



LEOFF-1
Disability Board

Agenda

Wednesday, January 28, 2026

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**

25-001080 December 3, 2025 Special Meeting

6 **MEDICAL REIMBURSEMENT REQUESTS**

26-0066 Request Pre-Approval of Hearing Aid Expenses - Total \$6,230.00

26-0067 Request Pre-Approval of Prescription Sunglasses - Total \$172.98

26-0068 Request for 2024 and 2025 MediCare Premiums - Total \$358.80

26-0069 Request Approval of Life Line Screening Costs - Total \$178.00

7 **APPROVAL OF BILLS**

25-001081 December 2025 Medicare B Reimbursement - Total \$10,889.10
January 2026 Medicare B Reimbursement - Total \$9,962.50

25-001082 December 2025 Medical Bills (Regular) - Total \$10,627.81
January 2026 Medical Bills (Regular) - Total \$13,382.48

8 NEW BUSINESS

9 ADJOURNMENT

NEXT REGULAR MEETING - Wednesday, February 25, 2026 at 8:30 a.m.



City of Longview

Agenda Summary

December 3, 2025 Special Meeting

Attachments:

1. December 3, 2025 Special Meeting Minutes



City of Longview

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

LEOFF-1 Disability Board

Minutes

Wednesday, December 3, 2025

8:30 AM

**2nd Floor, City Hall,
Small Conference Room**

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.

In observance of the Thanksgiving holiday, the November 26, 2025 Regular Meeting was canceled. December 3, 2025 is a Special LEOFF-1 Board 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

Vice-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)
Chet Makinster, Member-at-Large
Erik Halvorson, City Council Representative*

Absent/Excused: MaryAlice Wallis, City Council Representative

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

3 CHANGES TO THE AGENDA

4 PUBLIC COMMENT

5 APPROVAL OF MINUTES

25-001051 October 29, 2025 Regular Meeting

A motion was made by Member Barnd, seconded by Member Makinster to approve the minutes of October 29, 2025 Regular Meeting. The motion carried unanimously.

6 MEDICAL REIMBURSEMENT REQUESTS

25-001070 Request Pre-Approval of Hearing Aid Expenses - Total \$6,600.00

The board discussed the Reasonable and Medically Necessary Services Form.

A motion was made by Member Morkert, seconded by Member Barnd to approve the request for pre-approval of hearing aid expenses in the total amount of \$6,600. The motion carried unanimously.

25-001073 Request Pre-Approval of Hearing Aid Expenses - Total \$7,890.00

A motion was made by Member Makinster, seconded by Member Barnd to approve the request for pre-approval of hearing aid expenses in the total amount of \$7,890. The motion carried unanimously.

7 APPROVAL OF BILLS

25-001052 November 2025 Medicare B Reimbursement - Total \$8,625.00

25-001053 November 2025 Medical Bills (Regular) - Total \$31,424.36

A motion was made by Member Barnd, seconded by Member Makinster to approve the November 2025 Medicare B Reimbursement and November 2025 Medical bills as presented, reasonable, and medically necessary. The motion carried unanimously.

8 NEW BUSINESS

9 ADJOURNMENT

With no further business to discuss, Vice-Chair Halvorson adjourned the meeting at 8:42 a.m.

Next Meeting

The next regular meeting of Wednesday, December 31, 2025 has been canceled.

The next regular meeting of the LEOFF-1 Board is scheduled for Wednesday, January 28, 2026 at 8:30 a.m.

Erik Halvorson, Vice-Chair

Tiffany Ostreim, Board Secretary



City of Longview

Agenda Summary

Request Pre-Approval of Hearing Aid Expenses - Total \$6,230.00

Attachments:

1. R-09 Hearing Aid Pre-Approval memo.

TO: LEOFF-1 DISABILITY BOARD

FROM: DANA BECK, INTERIM LEOFF-1 ADMINISTRATOR

SUBJECT: R-09 REQUEST PRE-APPROVAL OF HEARING AID EXPENSES

R-09 is requesting approval for hearing aid cost of \$6,230.00. An audiogram and hearing assessment from audiology appointment have been submitted along with a Medically Necessary form.

Action needed on this claim:

1. Make determination as to whether R-09 qualifies for reimbursement of hearing aid in the estimated amount of \$6,230.00.

Documents included for review:

1. Audiogram & Hearing Assessment
2. Visit Notes with Estimate.
3. Medically Necessary Form

0004430

Age: ~~10/2~~

Date of birth: ~~10/2~~

Report Date: 11/11/2025

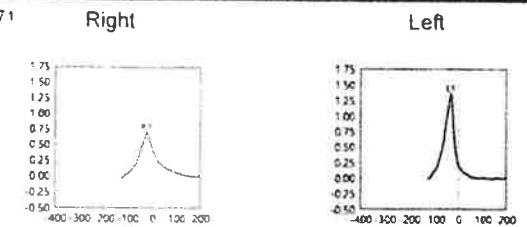
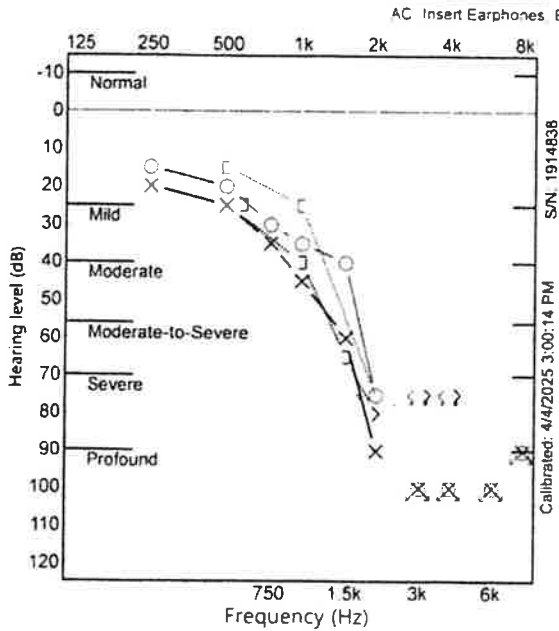
Tester: CAS

Report Comments:

DOB: ~~10/2~~
MRN: 60033085 CSN: 535629921
DATE: 11/11/2025 APPT: 7:30 AM ARR:
PROV: Scott, Cory A, Au.D PSGI AUDIO
CLIA#: D/E INC: Humana Medicare

AUDIOMETRY 11/11/2025

IMMITTANCE 11/11/2025



Tymp Right		Tymp Left	
Tone	226 Hz	Tone	226 Hz
SC	0.7 ml	SC	1.4 ml
TPP	-21 daPa	TPP	-30 daPa
ECV	0.9 ml	ECV	1.1 ml
TW	60 daPa	TW	39 daPa
Type	A	Type	A

Reflex	Threshold (dB HL)					Decay (s)	
	500	1k	2k	4k	BBN	500	1k
R Ipsi							
L Ipsi							
R Contra							
L Contra							

BC	AC	R	L
R			
L			
R		55	70
L		55	70 70

Stimulus Ear: Probe tone: 226 Hz

PTA (dB HL) / AI (%)

	AC	BC	AI
Right	43	38	
Left	53	48	

Rinne Table Reliability

R: L: Good

Stenger Weber

T: S:

Legend

L	R	Masked
X	O	AC
>	<	BC
S	S	SF
M	M	MCL
U	U	UCL
↘	↙	NR

PTA AC 500, 1k, 2k
BC: 500, 1k, 2k
Aud Method: Standard

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			30				80.0	70					
Left			40				72.0	70					
Bin													
Note	1 NU-6 List 3A						2 NU-6 List 4A						
Aided													
Note	1						2						

Signed by: *[Signature]*

R-9

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: ~~XXXXXXXXXXXXXXXXXXXX~~

1. Name of physician/dentist and business/clinic address: Peace Health ENT/Audiology, Alison Metcalf, AuD, 625 9th Ave #120, Longview WA

2. Condition requiring treatment: hearing loss, bilaterally

3. Summary of recommended services: New set of hearing aids

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:
New devices have AI technology to better assist the patient in all listening environments. Custom ear molds will provide better audibility of sound

7. Please provide the dates on which services were provided (if already provided):
Audiogram completed on 12/16/25

8. If the treatment has not yet been provided, are there alternative treatment options? NO

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

N/A

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

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

Alison Metcalf, AuD
Physician/Dentist Signature

12/18/25
Date

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

[Redacted Signature]
Patient/Retiree Signature

12/26/25
Date



City of Longview

Agenda Summary

Request Pre-Approval of Prescription Sunglasses - Total \$172.98

Attachments:

1. R-15 Sunglass approval memo

TO: LEOFF-1 DISABILITY BOARD

FROM: DANA BECK, LEOFF-1 ADMINISTRATOR

SUBJECT: R-15 REQUEST FOR APPROVAL OF PRESCRIPTION SUNGLASSES

R-15 is requesting approval for reimbursement of prescription sunglasses purchased at COSTCO in the amount of \$172.98.

Action needed on this claim:

1. Make determination as to whether R-15 qualifies for reimbursement for prescription sunglasses

Documents included for review:

1. Medically Necessary Form for Sunglasses
2. Invoice/Costco receipt for sunglasses

LEOFF 1 Medical Eyecare Receipt
Eyeglasses Prescription (Sunglasses)

Retiree :

~~Charles H. Hager~~
~~46 Westwood St~~
~~Central Point, OR~~



Central Point #1287
3075 Hamrick Rd
Central Point, OR 97502
NPI: 1396855920

OPTICAL

V6 Member 807474493000

OPTICAL ORDER # 0028539246601
F 1418676 PRG1.60CLEAR 132.99
F 1651569 AUBURN 99.99
OPTICAL ORDER # 0028539238401
F 1418676 PRG1.60CLEAR 132.99
F 1651569 AUBURN 99.99
OPTICAL ORDER # 0028539048701
F 943452 PRGPLYPLZDRW 152.99
F 1957746 BRUCE 69.99
0000344123 /GLASSES 50.00-
0000344123 /GLASSES 50.00-
SUBTOTAL 588.94
TAX 0.00
**** TOTAL ~~588.94~~

> \$172.98

XXXXXXXXXXXX1718 CHIP Read
AID: A0000000031010
Seq# 71297 App#: 96701D
Costco Visa Resp: APPROVED
Tran ID#: 534400071297....

APPROVED - Purchase
AMOUNT: \$588.94
12/10/2025 09:57 1287 71 6 94

Costco Visa 588.94
CHANGE 0.00



**FASHION FRAMES * CONTACT LENSES
PRESCRIPTION LENSES**

ONLINE SHOPPING: COSTCO.COM

Tax ID#: 91-1223280. Costco Wholesale does not accept assignment.
Please forward reimbursements directly to the Costco member at address below.

INVOICE DATE
12/10/25

INVOICE NO.
1785689 2026

PROFILE NO.
00007397306

MEMBER NO.
807474493000

OPTICAL DEPT.
1287 CENTRAL POINT
3075 HAMRICK ROAD
CENTRAL POINT, OR 97502
541 734-2467

PATIENT
~~CHARLES~~
~~1287 CENTRAL POINT~~
~~3075 HAMRICK ROAD~~
~~CENTRAL POINT, OR 97502~~
~~541 734-2467~~
1287 CENTRAL POINT
3075 HAMRICK ROAD
CENTRAL POINT, OR
541 734-2467

SLIP PRINT

PRESCRIBING DOCTOR		Rx WRITTEN	Rx EXPIRES	OPTICIAN	CASE
Nyone		12/09/25	12/09/26	MM	
EYEGLASSES					
DST.	SPHERE	CYL.	AXIS		
	R -1.250	+2.750	178		
L	-1.250	+2.750	180		
ADD	ADD	SEG HGT	DIST P.D.		
	R 2.50	25.0	35.0		
L	2.50	25.0	35.5		
SPECIAL INSTRUCTIONS					
Frame Source SUPPLIED					
QTY	ITEM	DESCRIPTION	UNIT PRICE	EXTENSION	
1	1957746	Ks Bruce 57/19/145 Brown Mm	69.99	69.99	
1	943452	Prog Bif Poly Drivewear Polar Tran Hd Dg W/ Ar	152.99	152.99	
			TOTAL:	222.98	

(Prescription Sunglasses)

Register Id



**** Exclusive to Costco Members ****

You can now purchase contact lenses and sunglasses at Costco.com

Valid prescription required for all contact lens purchases.


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

N/A

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

N/A

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


Physician/Dentist Signature
Megan Nyone, D.D.

12/9/2025
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

12/9/2025
Date

LEOFF : Low Enforcement Officers and Fire Fighters



City of Longview

Agenda Summary

Request for 2024 and 2025 MediCare Premiums - Total \$358.80

Attachments:

1. R-33 Approval for reimbursement of MediCare memo



Memorandum

TO: LEOFF-1 DISABILITY BOARD

FROM: DANA BECK, INTERIM LEOFF-1 ADMINISTRATOR

SUBJECT: R-33 REQUEST FOR 2024 & 2025 MediCare premiums

R-33 is requesting approval of back MediCare premiums for 2025 & 2024. The last Social Security letter received was for 2023. Reimbursement for 2024 is \$117.60 and for 2025 is \$241.20. Total reimbursement is \$358.80

Action needed on this claim:

1. Make determination as to whether R-33 qualifies for reimbursement of 2024 & 2025 MediCare premiums in the amount of \$358.80.

Documents included for review:

1. 2024 & 2025 Social Security Benefit Statement

1099 ~~DTE: 12/30/25~~ ~~SSN: [REDACTED]~~ DOC:928 UNIT:BMG PG: 001

+++++FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT - 2024+++++
+PART OF YOUR SOCIAL SECURITY BENEFITS MAY BE TAXABLE INCOME FOR 2024.
+USE \$ 7016.40 FROM BOX 5 BELOW WITH IRS NOTICE 703 TO SEE IF ANY PART
OF YOUR BENEFITS MAY BE TAXABLE ON YOUR FEDERAL INCOME TAX RETURN.
+ALSO SEE ATTACHED GENERAL INFORMATION.

- BOX 1. NAME-~~[REDACTED]~~
- BOX 2. BENEFICIARY SOCIAL SECURITY NUMBER-~~[REDACTED]~~ (SEE BOX 8 BELOW)
- BOX 3. BENEFITS FOR 2024- \$ ~~4016.40~~ (SEE DESCRIPTION OF AMOUNT IN BOX 3 BELOW)
- BOX 4. BENEFITS REPAID TO SSA IN 2024-NONE
(SEE DESCRIPTION OF AMOUNT IN BOX 4 BELOW)
- BOX 5. NET BENEFITS (BOX 3 MINUS BOX 4) FOR 2024-\$ ~~4016.40~~
- BOX 6. VOLUNTARY FEDERAL INCOME TAX WITHHELD-\$ ~~202.00~~
- BOX 7. ADDRESS-~~[REDACTED]~~
LONGVIEW WA 98632-5644
- BOX 8. CLAIM NUMBER-~~[REDACTED]~~ (USE THIS NUMBER IF YOU NEED TO CONTACT SSA)

+++DESCRIPTION OF AMOUNT IN BOX 3+++

ADD:	
PAID BY CHECK OR DIRECT DEPOSIT-----	\$ 4016.40
MEDICARE PART B-----	\$ 2096.40
MEDICARE PART C-----	\$ 0.00
MEDICARE PART D-----	\$ 0.00
WORKERS COMPENSATION OFFSET-----	\$ 0.00
DEDUCTIONS FOR WORK OR OTHER ADJUSTMENTS-----	\$ 0.00
PAID TO ANOTHER FAMILY MEMBER-----	\$ 0.00
ATTORNEY FEES-----	\$ 0.00
VOLUNTARY FEDERAL INCOME TAX WITHHELD-----	\$ 202.00
TREASURY BENEFIT PAYMENT OFFSET, GARNISHMENT AND/OR TAX LEVY-----	\$ 0.00
TOTAL ADDITIONS-----	\$ 4016.40
SUBTRACT:	
NONTAXABLE PAYMENTS-----	\$ 0.00
AMOUNTS FOR OTHER FAMILY MEMBERS PAID TO YOU-----	\$ 0.00
TOTAL SUBTRACTIONS-----	\$ 0.00
BENEFITS FOR 2024 (AMOUNT SHOWN IN BOX 3)-----	\$ 4016.40

+++DESCRIPTION OF AMOUNT IN BOX 4+++

ADD:	
CHECKS RETURNED TO SSA-----	\$ 0.00
DEDUCTIONS FOR WORK OR OTHER ADJUSTMENTS-----	\$ 0.00
OTHER REPAYMENTS-----	\$ 0.00
BENEFITS REPAID TO SSA IN 2024 (AMOUNT SHOWN IN BOX 4)-----	\$ 0.00

174.70 - 164.90 = 9.80
 9.80 x 12 = \$117.60

174.70

R-33

FORM SSA-1099SM - SOCIAL SECURITY BENEFIT STATEMENT

2025 <ul style="list-style-type: none"> PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME SEE THE REVERSE FOR MORE INFORMATION 			
Box 1. Name XXXXXXXXXX		Box 2. Beneficiary's Social Security Number XXXXXXXXXX	
Box 3. Benefits Paid in 2025 \$16,278.00		Box 4. Benefits Repaid to SSA in 2025 NONE	
		Box 5. Net Benefits for 2025 (Box 3 minus Box 4) \$16,278.00	
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or Direct deposit \$16,278.00 Medicare part B premiums deducted from your benefits \$2,220.00 Voluntary Federal Income Tax Withheld \$2,323.20 Total Additions \$2,323.20 Benefits for 2025 \$16,278.00		DESCRIPTION OF AMOUNT IN BOX 4 NONE	
		Box 6. Voluntary Federal Income Tax Withheld \$2,323.20	
		Box 7. Address XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX	
		Box 8. Claim Number (Use this number if you need to contact SSA.) XXXXXXXXXX	
*Includes: \$2,323.20 Paid in 2025 for 2024			

DO NOT RETURN THIS FORM TO SSA OR IRS

\$185.00

185.00 - 164.90 = 20.10

20.10 x 12 = \$241.20



City of Longview

Agenda Summary

Request Approval of Life Line Screening Costs - Total \$178.00

Attachments:

1. R-42 MEMO for Life Line Screening



Memorandum

TO: LEOFF-1 DISABILITY BOARD

FROM: DANA BECK, LEOFF-1 ADMINISTRATOR

SUBJECT: R-42 REQUEST APPROVAL OF LIFE LINE SCREENING COSTS

R-42 is requesting the cost of voluntary LIFE LINE SCREENING be reimbursed. The cost of the screening was \$178.00. The screening was not submitted to insurance, the retiree paid out-of-pocket.

Action needed on this claim:

1. Make determination as to whether R-42 qualifies for reimbursement of LIFE LINE SCREENING.

Documents included for review:

- 1) Receipt for screening.

LIFE LINE SCREENING

Tax ID# 34-1839775

Your results are usually available in our convenient online portal approximately 10 days after your screening. However, if we find a condition that requires immediate attention, we will notify you on the day of your screening.

SALES RECEIPT 11/24/2025 10:21 AM

Transaction# : 64267-6208974

Name: ~~XXXXXXXXXX~~

The receipt is for the following completed tests:

- Biometrics - BMI, BP, Waist Circumference
- Blood Pressure
- [CA] Stroke/Carotid Artery Plaque Buildup
- [AB] Peripheral Arterial Disease Screening
- [OS] Osteoporosis Risk
- [AO] Abdominal Aortic Aneurysm Screening
- [AF] Atrial Fibrillation Screening

The total amount paid for these tests was: \$178.00

You paid by:

Credit Card: \$178.00

The payment is for your LIFE LINE SCREENING services only and is not related to any services you might receive from Life Line Community Healthcare (i.e. Annual Wellness Visit, Vaccinations, Advance Care Planning.) Life Line Community Healthcare services are billed to your insurance and separate financial responsibility may apply.

The mission of LIFE LINE SCREENING is to make people aware of an undetected health problem and encourage them to seek follow up care with their physician. We are dedicated to providing the highest quality preventive screenings at an affordable rate.

\$10 Off Refer-a Friend Offer

We hope that you will tell your friends and family about these valuable screenings. In appreciation for your business, we are providing a \$10 discount. Simply give this phone number to a loved one and they will receive \$10.00 off the Complete Wellness Package (all 4 tests). Offer starts: 12/1/2025 Good through: 5/24/2026

Call (800) 778-6095



City of Longview

Agenda Summary

December 2025 Medicare B Reimbursement - Total \$10,889.10

January 2026 Medicare B Reimbursement - Total \$9,962.50

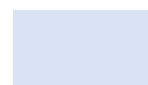
Attachments:

1. Medicare B December 2025 voucher list
2. Medicare B January 2026 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	\$185.00	
R09	000466	2025	\$174.70	
R11	000632	2025	\$185.00	
R28	000664	2025	\$185.00	
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	\$185.00	
R19	000963	2025	\$185.00	
R44	001021	2025	\$185.00	
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	\$185.00	effective 08/2025
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	\$2,264.10 for 2025	
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	

\$10,889.10



Medicare Premiums 1/1/2026

Code	Vendor #	Year	
R59	000092	2026	\$202.90
R02	000122	2026	\$443.30
R05	000233	2026	\$443.30
R06	000278	2026	\$202.90
R34	000447	2026	\$188.90
R08	000465	2026	\$202.90
R09	000466	2024	\$174.70
R11	000632	2026	\$202.90
R28	000664	2024	\$174.70
R13	000666	2026	\$202.90
R14	000706	2026	\$202.90
R39	000740	2026	\$202.90
R40	000744	2026	\$202.90
R17	000827	2026	\$202.90
R64	000883	2024	\$174.70
R19	000963	2026	\$202.90
R44	001021	2026	\$201.90
R51	001106	2026	\$284.10
R29	001124	2026	\$202.90
R47	001226	2026	\$202.90
R21	001245	2024	\$174.70
R49	001402	2026	\$202.90
R23	001511	2025	\$185.00
R24	001631	2026	\$202.90
R25	001644	2025	\$174.70
R53	001685	2026	\$202.90
R63	001694	2026	\$202.90
R55	001714	2026	\$202.90
R56	001732	2026	\$202.90
R58	001823	2026	\$202.90
R26	002066	2026	\$202.90
R27	210058	2024	\$174.70
R18	210122	2026	\$202.90
R42	210489	2026	\$193.90
R48	211292	2026	\$284.10
R12	211809	2026	\$732.50
R43	216727	2026	\$202.90
R38	217404	2025	\$185.00
R31	218105	2026	\$164.90
R33	218134	2026	\$202.90
R46	218350	2026	\$202.90
R41	223804	2024	\$164.90
R61	224982	2025	\$185.00
R22	225194	2025	\$185.00
R15	226325	2026	\$202.90

\$9,962.50



City of Longview

Agenda Summary

December 2025 Medical Bills (Regular) - Total \$10,627.81

January 2026 Medical Bills (Regular) - Total \$13,382.48

Attachments:

1. Reimbursement Medical December 2025 Spreadsheet
2. Reimbursement Medical January 2026 Spreadsheet

December 2025 MEDICAL BILLS (Regular)		
Member	Dental	Regular
R-15		\$149.00
R-23	\$61.60	
R-29	\$1,370.00	\$172.88
R-31	\$472.80	
R-38		\$682.35
R-43		\$200.00
R-58	\$6,983.20	
R-61		\$535.98
TOTAL	\$8,887.60	\$1,740.21

\$1,542.88

pre-approved

\$10,627.81

January 2026 MEDICAL BILLS (Regular)			
Member	Dental	Optical	Regular
R-08			\$2,025.00
R-09			\$45.97
R-15		\$232.98	
R-22			\$3,299.63
R-38			\$8,989.60
R-42		\$65.00	
R-43			\$300.00
R-47	\$191.00		
R-59		\$432.00	\$112.76
R-61			\$314.00
TOTAL	\$59.80	\$432.00	\$12,890.68

\$13,382.48