Everett Police Pension Board Meeting Agenda

Wednesday, September 18, 2024, 9:00 a.m. via Microsoft Teams

1.) Approval of minutes for August 21, 2024

2.) Bills and Pension Rolls:

PENSION ROLL		
Budgeted Amount	$504,000.00	
July 2024	$38,548.42	
Remaining budget	**$205,918.10**	**40.86%**
MEDICAL CLAIMS		
Budgeted amount	$1,288,000.00	
July 2024	$82,897.77	
July 2024 HMA fees	$10,398.64	
Remaining budget	**$516,763.38**	**40.12%**

3.) Action Items:

Member #80	Request for reimbursement for Optos wellness package in the amount of $49.00.
Member #79	Request for pre-approval for a dental implant in the amount of $6,985.
Member # 95	Request for reimbursement for compound medication for skin cancer of the scalp in the amount of $269.80.

EVERETT
WASHINGTON

City of Everett
Police and Fire Pension Boards

Request to the Board

To be completed by LEOFF 1 member (or family) for submittal to the board.

Member Name
(please print) [redacted]

1. Diagnosis: CPT CODE S9986
2. Prognosis: 1x yearly Reoccurrence
3. Type of Treatment(s) or Procedure: Optomap Wellness Package
4. Cost of treatments/service: $ 49.00
5. Request to the board for this specific treatment or procedure:

[redacted] is requesting reimbursement of the $49.00 in expenses paid for the optomap service provided through Silver Lake Eye Care Center on 03/14/2024. HMA does not cover these expenses.

(Examples can be found at everettwa.gov/pensionboards)

Return to:
City of Everett
Police and Fire Pension Boards
2930 Wetmore Ave, Ste 1-A
Everett, WA 98201
Leoff1@everettwa.gov

Silver Lake Eye Care Center
Lynette M Sundholm OD
10101 19th Ave SE Suite B
Everett WA 98208
(425) 338-5400
(425) 338-5402

38220

ADDRESS SERVICE REQUESTED

001822
0101

PAYMENT DUE BY: 05/16/23

IF PAYING BY MASTERCARD, DISCOVER OR VISA, FILL OUT BELOW.

CREDIT CARD USING FOR PAYMENT

MASTERCARD | DISCOVER | VISA

STATEMENT DATE	PATIENT AMOUNT DUE	ACCT # ENCLOSED
04/21/23	$49.00	31589

PAGE: 1 of 1

SHOW AMOUNT PAID HERE $

[redacted]

SILVER LAKE EYE CARE CENTER
LYNETTE M SUNDHOLM OD
10101 19TH AVE SE SUITE B
EVERETT, WA 98208-4255

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

38220*TLK0QM113000013

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT

PATIENT: [redacted]

Date	Code	Description	ID	Charge	Adjust	Payment	Balance	P
12/13/22		Ins. Pmt. - HMA 10/3 AO	***	0.00	0.00	37.84	99.24	A
03/08/23	92014	Comprehensive Examination- EP	DK	161.00	0.00	0.00	260.24	A
03/08/23	92015	Refraction	DK	65.00	0.00	0.00	325.24	A
03/08/23	S9986	Optos Wellness Pkg >18	DK	49.00	0.00	0.00	374.24	A
03/08/23		Heat Mask Only/Bruder Or DERM	DK	23.00	0.00	0.00	397.24	A
03/09/23		Pmt - Cash	***	0.00	0.00	23.00	374.24	
03/24/23		Pmt - INS. CC PMT HMA 3/8/23	***	0.00	0.00	99.24	275.00	A
04/05/23		Pmt - INS. CC PMT 3/8/23	***	0.00	0.00	149.71	125.29	A
04/05/23		Ins. Adj. CC PMT 3/8/23	***	0.00	76.29	0.00	49.00	A
04/21/23		Pmt - Dir Deposit	***	0.00	0.00	0.00	49.00	A
04/21/23		Pmt - Dir Deposit	***	0.00	0.00	0.00	49.00	A

THIS IS A RETINAL IMAGING PROCEDURE. PART OF OVERALL EYE EXAM. HMA SAYS NOT MEDICALLY NECESSARY.

Current	Over 30	Over 60	Over 90
$ 0.00	$ 49.00	$ 0.00	$ 0.00

PAY THIS AMOUNT ▸▸▸▸▸▸▸ $49.00

Total Balance	Insurance Balance	Patient Balance
49.00	0.00	$49.00

EVERETT
WASHINGTON

City of Everett
Police and Fire Pension Boards

Request for Pre-approval

To be completed by LEOFF 1 member's physician to establish medical necessity for procedures or services not covered under member's medical plan.

Member Name [redacted]
(please print)

1. Diagnosis: K02.9 , K08.129
2. Prognosis: highly favorable for restoration
3. Type of Treatment(s) or Procedure: Dental implant
4. Reason for this specific treatment or procedure: TO restore complete dental function
5. Length and/or number of treatments: 3-5 appointments
6. Expected outcome: favorable for complete restoration of Dentition.
7. Estimated cost of treatments/service: $ 6,985

Physician's Signature
(Please attach business card)

Return to:
City of Everett
Police and Fire Pension Boards
2930 Wetmore Ave, Ste 1-A
Everett, WA 98201
FAX: (425) 257-6604

August 15, 2024

[redacted]

City of Everett
LEOFF 1 Police Pension Board

To Whom it may concern:

I am requesting pre-approval for restorative work (Implant) to replace a tooth that was extracted this year due to decay and resorption.

My Dentist, Dr. Mark Stockwell, while prepping for a filling, noted that internal resorption may be occurring. I was referred to Dr. Ashley Barrineau, Alderwood Endodontics, to determine if my tooth was salvageable. Dr. Barrineau determined that resorption was present and sent her findings back to Dr. Stockwell. Dr. Stockwell recommended to me that the tooth be extracted with implant placement. I was referred to OM3 in Everett where my tooth was extracted and a bone graft completed by Dr. Peter Kim on 06/04/2024. I am currently scheduled for an implant consultation on September 11th at OM3. Additional appointments will follow for Implant placement, testing for stability, and eventually being referred to Dr. Stockwell for final restoration.

I am enclosing Dr Stockwell's referrals to Alderwood Endodontics and OM3, as well as their reports back to Dr Stockwell documenting examinations and work completed. In addition, I am enclosing for pre-approval from Dr. Peter Kim outlining the potential costs of the implant $6985.00.

Currently, I have used $2230.00 of the $2500.00 available to me for this year. Our plan allows for "All members who exceed or need additional work can submit up to $4000.00 for board approval." I am requesting that the additional amount be pre-approved.

Should the additional amount be approved, I request clarification. Does OM3 submit the bills to HMA so the discounts apply, or to I prepay and request reimbursement?

Thank you for your consideration,

[redacted]

alderwood endodontics

Grace H. Wu, DMD, MPH • Raymond Bogaert, DMD, PhD
Ashley Barrineau, DDS
19020 33rd Avenue West, Suite 320 • Lynnwood, WA 98036
P 425.771.4427 • F 425.775.0878 • Email: info@AlderwoodEndo.com
www.AlderwoodEndo.com

Date 3/28/24

Patient Name [redacted]

Ph # [redacted] ← Alt Ph # Pls call + schedule consult appt.

Referred by Dr. Mark C. Stockwell, DDS

Appt. Date _____ Time _____

Tooth/Teeth #s #30

☑ Examination and Root Canal Treatment

- ☐ Restoration if possible
- ☐ Temporary only

☐ Post Space Requested

☐ Consultation and Diagnosis

☑ Cone Beam Volumetric Imaging

☐ Retreatment

☐ Apicoectomy

Comments pls excl #30 for RCT, Pt had extensive cervical caries, ~~pt~~ while prepping for filling dr. noticed that pt. may have internal resorption of #30. please assess if tooth #30 is salvageable.

pls call if you have any further questions

To Our New Patient

Grace H. Wu, DMD, MPH
Raymond Bogaert, DMD, PhD
Ashley B. Barrineau, DDS

Alderwood Endodontics

April 2, 2024

Mark C. Stockwell, D.D.S.
2003 132nd ST SE , G
Everett WA 98208-7140

Dear Dr. Stockwell,

Thank you for referring [redacted] for an endodontic evaluation of tooth #30 which was completed on 04/02/2024.

A comprehensive endodontic examination of this area confirmed the following diagnosis and recommendation for Tooth #30.

Tooth #30
Pulpal Diagnosis: Irreversible pulpitis
Periapical Diagnosis: Normal apical tissue

Indications for Treatment: Evidence of decay and/or resorption along the buccal CEJ and approximating the furcation.
Prognosis: Fair

A treatment appointment was not made for [redacted] at this time until restorability is confirmed. [redacted]s aware of the possible need for periodontal treatment and/or risk of future periodontal defects should he elect to save tooth #30.

A CBCT slice is attached. Please confirm restorability of tooth #30 as the radiolucent defect approximates the furcation.

If/When treatment is completed, a post-treatment radiograph will be forwarded. He will be referred back to your office for necessary restorative procedures.

Please call me if you have any questions or concerns.

Thank you for involving me in the care of [redacted] and for your confidence in our office!

Sincerely,

Ashley Barrineau, D.D.S.

OM3 ORAL MAXILLOFACIAL & IMPLANT SURGERY

Scan to Preregister online at om3surgery.com

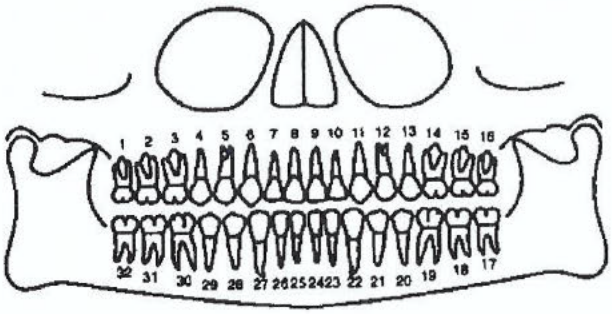
- ❑ Peter H. Kim, DDS
- ❑ Danielt T. Brady, DDS
- ❑ Serv S. Wahan, DMD MD
- ❑ Dustin R. Altmann, DMD

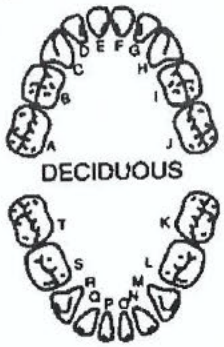
Patient's Name [redacted]

Date of Birth: [redacted]

- Minors must be accompanied by a parent or guardian
- 1st visit is an exam/consult only

❑ Patient will call ❑ Appointment made by referring doctor





FACIAL PROCEDURES

- ❑ TMJ Evaluation
- ❑ Pathology
- ❑ Facial Trauma

Other_____

ORAL SURGURY PROCEDURES

- ❑ Extraction, Tooth # 30
- ❑ Wisdom Teeth Removal #_____
- ❑ Evaluation For Implants
- ❑ Exposure of Tooth #_____
- ❑ Other _____

Remarks #30 EXT + implant placement

Radiographs ❑ Given to Patient ❑ Mailed ❑ Please Take in Office

X-Rays Included ☒ YES ❑ NO Email X-Rays to: info@om3surgery.com

Appointment date _____ Time _____

Referred by Dr. Mark Stockwell DDS Phone 425-337-170

❑ Mill Creek office ❑ Snohomish office ❑ Everett office ❑ Smokey Point office

Submit referrals & x-rays online! Look under referring doctors tab!

om3surgery.com

Peter H Kim, DDS — Board Certified Oral Maxillofacial Surgeon
Serv Wahan DMD, MD — Board Certified Oral Maxillofacial Surgeon
Daniel T Brady, DDS — Board Certified Oral Maxillofacial Surgeon
Dustin Altmann, DMD — Board Certified Oral Maxillofacial Surgeon

June 4, 2024

Mark C Stockwell, DDS
2003 132nd St SE, Suite #G
Everett, WA 98208

Re: [redacted]

Dear Dr. Stockwell,

I would like to take the opportunity to thank you for referring [redacted] to our office. He was seen on June 4, 2024 and the procedures listed below were performed.

[redacted] will be followed as necessary post-operatively. If x-rays were sent from your office they will be returned to you shortly, if not attached to this letter.

If you have any questions about the surgery performed on [redacted] or his recovery, please feel free to give me a call.

Ext- Surgical Removal Erupted Tooth	06/04/24	30
Bone Replacement Graft	06/04/24	30
Prf	06/04/24	30
Prf	06/04/24	30
Local Anesthesia	06/04/24	

Sincerely,

Peter H Kim DDS
drkim@om3surgery.com

City of Everett
Police and Fire Pension Boards

Request to the Board

To be completed by LEOFF 1 member (or family) for submittal to the board.

Member Name [redacted]
(please print)

1. Diagnosis: Skin cancer

2. Prognosis: Preventative treatment for skin cancer of the scalp

3. Type of Treatment(s) or Procedure: Compound medication

4. Cost of treatments/service: $ 269.80

5. Request to the board for this specific treatment or procedure:

[redacted]
pocket, excluding the cost of shipping. The HMA plan does not cover compound medications.

(Examples can be found at everettwa.gov/pensionboards)

Return to:
City of Everett
Police and Fire Pension Boards
2930 Wetmore Ave, Ste 1-A
Everett, WA 98201
Leoff1@everettwa.gov

To: City of Everett

From: [redacted] retired Police badge

Subject: Reimbursement $ 269.80

*compound Rx prescibed by Everett Clinic. Dr. Majerus

Over the indicated datas Dr. Majerus had prescribed this compound meds to prevent skin cancer of the scalp. This particular is not an O.T.C.

I've had extensive communications with H.M.A. and the pharmacy and they do not cover this medication. Medicare does not cover it.

So I'm asking for $269.80 reimbursement to cover my cost that I charged on my credit card Discover.
* I am not asking for the mailing fee. Otherwise it would be $ 299.65

Thanks for your help.

[redacted]

Secure Message Center

Read a Message

From	Caremark Customer Service
To	[redacted]
Date Sent	2023-12-12 16:29:49.884524
Subject	RE: Prescription and Orders - Prescription Verification

Message

Your Email Tracking ID is: 15357310

Dear [redacted]

Thank you for contacting CVS Caremark. We strive to provide quality customer care to every one of our plan participants

Feedback

Due to the complexity of compounds, it is not possible to provide an accurate price quote ahead of time. Please ask your retail pharmacy to submit the claim to your insurance first before creating the compound. If covered, the price of the compound will be available once it is submitted through your insurance.

CVS Caremark Home Delivery will no longer fill compound prescriptions due to new guidelines issued by the United States Pharmacopeia (USP).

Per your request, the Paper Claim Reimbursement forms will be sent to the primary address on file:

[redacted]

Please allow up to 10 days to receive the forms.

Please follow the steps below to obtain a claim form on our website.

1. Log on to Caremark.com with your username and password

2. From the top of your page, click on Profile

DISCOVER

[redacted]

Search Transactions: We found 3 matches.

Note: Please review your statements for interest charge information.

Transactions

Trans. Date	Post Date	Description		Amount	Category
☐ 04/12/23	04/14/23	KUSLERS COMPOUNDING PHAR SNOHOMISH WA	$	91.15	Merchandise
☐ 06/20/23	06/20/23	KUSLERS COMPOUNDING PHAR SNOHOMISH WA	$	91.15	Merchandise
☐ 08/09/23	08/09/23	KUSLERS COMPOUNDING PHAR SNOHOMISH WA	$	117.35	Merchandise
		Results Total	**= $**	**299.65**	

Need to dispute a charge? Can't find a transaction? Suspect Fraud?

Contact us immediately at:
U.S. **1-800-DISCOVER** (1-800-347-2683)
Outside U.S. 1-224-888-7777
TDD/TTY 1-800-347-7449

Printed on 07/19/2024

asking for $266.80
I paid shipping

Kuslers Compounding Pharmacy
700 Avenue D, Suite 102
Snohomish, WA 98290
360-568-1297

----------Sales Receipt----------

Trans#: 63940828
Date: 4/12/2023 4:20:03 PM
Cashier: Cashier Register #: 4

Item	Description		Amount
296764-8120-	Rx# 296764	F	$81.20
ship	Rx Shipping	F	$9.95
	Sub Total		$91.15
	Sales Tax		$0.00
	Total		$91.15
	Visa/MC/Discover Tendered		$91.15
	Card: XXXXXXXXXXX9218		
	Auth #: 01288R		
	Change Due		$0.00

*****
Review us on G
Thank you!
*****

Kuslers Compounding Pharmacy
700 Avenue D, Suite 102
Snohomish, WA 98290
360-568-1297

----------Sales Receipt----------

Trans#: 65076590
Date: 8/9/2023 8:36:27 AM
Cashier: Cashier Register #: 9

Item	Description		Amount
303081-10740-	Rx# 303081	F	$107.40
ship	RX Shipping	F	$9.95
	Sub Total		$117.35
	Sales Tax		$0.00
	Total		$117.35
	Visa/MC/Discover Tendered		$117.35
	Card: XXXXXXXXXXX9218		
	Auth #: 00964R		
	Change Due		$0.00

*****
Review us on Google
Thank you!
*****

Kuslers Compounding Pharmacy
700 Avenue D, Suite 102
Snohomish, WA 98290
360-568-1297

--Sales Receipt----------

Trans#: 64607465
Date: 6/20/2023 2:28:23 PM
Cashier: Cashier Register #: 4

Item	Description		Amount
296764-8120-	Rx# 296764	F	$81.20
SHIP	RX Shipping	F	$9.95
	Sub Total		$91.15
	Sales Tax		$0.00
	Total		$91.15
	Visa/MC/Discover Tendered		$91.15
	Card: XXXXXXXXXXX9218		
	Auth #: 02067R		
	Change Due		$0.00

Us on Google
u!

How to use this medication: Pain gels are usually dosed at 1-2ml (a fairly large marble sized amount) applied topically three to four times daily. The amount used is dependent on the size of the affected area and your own response. Rub the medication into the affected area well using gentle pressure to ensure good absorption. Massaging medication into warm, moist skin over 2-3 minutes is recommended. Wash hands thoroughly after each application and avoid contact with the eyes. If someone else is applying the medication for you, they should wear gloves.

Side Effects and Precautions: Pain gels are generally well tolerated, however they may cause drowsiness or dizziness, headache, blurred vision, dry mouth or skin irritation. Immediately inform your physician if you experience confusion or hallucinations, persistent stomach pain, difficulty urinating, or chest pain. Avoid alcohol consumption with pain gels and use caution when using machinery or performing any task which requires careful attention. Do not use pain gels if you are pregnant, may become pregnant or are breast feeding.

Drug Interactions: Because pain gels concentrate at the site of action, there is a reduced risk of drug-to-drug interactions. However, inform your physician and pharmacist of all prescription and over-the-counter medications you are taking to minimize the risk of potential drug interactions.

Storage: Store at room temperature and away from direct sunlight. Keep out of the reach of children.

The staff at Kusler's Pharmacy has provided this medication information for you. If you have questions about your medication, please contact one of our pharmacists or your physician.

Kusler's COMPOUNDING PHARMACY
700 AVENUE D SNOHOMISH, WA 98290
360-568-1297
Receipt

[redacted]

[redacted] 8/8/2023 [redacted]

Rx 00303081
60 GM
20day supply
303081-10740-
New/Refill N
GABA/KETO/AMIT/TETR 10/5/2/1% LIPO
CASH CUSTOMER

MATTHEW MAJERUS
4004 COLBY AVE EVERETT, WA 98201
425-339-5417 FM5940261

$107.40
Sales tax $0.00

Kusler's COMPOUNDING PHARMACY
700 AVENUE D SNOHOMISH, WA 98290
360-568-1297
Receipt

N

[redacted]

8/8/2023 [redacted]

Rx 00303081
60 GM
20 day supply
NDC
TK417049
GABA/KETO/AMIT/TETR 10/5/2/1% LIPODERM
CASH CUSTOMER

MATTHEW MAJERUS
4004 COLBY AVE EVERETT, WA 98201
425-339-5417 FM5940261

$107.40
Sales tax $0.00

How to use this medication: Pain gels are usually dosed at 1-2ml (a fairly large marble sized amount) applied topically three to four times daily. The amount used is dependent on the size of the affected area and your own response. Rub the medication into the affected area well using gentle pressure to ensure good absorption. Massaging medication into warm, moist skin over 2-3 minutes is recommended. Wash hands thoroughly after each application and avoid contact with the eyes. If someone else is applying the medication for you, they should wear gloves.

Side Effects and Precautions: Pain gels are generally well tolerated, however they may cause drowsiness or dizziness, headache, blurred vision, dry mouth or skin irritation. Immediately inform your physician if you experience confusion or hallucinations, persistent stomach pain, difficulty urinating, or chest pain. Avoid alcohol consumption with pain gels and use caution when using machinery or performing any task which requires careful attention. Do not use pain gels if you are pregnant, may become pregnant or are breast feeding.

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Storage: Store at room temperature and away from direct sunlight. Keep out of the reach of children.

The staff at Kusler's Pharmacy has provided this medication information for you. If you have questions about your medication, please contact one of our pharmacists or your physician.

Kusler's COMPOUNDING PHARMACY
700 AVENUE D SNOHOMISH, WA 98290
360-568-1297
Receipt

[redacted]

6/20/2023

[redacted]

Rx 00296764
30 GM
10day supply
296764-8120-
New/Refill R
GABA/KETO/AMIT/TETR 10/5/2/1% LIPO
CASH CUSTOMER

MATTHEW MAJERUS
4004 COLBY AVE EVERETT, WA 98201
425-339-5417 FM5940261

$81.20
Sales tax $0.00

Kusler's COMPOUNDING PHARMACY
700 AVENUE D SNOHOMISH, WA 98290
360-568-1297
Receipt

R

[redacted]

6/20/2023

[redacted]

HIPAA check ☑

Rx 00296764
30 GM
NDC
10 day supply
TK411262
GABA/KETO/AMIT/TETR 10/5/2/1% LIPODERM
CASH CUSTOMER

MATTHEW MAJERUS
4004 COLBY AVE EVERETT, WA 98201
425-339-5417 FM5940261

$81.20
Sales tax $0.00

bloodstream is very low, so side effects are minimized.

How to use this medication: Pain gels are usually dosed at 1-2ml (a fairly large marble sized amount) applied topically three to four times daily. The amount used is dependent on the size of the affected area and your own response. Rub the medication into the affected area well using gentle pressure to ensure good absorption. Massaging medication into warm, moist skin over 2-3 minutes is recommended. Wash hands thoroughly after each application and avoid contact with the eyes. If someone else is applying the medication for you, they should wear gloves.

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Kusler's COMPOUNDING PHARMACY
700 AVENUE D SNOHOMISH, WA 98290
360-568-1297
Receipt

[redacted]

4/12/2023

[redacted]

Rx 00296764
30 GM
10day supply
296764-8120-
New/Refill N
GABA/KETO/AMIT/TETR 10/5/2/1% LIPO
CASH CUSTOMER

MATTHEW MAJERUS
4004 COLBY AVE EVERETT, WA 98201
425-339-5417 FM5940261

$81.20
Sales tax $0.00

Kusler's COMPOUNDING PHARMACY
700 AVENUE D SNOHOMISH, WA 98290
360-568-1297
Receipt

N

[redacted]

4/12/2023

[redacted]

Rx 00296764
30 GM
NDC
10 day supply
TK403147
GABA/KETO/AMIT/TETR 10/5/2/1% LIPODERM
CASH CUSTOMER

MATTHEW MAJERUS
4004 COLBY AVE EVERETT, WA 98201
425-339-5417 FM5940261

$81.20
Sales tax $0.00

Universal Claim Form for a Compounded Medication

Recognized by the International Academy of Compounding Pharmacists

Pharmacist

Pharmacy Information	Pharmacist's Name	Date
Kusler's Compounding Pharmacy 700 Avenue D, Suite 102 Snohomish, WA 98290 Phone: 360-568-1297	KIM, GABI	8/8/2023
	Pharmacist's License #	NCPDP # 4935764 / NPI 1366872798
	Pharmacist's Signature: X [signature]	State ID # PHAR.CF.604346

Patient

Name	Telephone
[redacted]	[redacted]
Address: [redacted]	
Birthdate: [redacted]	Sex: [redacted] / Social Security/Subscriber I.D. No.
Patient's Relationship to Cardholder	

Cardholder

Name	Telephone
Address	
City / State / Zip	
Birthdate / Sex / Social Security/Subscriber I.D. No.	
Employer / Employer ID	
Group No. / Plan No.	

Patient Authorization

I hereby authorize release of information to hea… y illness and/or treatment received. I certify that the information I have r… received the pharmacist care/services rendered.

X
Date

I hereby authorize my Pharmacy (in either case… documents required to permit to my insurer to make payment directly to Pharmacy … ecause of deductible clauses, lack of coverage or refusal to accept assignment of bene…

X
Date

Cost to me credit card. $269.80

*I am not awaiting reimbursement filing

Prescription

Medication Name	Price	Compounding fee
GABA/KETO/AMIT/TETR 10/5/2/1% LIPODER… [redacted]	$107.40	$0.00

Prescription Number	Days Supply	Level	… Dispensed
Rx #303081	20		GM

Dosage Form: LIPODERM

Ingredients	NDC	Qty.	Ingredient Cost
GABAPENTIN USP/EP	38779-2461-09	6.000 GM	$354.36
KETOPROFEN, USP	38779-0078-09	3.000 GM	$11.88
AMITRIPTYLINE HYDROCHLORIDE USP	38779-0189-05	1.200 GM	$21.89
TETRACAINE HYDROCHLORIDE, USP	38779-0566-08	0.600 GM	$4.01
ETHOXY DIGLYCOL	38779-1903-01	5.000 ML	$1.71
BASE, PCCA LIPODERM	51927-3338-00	60.000 GM	$135.60
SYRINGE, PRECISEDOSE DISPENSER AMBER, 10ML		6.000 EA	$16.29
KRISGEL 100 (TM)	51927-3215-00	0.600 ML	$0.98
TIP CAPS FOR LUER SYRINGES, WHITE		6.000 EA	$1.92
		Total	~~$548.64~~

Doctor

Prescriber's Name	Prescriber's DEA	Prescriber's NPI
MATTHEW MAJERUS	FM5940261	1821356924

DAW: 0 - No DAW

Pharmacist Authorization

I hereby certify that the above compounded medication was ordered by the stated prescriber specifically for the stated patient. This medication is not commercially available in this formulation or dosage form. The compounding was done using the highest possible standards, pure chemicals or drugs and contemporary technology.

Because this prescription is compounded and not manufactured, an NDC number is not required for reimbursement.

X [signature] X11/8/2023
Pharmacist Signature — Date:

If you have difficulty in submitting this form or receiving payment from your insurance company, please contact us, your employer benefits manager, or the State Insurance Commissioner: