 | $184.50 |
| R42 | | 210489 | 2023 | |
| R48 | | 211292 | Quarterly | $0.00 |
| R12 | | 211809 | 2024 | $257.50 |
| R43 | | 216727 | 2023 | $174.70 |
| R38 | | 217404 | 2024 | $174.70 |
| R31 | | 218105 | 2024 | $147.70 |
| R33 | | 218134 | 2022 | $164.90 |

| | | | |
|---|---|---|---|
| R46 | 218350 | 2024 | $174.70 |
| R41 | 223804 | 2023 | $164.90 |
| R61 | 224982 | 2024 | $174.70 |
| R22 | 225194 | 2024 | $174.70 |
| R15 | 226325 | 2023 | $184.50 |
| | | | $8,580.00 |

# City of Longview

## Agenda Summary

**March 2024 Medical Bills (Regular) - Total $41,608.51**

Attachments:
1. March 2024 Reimbursment Spreadsheet

| March 2024 MEDICAL BILLS (Regular) | | | | |
|---|---|---|---|---|
| **Member** | **Dental** | **Regular** | | |
| R-14 | | $260.00 | | |
| R-17 | | $545.00 | | |
| R-22 | | $21,351.00 | **Pending approval** | |
| R-37 | | $6,800.00 | | |
| R-38 | | $7,392.00 | | |
| R-43 | | $450.00 | | |
| R-58 | $2,482.00 | $65.00 | | |
| R-61 | $1,624.50 | $182.75 | | |
| R-63 | | $456.26 | | |
| | | | | |
| | | | | |
| **TOTAL** | $4,106.50 | $37,502.01 | | $41,608.51 |
| | | | | $20,257.51 |

**total without R-22**

# City of Longview
# Agenda Summary Sheet

1525 Broadway
Longview, WA 98632
www.mylongview.com

**Annual Election of Chairperson and Vice Chairperson per Rule 1 – General, Section 9 – Officers**

City of Longview Disability Board Rules and Regulations for Law Enforcement Officers and Firefighters establishes the general operating procedures for the City of Longview Disability Board.

**Rule 1 - General, Section 9 - Officers** states in part:
Elected officers of the Board shall be a Chairperson and Vice Chairperson. Such officers shall be elected annually at the end of the March meeting and hold office until their successors are qualified and elected.

Recommend a Chairperson and Vice Chairperson be elected for the period of March, 2024 - March, 2025.