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

2-1-24

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

If you have question -

or [redacted]

Thank you -

[redacted]

EVERETT
WASHINGTON

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 _____

[redacted]

☐ POLICE
☒ FIRE
☒ MALE
☐ FEMALE

THIS SPACE FOR OFFICE USE ONLY

ACCOUNT NUMBER	VOUCHER NO.	VENDOR NO.	DESCRIPTION	AMOUNT
☐ 6575.8800002501 ☐ 4885.8800002501			☐ MED SERV ☐ RX ☐ CHIRO SERV ☐ RE-MB ☐ 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 may be entitled. A photostatic copy of this authorization shall be considered as effective and valid as the original. I hereby assign benefit to t[redacted]

DATE Feb 2 2024 EMPLOYEE'S SIGNA[redacted]

STATEMENT OF ATTENDING PHYSICIAN OR OTHER SUPPLIER/VENDOR CHARGES

DIAGNOSIS AND CONCURRENT CONDITIONS

IF DIAGNOSIS CODE OTHER THAN ICDA USED, 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

DO NOT WRITE IN THIS SPACE

DATE PATIENT FIRST CONSULTED YOU FOR THIS CONDITION

TOTAL CHARGES $ 3262.58

TOTAL PAYMENTS $ _____

DATE SUPPLIER/VENDOR NAME (PRINT) SIGNATURE TELEPHONE

STREET ADDRESS CITY OR TOWN STATE OR PROVIDENCE ZIP CODE

534 489 (REV 6/05)

PENSION BOARD

To Be Send To

[redacted]

STATEMENT OF SERVICES
Precision Implant & Oral Surgery

Date	Name	Dr	Code	Description	Tooth Check #	Amount	Balance
1/22/2024	[redacted]	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	CC	CREDIT CARD CHARG 2.5%		79.58	5762.58
1/22/2024		SB	0004.2	CREDIT CARD PMT, THANK YOU		-3262.58	2500.00
1/22/2024						[redacted]	

To be paid by Hana

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

[redacted]

Account # 101226
Mobile [redacted]

Last Billing
Last Private Payment 1/22/2024
Budget 0.00

Thank you!

Provider

Scott Bulloch
754 S Main Street, Suite 5
St George, UT 84770

435-652-1445

Billing Date

1/22/2024

Patient	Next Appointment Date	Time	Reason
[redacted]	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

Payment N0DK1ZSWRETS2

Clover Privacy Policy
https://clover.com/privacy