

Fire Pension Board Meeting Agenda

[January 15, 2025, 9:30 a.m. via Microsoft Teams](#)

1.) Approval of minutes for December 18, 2024

2.) Bills and Pension Rolls:

PENSION ROLL

Budgeted Amount	\$720,000.00	
October 2024	\$58,056.33	
Remaining budget	\$101,354.10	14.08%

MEDICAL CLAIMS

Budgeted amount	\$1,792,000.00	
October 2024	\$91,593.48	
October 2024 HMA fees	\$14,088.48	
Remaining budget	\$560,813.30	31.30%

PENSION ROLL

Budgeted Amount	\$720,000.00	
November 2024	\$56,750.77	
Remaining budget	\$44,603.33	6.19%

MEDICAL CLAIMS

Budgeted amount	\$1,792,000.00	
November 2024	\$107,794.42	
November 2024 HMA fees	\$14,088.48	
Remaining budget	\$438,930.40	24.49%

3.) Action Item:

Member #139	Request for reimbursement of \$768.00 for crown replacement. That is the remaining amount for the 2024 dental coverage of up to \$4,000.00.
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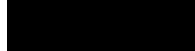


**City of Everett
Police and Fire Pension Boards**

Request to the Board

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

Member Name
(please print)



1. Diagnosis: _____

2. Prognosis: Major Dental Work including crown replacement

3. Type of Treatment(s) or Procedure: Crown tooth #13 and other

4. Cost of treatments/service: \$ \$1,890.00

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

Fire member #139 is requesting reimbursement of \$768.00. That is the remaining amount
for 2024 dental coverage of up to \$4,000.00

(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

MAKE CHECKS PAYABLE TO:

Wright Dental Group
1823 37th Street
Everett WA 98201

IF PAYING BY CREDIT CARD, SELECT THE CARD BELOW AND FILL OUT DETAILS.

☐  MASTERCARD	☐  DISCOVER	☐  VISA	☐  AMERICAN EXPRESS
CARD NUMBER			
SIGNATURE		EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #	
11/19/2024	\$1,890.00	354	
SHOW AMOUNT PAID HERE		\$	

EAGLESOFT_16

ADDRESSEE:

5780.945568.D1.1

SEND PAYMENT TO:

Wright Dental Group
1823 37th Street
Everett WA 98201

† Paid by phone out of personal MasterCard on 12-3-2024

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT**BALANCE FORWARD:****\$0.00**

DATE	PATIENT	CODE	DESCRIPTION	AMOUNT
06/06/2024			Insurance Claim from June 6, 2024 was Submitted to Prim. Insuranc	
06/06/2024		00140	Lim Oral Eval-Prob Focus	\$70.00
06/06/2024		00220	Periapical single, first	\$26.00
06/06/2024		05820	Interim part. dent. upper Tooth 9	\$489.00
06/06/2024			Insurance Claim from June 6, 2024 was Submitted to Prim. Insuranc	
07/11/2024			Insurance Claim from July 11, 2024 was Submitted to Prim. Insuran	
07/11/2024		01206	Topical fluoride varnish	\$37.00
07/11/2024		04000	Perio Chart	\$0.00
07/11/2024		00120	Periodic Oral Evaluation	\$58.00
07/11/2024		01110	Prophylaxis - Adult	\$112.00
07/24/2024			Insurance Claim from July 24, 2024 was Submitted to Prim. Insuran	
07/24/2024		02740	Crown, porc/ceramic Tooth 13	\$1,200.00
08/05/2024		02700	Crown Seat Tooth 13	\$0.00
08/19/2024		Ins Paymnt	Credit Card: Last 4 Last4 x0567 for claim from 6/6/2024	-\$26.00
09/16/2024		Ins Paymnt	Insurance Check: Number for claim from 7/24/2024	\$0.00
09/16/2024		Ins Paymnt	Credit Card: Last 4 Last4 x6780 for claim from 7/11/2024	-\$190.00
09/17/2024			Insurance Claim from September 17, 2024 was Submitted to Prim. In	
09/17/2024		05640	Rep. broken teeth p/tooth Tooth 9	\$114.00
10/17/2024		Ins Paymnt	Insurance Check: Number for claim from 9/17/2024	\$0.00

Account is 90 days Overdue.**You can now make a payment on our website. If you prefer this method please visit www.wrightdentistry.net**

TOTAL CHARGES: **\$1,890.00****ESTIMATED INSURANCE PAYMENT:** **\$0.00****BALANCE DUE:** **\$1,890.00**

CURRENT	30 DAYS	60 DAYS	90 DAYS	EST. INSURANCE	ON CONTRACT	DUE DATE
\$489.00	\$114.00	\$1,217.00	\$70.00	\$0.00	\$0.00	12/19/2024

Wright Dental Group
(425)258-3622

1823 37th Street
Everett, WA 98201