

Fire Pension Board Meeting Agenda

[March 20, 2024, 9:30 a.m. via Microsoft Teams](#)

1.) Approval of minutes for November 15, 2023

2.) Bills and Pension Rolls:

PENSION ROLL

Budgeted Amount	\$700,000.00	
October 2023	\$57,290.77	
Remaining budget	\$63,387.29	9.06%

MEDICAL CLAIMS

Budgeted amount	\$2,084,000.00	
October 2023	\$62,334.31	
October 2023 HMA fees	\$15,436.33	
Remaining budget	\$1,091,596.73	52.38%

PENSION ROLL

Budgeted Amount	\$700,000.00	
November 2023	\$57,290.77	
Remaining budget	\$6,096.52	0.87%

MEDICAL CLAIMS

Budgeted amount	\$2,084,000.00	
November 2023	\$98,365.72	
November 2023 HMA fees	\$14,927.44	
Remaining budget	\$978,303.57	46.94%

PENSION ROLL

Budgeted Amount	\$700,000.00	
December 2023	\$57,290.77	
Remaining budget	-\$51,194.25	-7.31%

MEDICAL CLAIMS

Budgeted amount	\$2,084,000.00	
December 2023	\$131,664.71	
December 2023 HMA fees	\$15,266.70	
Remaining budget	\$831,372.16	39.89%

PENSION ROLL

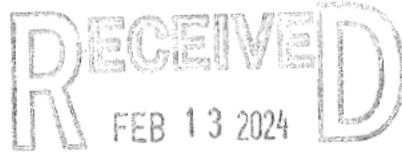
Budgeted Amount	\$720,000.00	
January 2024	\$71,420.23	
Remaining budget	\$648,579.77	90.08%

MEDICAL CLAIMS

Budgeted amount	\$1,792,000.00	
January 2024	\$154,673.29	
January 2024 HMA fees	\$15,094.80	
Remaining budget	\$1,622,231.91	90.53%

3.) Special Bills for Board Review:

Member #71	Reimbursement request for \$3,262.58 for a surgical dental implant
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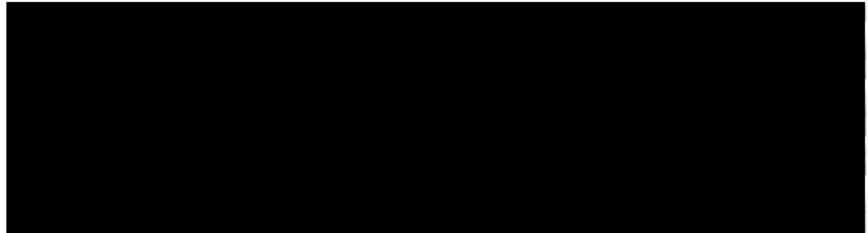
2-1-24

CITY OF EVERETT
HUMAN RESOURCES DEPT.

Enclosed please find Receipts
for Dental Surgery over the \$2500 being
paid by HMA Dental

If you have question -

or



Thank you -





City of Everett
Fire & Police Pension
2930 Wetmore EVERETT,
WA 98201
(425) 257-7024
CLAIM FORM

PENSION BOARD APPROVAL:

I certify that the named patient is authorized to receive the described medical care at the expense of the City of Everett Uniformed Personnel Pension Fund. Payment is approved by board action this date. I am authorized to authenticate and certify said claim.

City Clerk or Secretary of Board

Date

☐ POLICE
☒ FIRE
☒ MALE
☐ FEMALE

(THIS SPACE FOR OFFICE USE ONLY)

ACCOUNT NUMBER	VOUCHER NO.	VENDOR NO.	DESCRIPTION	AMOUNT
☐ 637580000251			☐ MED SERV ☐ RX	
☐ 6385380000250			☐ CHIRO SERV ☐ RE-AMB	
			☐ OTHER	

I certify that the information and charges here shown are true and correct, and that these services and/or medications were received by me and that I am liable for these charges. I hereby authorize all doctors, pharmacists, hospitals or other institutions rendering care and treatment to furnish the Fire/Police Pension Board with full information regarding treatment rendered (including copies of their records). I also authorize any Union, Trust Fund, Employer or Insurance Carrier to furnish the Fire/Police Pension Board with information regarding benefits to which I am entitled. A photocopy of this authorization shall be considered as effective and valid as the original. I hereby assign benefit to

DATE Feb 2 2024

EMPLOYEE'S SIGNATURE

STATEMENT OF ATTENDING PHYSICIAN OR OTHER SUPPLIER/VENDOR CHARGES

DIAGNOSIS AND CONCOMITANT CONDITIONS
IF DIAGNOSIS CODE OTHER THAN ICD-9, GIVE NAME

REPORT OF SERVICES

(IF PREVIOUS FORM SUBMITTED TO THIS CARRIER, YOU NEED SHOW ONLY DATES AND SERVICES SINCE LAST REPORT)

DATE OF SERVICES	PLACE OF SERVICES	DESCRIPTION OF SURGICAL OR MEDICAL SERVICES RENDERED	PROCEDURE CODE IF USED (IF CODE OTHER THAN CPT, * * USED, GIVE NAME)	CHARGES
1-22-24		Surgical implant dental		3262. ⁵⁸ / _x

DO NOT WRITE IN THIS SPACE

DATE PATIENT FIRST CONSULTED YOU FOR THIS CONDITION

TOTAL CHARGES \$ 3262.⁵⁸/_x

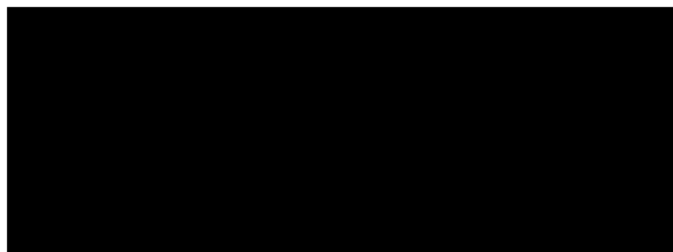
TOTAL PAYMENTS \$

DATE	SUPPLIER/VENDOR NAME (PRINT)	SIGNATURE	TELEPHONE
STREET ADDRESS		CITY OR TOWN	STATE OR PROVIDENCE ZIP CODE

504-489 (REV 6/05)

PENSION BOARD

To Be Sent To



STATEMENT OF SERVICES
Precision Implant & Oral Surgery

Date	Name	Dr	Code	Description	Tooth Check #	Amount	Balance
1/22/2024		SB	6010	SURGICAL IMPLANT BODY: ENDOSTEAL	3	2035.00	2035.00
1/22/2024		SB	M 6010.0	PREMIUM IMPLANT	3	495.00	2530.00
1/22/2024		SB	7951	SINUS LIFT - INDIRECT (DOES NOT	3	1529.00	4059.00
1/22/2024		SB	6106	W/IMP GUIDED TISSUE REGENERATION	3	505.00	4564.00
1/22/2024		SB	9612	THERAPEUTIC DRUGS 2		114.00	4678.00
1/22/2024		SB	9222	GENERAL ANESTHESIA - INITIAL		209.00	4887.00
1/22/2024		SB	9223	GENERAL ANESTHESIA EA 15MINS		199.00	5086.00
1/22/2024		SB	9223	GENERAL ANESTHESIA EA 15MINS		199.00	5285.00
1/22/2024		SB	9223	GENERAL ANESTHESIA EA 15MINS		199.00	5484.00
1/22/2024		SB	9223	GENERAL ANESTHESIA EA 15MINS		199.00	5683.00
1/22/2024		SB	9223	GENERAL ANESTHESIA EA 15MINS		79.58	5762.58
1/22/2024		SB	CC	CREDIT CARD CHARG 2.5%		-3262.58	2500.00
1/22/2024		SB	0004.2	CREDIT CARD PMT, THANK YOU			

Balance	Current	Over 30	Over 60	Over 90	Over 120	2024 Payments
2500.00	2500.00	0.00	0.00	0.00	0.00	3262.58

Account Information			
	Account #	101226	Last Billing
	Mobile		Last Private Payment 1/22/2024
			Budget 0.00

Thank you!

Provider	Billing Date
Scott Bulloch 754 S Main Street, Suite 5 St George, UT 84770 435-652-1445	1/22/2024

Patient	Next Appointment Date	Time	Reason
	Thursday, May 23, 2024	3:30 PM	Final Implant Check

PRECISION DENTAL

754 SOUTH MAIN ST #5
SAINT GEORGE, UT 84770
4356521445

Cashier: SCOTT BULLOCH

Transaction 000264

Total	\$3,262.58
CREDIT CARD SALE	\$3,262.58
VISA 4034	

Retain this copy for statement
validation

22-Jan-2024 11:04:46A

\$3,262.58 | Method:

CONTACTLESS

VISA CREDIT

XXXXXXXXXXXX4034

Reference ID: 402200501934

Auth ID: 57605D

MID: *****6883

AID: A0000000031010

AthNtwkNm: VISA

SIGNATURE

Online: [https://clover.com/p
/N0DK1ZSWRETS2](https://clover.com/p/N0DK1ZSWRETS2)

Payment N0DK1ZSWRETS2

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