



# City of Longview

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

## LEOFF-1 Disability Board

### Agenda

**Wednesday, April 30, 2025**

**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**

**25-001198   March 26, 2025 Regular Meeting**

**6     MEDICAL REIMBURSEMENT REQUESTS**

**25-00409   Request for Approval of Hearing Aid Expenses - \$7,890.00**

**25-00410   Request for Pre-Approval of Dental Implant - \$4,266.10**

**7     APPROVAL OF BILLS**

**25-00331   April 2025 Medicare B Reimbursement - Total \$8,953.80**

**25-00332   April 2025 Medical Bills (Regular) - \$22,661.40**

**8     NEW BUSINESS**

**9     ADJOURNMENT**

NEXT REGULAR MEETING

Wednesday, May 28, 2025 at 8:30 a.m.



# City of Longview

## Agenda Summary

### March 26, 2025 Regular Meeting

#### Attachments:

1. March 26, 2025 LEOFF Regular Meeting Minutes



# City of Longview

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

## LEOFF-1 Disability Board

### Minutes

Wednesday, March 26, 2025

8:30 AM

2nd Floor, City Hall,  
Small Conference Room

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Phone Conference ID: 315 649 02#

**1 CALL TO ORDER**

*Chair Halvorson called the meeting to order at 8:30 a.m.*

**2 ROLL CALL**

*Present: Don Barnd, Police Retiree Representative  
Jim Morkert, Fire Retiree Representative (On-line)  
MaryAlice Wallis, City Council Representative  
Erik Halvorson, City Council Representative*

*Absent: Chet Makinster, Member-at-Large*

*Also Present: Tiffany Ostreim, Board Secretary  
Dana Beck, Human Resources Specialist*

**3 CHANGES TO THE AGENDA**

*Member Wallis noted the annual election of officers is for the period of March, 2025 - March 2026; not 2024 - 2025.*

**4 PUBLIC COMMENT**

*None*

**5 APPROVAL OF MINUTES**

**25-001197 February 26, 2025 Regular Meeting**

*A motion was made by Member Wallis, seconded by Member Barnd to approve the minutes of February 26, 2025. The motion carried unanimously.*

**6 MEDICAL REIMBURSEMENT REQUESTS**

**7      APPROVAL OF BILLS**

**25-00192    March 2025 Medicare B Reimbursement - Total \$14,792.13**

**25-00193    March 2025 Medical Bills (Regular) - \$8,398.80**

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

**8      NEW BUSINESS**

**25-00129    Annual Election of Chairperson and Vice Chairperson per Rule 1 - General, Section 9 - Officers**

*Clerk Ostreim called for nominations for position of Chairperson.*

*Member Halvorson nominated Member Wallis to the position of Chairperson. There were no other nominations. Nominations were closed. Member Wallis was unanimously elected Chair for the period of March 2025 - March 2026.*

*Chair Wallis called for nominations for position of Vice Chairperson.*

*Member Barnd nominated Member Halvorson to the position of Vice Chairperson. There were no other nominations. Nominations were closed. Member Halvorson was unanimously elected Vice Chairperson for the period of March 2025 - March 2026.*

**9      ADJOURNMENT**

*With no further business to discuss, Chair Wallis adjourned the meeting at 8:36 a.m.*

**Next Meeting**

*The next regular meeting of the LEOFF-1 Board is scheduled for Wednesday, April 30, 2025 at 8:30 a.m.*

\_\_\_\_\_  
*MaryAlice Wallis, Chair*

\_\_\_\_\_  
*Tiffany Ostreim, Board Secretary*



# City of Longview

## Agenda Summary

### **Request for Approval of Hearing Aid Expenses - \$7,890.00**

#### Attachments:

1. R-18 Hearing Aid Approval Memo Documentation



## **Memorandum**

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**TO: LEOFF-1 DISABILITY BOARD**

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

**SUBJECT: R-18 REQUEST FOR APPROVAL OF HEARING AID EXPENSES**

R-18 is requesting approval for hearing aid cost of \$7,890.00. An audiogram and hearing assessment from audiology appointment have been submitted.

Action needed on this claim:

1. Make determination as to whether R-18 qualifies for reimbursement of hearing aid in the estimated amount of \$7,890.00.

Documents included for review:

1. Audiogram & Hearing Assessment
2. Invoice for Hearing Aids



*Listen to Life*

April 9, 2025

RE: Longview Police Department Retiree ~~XXXXXXXXXX~~

To whom it may concern:

Mr. ~~XXXXXX~~ was into our clinic for an evaluation regarding his hearing issues. Please see the included copy of his audiogram. Mr. ~~XXXXXX~~ has a steeply sloping high-frequency hearing loss resulting in difficulty communicating.

Steeply sloping high-frequency hearing losses are the most difficult to treat. Typically, the person with such a loss hears noises very well but struggles with understanding speech. As such, the most advanced technology available is the best form of treatment for this type of hearing loss.

We have ordered Miracle-Ear ME-5 receiver-in-the-canal (RIC) hearing instruments. The invoiced pricing includes a 3-year warranty and lifetime aftercare.

If you have any questions, please do not hesitate to contact me.

Sincerely,

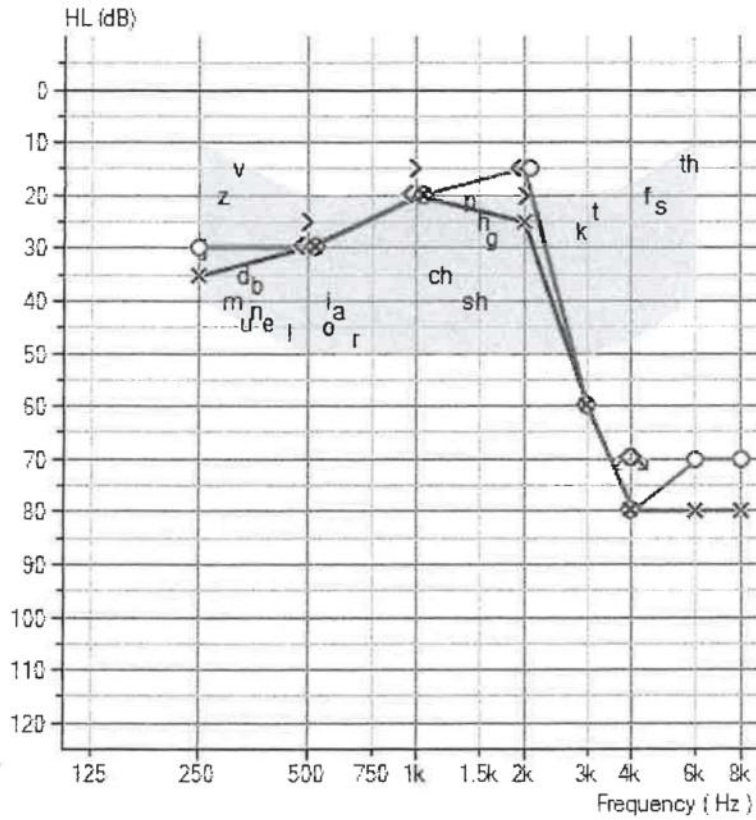
A handwritten signature in black ink, appearing to read "SFB", with a long horizontal flourish extending to the right.

Shannon Flanagan

BC-HIS

Longview 98632

### Audiometry



Right	125	250	500	750	1k	1.5k	2k	3k	4k	6k	8k
AC		30	30		20		15	60	80	70	70
BC			30		20		15		NR		

Left	125	250	500	750	1k	1.5k	2k	3k	4k	6k	8k
AC		35	30		20		25	60	80	80	80
BC			25		15		20		NR		

1 **O** Air Conduction, AI=65%, PTA=22, HFA=38  
 2 **O** Bone Conduction, PTA=22, HFA=17  
 3 **X** Air Conduction, AI=58%, PTA=25, HFA=12  
 4 **X** Bone Conduction, PTA=20, HFA=18

	AC	SRT	WR	WR, Aided
Left			82% at 60dB	
Right			90% at 60dB	
Both			95% at 55/55dB	

MCL	UCL

Audiometry Legend	Right	Left
Air Conduction	<b>O</b>	<b>X</b>
Air Conduction, Masked	<b>△</b>	<b>□</b>
Bone Conduction	<b>&lt;</b>	<b>&gt;</b>
Bone Conduction, Masked	<b>C</b>	<b>☐</b>
Sound Field	<b>S</b>	<b>S</b>
Sound Field, Aided	<b>A</b>	<b>A</b>
Comfortable Level	<b>M</b>	<b>M</b>
Uncomfortable Level	<b>U</b>	<b>U</b>

**CF284001 Longview**

Miracle-Ear Center  
812 Ocean Beach Hwy, Ste 300  
Longview, WA 98632  
(360) 423-6700

**Purchase Agreement**

03/31/2025  
TRACKING #:  
INVOICE #: 9330  
Customer ID #

~~XXXXXXXXXX~~  
~~XXXXXXXXXX~~  
Longview, WA 98632

QTY	ITEM	UNIT PRICE	AMOUNT
1	Left Hearing Aid MIRACLE-EAR GENIUS(TM) MEENERGY 5 RIC T R 5W BTE RITC Digital (New) Mfr Warranty Expires: 03/30/2028 Discount: \$1,050.00 (Sale Discount) CPT code: V5257	4,995.00	3,945.00
1	Right Hearing Aid MIRACLE-EAR GENIUS(TM) MEENERGY 5 RIC T R 5W BTE RITC Digital (New) Mfr Warranty Expires: 03/30/2028 Discount: \$1,050.00 (Sale Discount) CPT code: V5257	4,995.00	3,945.00
	Check 04/22/2025		-7,890.00

INVOICE TOTAL	\$7,890.00
SALES TAX	\$0.00
<b>GRAND TOTAL</b>	<b>\$7,890.00</b>
TOTAL INSURANCE PAYMENTS	\$0.00
TOTAL WRITE-OFFS	\$0.00
TOTAL CUSTOMER PAYMENTS	\$7,890.00
<b>AMOUNT DUE FROM CUSTOMER</b>	<b>\$0.00</b>



# City of Longview

## Agenda Summary

### **Request for Pre-Approval of Dental Implant - \$4,266.10**

#### Attachments:

1. R-42 UPDATED Dental Implant approval memo Document

**TO: LEOFF-1 DISABILITY BOARD**

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

**SUBJECT: R-42 REQUEST FOR PRE-APPROVAL OF DENTAL IMPLANT**

R-42 is requesting pre-approval for Molar Dental Implant estimated cost of \$4,266.10. A Medically Necessary Form and Treatment Cost from Delta Dental have been submitted.

Action needed on this claim:

1. Make determination as to whether R-42 qualifies for reimbursement of Dental Implant estimated cost of \$4,266.10.

Documents included for review:

1. Medically Necessary Form from Dentist.
2. Confirmation of Treatment & Cost from Delta Dental.



Delta Dental of Washington  
PO Box 75983 | Seattle WA 98175-0983



# Delta Dental of Washington Confirmation of Treatment and Cost

## Forwarding Service Requested

\*\*\*\*\*ALL FOR AADC 970  
PB-DSM-20-ENV 205  
R-42

PATIENT: [REDACTED]  
PATIENT DOB: 06/19/1984  
RELATIONSHIP: SUBSCRIBER  
SUBSCRIBER: [REDACTED]  
SUBSCRIBER ID: [REDACTED]  
GROUP NUMBER: 14254-00000  
BENEFIT PERIOD: 01/01/2025 - 12/31/2025  
PROVIDER NAME: LIN ZHU DDS PC  
PROVIDER LICENSE: 60614542  
PROVIDER STATE: WA  
ASSIGNMENT OF BENEFITS: (circle one) Provider or Subscriber  
Customer Service: 1-800-554-1907

Questions? Call (206) 522-2300 or (800) 554-1907 A copy of this form was sent to the provider for his/her information.  
*This Confirmation (formerly called a Predetermination) is a pre-treatment estimate. It is based on terms of your benefits plan, clinical criteria for coverage, benefit usage, eligibility and our agreements with Delta Dental network dentists, as of the date of this Confirmation. Our clinical criteria are available on our website in the Resource Center for Dentists.*  
*This Confirmation is not a guarantee of payment. Actual payment is based on the factors listed above at the time treatment is actually delivered. Changes to these factors between the date of this Confirmation and the treatment date may cause payment to differ from the amount shown. This Confirmation does not take into account other dental coverage you may have (coordination of benefits).*

### COB COVERAGE TYPE: No Dual COB

### This Estimate Is Based On Non-PPO Benefit Levels

PLAN MAXIMUM:	Annual	\$2,500.00	Used to Date:	\$1,646.10
ORTHO MAXIMUM:		\$0.00	Used to Date:	\$0.00
ORTHOGNATHIC MAXIMUM:		\$0.00	Used to Date:	\$0.00
TMJ MAXIMUM:		\$1,000.00	Used to Date:	\$0.00
ACCIDENT MAXIMUM:		\$0.00	Used to Date:	\$0.00
IMPLANT MAXIMUM:		\$0.00	Used to Date:	\$0.00

CONFIRMATION ISSUE DATE: 04/11/2025 CONFIRMATION RETURN BY DATE: 10/08/2025

PREP DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEAT DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

DOES PATIENT HAVE OTHER INSURANCE? YES NO

DATE OF SERVICE	SUBMITTED PROCEDURE CODE	PAID PROCEDURE CODE	DESCRIPTION OF SERVICE	TOOTH SURFACE	SUBMITTED AMOUNT	APPROVED AMOUNT	ALLOWED AMOUNT	PAYMENT LEVEL %	DDWA PAYS	PATIENT PAYS	PROCESSING POLICIES
	D7956	D7956	Tiss Regen Resr	UL	\$625.00	\$625.00	\$0.00	80%	\$0.00	\$625.00	001
	D7951	D7951	Sinus Augmntatn	14	\$2,099.00	\$2,099.00	\$0.00	0%	\$0.00	\$2,099.00	001
	D6010	D6010	Surgcl Implant	14	\$2,612.00	\$2,221.00	\$2,221.00	60%	\$853.90	\$1,367.10	938
	D7921	D7921	Coll/App Bld Pr	14	\$175.00	\$175.00	\$0.00	80%	\$0.00	\$175.00	001
<b>TOTALS:</b>					<b>\$5,511.00</b>	<b>\$5,120.00</b>	<b>\$2,221.00</b>		<b>\$853.90</b>	<b>\$4,266.10</b>	

### PROCESSING POLICIES

- 001 The procedure is a not a contract benefit. The amount indicated is the patient's responsibility under their plan.
- 938 Plan maximum has been reached.



**LV Sentinel Periodontics & Implants**  
 860 11th Ave  
 Longview, US-WA 98632-2912

(360) 423-8000 Ext. n/a FAX (360) 423-5830 Ext. n/a  
 sentinelperio@hotmail.com  
 http://www.sentinelperio.com

**Treatment plan for Theodore Hostetter**

Treatment plan created on **Jun 11, 2024**

KELSO, US-WA 98626

*f Scheduled 5/7 @ 11:00*

**IMP #14, LG SL, PRF, MEM**

Description	Site	Provider	Insurance Est.	Patient	Total
D6010 - Surgical Placement of Implant Body	14	Dr. Zhu, DDS	\$0.00	\$2,612.00	\$2,612.00
D7951 - Sinus Augmentation	14	Dr. Zhu, DDS	\$0.00	\$2,099.00	\$2,099.00
D7921 - collection and application of blood concentrate product	14	Dr. Zhu, DDS	\$0.00	\$175.00	\$175.00
D7956 - guided tissue regeneration, edentulous area - resorbable barrier, per site	14	Dr. Zhu, DDS	\$0.00	\$625.00	\$625.00

*Ins Estimate \$853.90  
 Pt Estimate \$4226.10*

**Visit Subtotal \$0.00 \$5,511.00 \$5,511.00**

*Done w apt*

Description	Site	Provider	Insurance Est.	Patient	Total
PO 2 WEEKS (LG SL)		Dr. Zhu, DDS	\$0.00	\$0.00	\$0.00
<b>Visit Subtotal</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Description	Site	Provider	Insurance Est.	Patient	Total
T TEST/PA HEALING ABUTMENT/PA T TEST		Dr. Zhu, DDS	\$0.00	\$0.00	\$0.00
<b>Visit Subtotal</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Description	Site	Provider	Insurance Est.	Patient	Total
<b>CROWNC CHECK</b> IMP CROWN CHECK/PA DTS		Dr. Zhu, DDS	\$0.00	\$0.00	\$0.00
<b>Visit Subtotal</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Description	Site	Provider	Insurance Est.	Patient	Total
<b>POSS IMP #15</b> D6010 - Surgical Placement of Implant Body	15	Dr. Zhu, DDS	\$0.00	\$2,612.00	\$2,612.00
<b>Visit Subtotal</b>			<b>\$0.00</b>	<b>\$2,612.00</b>	<b>\$2,612.00</b>


**Treatment plan SUEXT/IMP for Theodore Hostetter**  
 Printed on April 16, 2025 at 11:52am

<http://www.sentinelperio.com>


Total Balance Due	Insurance Est.	Patient Portion
\$8,123.00	\$0.00	\$8,123.00

Please note that all insurance and patient portions are estimates. We cannot guarantee any payment from the insurance company.

The fees listed on your treatment plan are valid for 90 days from the treatment plan date.

Patient's / parent's / guardian's signature	Patient's / parent's / guardian's name (please print)	Date
		4-29-25

**Upcoming Appointments**

Date	Patient	Time	Duration	Description
May 7, 2025		11:00 am	120 min	PRE-D IMP #14, LG SL, PRF, MEM, NEEDS CONSENTS




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

Yes, removable partial can be made to replace those teeth  
But it is difficult to wear and chew with due to it's removable.  
No. Implants are the only fixed treatment option for these missing teeth.

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

Removable partial for 2 missing molars often times do not function well. Most patients ended up not using them due to it's bulky, mobile and food impaction.

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

  
\_\_\_\_\_  
Physician/Dentist Signature

11/05/2024  
\_\_\_\_\_  
Date

Patient/retiree authorization for the release of this form to the City of Longview LEOFF-1  
Disability Board (Board Secretary Kaylee Cody):

\_\_\_\_\_  
Patient/Retiree Signature

\_\_\_\_\_  
Date



# City of Longview

## Agenda Summary

**April 2025 Medicare B Reimbursement - Total \$8,953.80**

Attachments:

1. Medicare B April 2025 voucher list

## Medicare Premiums Apr-25

Code	Vendor #	Year	
R59	000092	2025	\$185.00
R02	000122	2025	\$405.30
R05	000233	2025	\$382.70
R06	000278	2025	\$185.00
R34	000447	2025	\$172.00
R08	000465	2025	\$174.70
R09	000466	2025	\$174.70
R11	000632	2025	\$185.00
R28	000664	2025	\$174.70
R13	000666	2025	\$272.70
R14	000706	2025	\$185.00
R39	000740	2025	\$185.00
R40	000744	2025	\$185.00
R17	000827	2025	\$185.00
R64	000883	2025	\$174.70
R19	000963	2025	\$185.00
R44	001021	2025	\$174.70
R51	001106	2025	\$170.70
R29	001124	2025	\$272.70
R47	001226	2025	\$185.00
R21	001245	2025	\$174.70
R49	001402	2025	\$185.00
R23	001511	2025	\$185.00
R24	001631	2025	\$185.00
R25	001644	2025	\$174.70
R53	001685	2025	\$555.00
R63	001694	2025	\$185.00
R55	001714	2025	\$185.00
R56	001732	2025	\$184.00
R58	001823	2025	\$185.00
R26	002066	2025	\$185.00
R27	210058	2025	\$174.70
R18	210122	2025	\$185.00
R42	210489	2025	\$0.00
R48	211292	2025	\$0.00
R12	211809	2025	\$405.30
R43	216727	2025	\$184.00
R38	217404	2025	\$185.00
R31	218105	2025	\$153.00
R33	218134	2022	\$164.90
R46	218350	2025	\$184.00
R41	223804	2024	\$164.90
R61	224982	2025	\$185.00
R22	225194	2025	\$185.00
R15	226325	2025	\$185.00

\$8,953.80



# City of Longview

## Agenda Summary

**April 2025 Medical Bills (Regular) - \$22,661.40**

Attachments:

1. Reimbursement April 2025 Spreadsheet

<b>April 2025 MEDICAL BILLS (Regular)</b>		
<b>Member</b>	<b>Dental</b>	<b>Regular</b>
R-09	\$201.00	
R-18		\$289.98
R-18		\$7,890.00
R-19	\$202.20	
R-22	\$243.00	\$3,546.47
R-26	\$436.40	
R-38		\$8,512.00
R-42	\$519.60	\$0.00
R-43		\$400.00
R-63		\$420.75
<b>TOTAL</b>	\$1,602.20	\$21,059.20

if Hearing Aid is Approved

\$22,661.40