Everett Police Pension Board Meeting Agenda

March 19, 2025, 9:00 a.m. via Microsoft Teams

1.) Approval of minutes for January 15, 2025

2.) Approval of minutes for Police and Fire joint meeting on January 15, 2025

3.) Bills and Pension Rolls:

PENSION ROLL		
Budgeted Amount	$504,000.00	
December 2024	$36,063.10	
Remaining budget	**$18,139.08**	**3.60%**
MEDICAL CLAIMS		
Budgeted amount	$1,288,000.00	
December 2024	$3,863.14	
December 2024 HMA fees	$10,398.64	
Remaining budget	**$8,958.93**	**0.70%**

PENSION ROLL		
Budgeted Amount	$515,000.00	
January 2025	$44,252.86	
Remaining budget	**$470,747.14**	**91.41%**
MEDICAL CLAIMS		
Budgeted amount	$1,410,000.00	
January 2025	$100,587.21	
January 2025 HMA fees	$11,001.90	
Remaining budget	**$1,298,410.89**	**92.09%**

4.) Action Item:

Member #152	Request for reimbursement of $104.08 for physical therapy in excess of yearly cap.

5.) Other Items

- Discussion about the possibility of the Pension Board agreeing to pay additional postage costs in order to send monthly pension checks via USPS Certified Mail at a cost of $4.85 per check.

- Chelsi Bardwell to go over revised move in cost language.

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 [redacted]
(please print)

1. Diagnosis: _____
2. Prognosis: _____
3. Type of Treatment(s) or Procedure: Physical Therapy
4. Cost of treatments/service: $104.08___
5. Request to the board for this specific treatment or procedure: Member exceeded yearly cap for physical therapy

_____
_____
_____
(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

FAX

To: City of Everett Rick Gray - Police Pension Board From: [redacted]

Fax: [redacted] Pages: 2

Phone: [redacted] Date: 3/5/25

Re: CC:

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

Hello Rick,

Enclosed is a statement with a couple more physical therapy visits [redacted] had that were over the allowed amount Medicare & HMA cover/ allow.

I emailed a statement to you last week for the $32.15 so this would only be for the balance of $71.93.

Please feel free to call us if you have any questions.

Thank you,

[redacted]

MAKE CHECKS PAYABLE TO:

Hamilton Physical Therapy, P.C.
336 Fairgrounds Rd
Hamilton, MT 598403126

IF PAYING BY CREDIT CARD, FILL OUT BELOW:		
CIRCLE ONE: VISA MASTERCARD DISCOVER AMERICAN EXPRESS		
CARD NUMBER	EXP DATE	AMOUNT
SIGNATURE	3 OR 4 DIGIT SECURITY CODE	

STATEMENT DATE	PAY THIS AMOUNT	PATIENT NO.
03/03/25	$104.08	1669

For all billing questions, please call: (406) 375-9034
Office Hours: 8:00 AM to 5:00 PM Mon-Fri

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT

SHOW AMOUNT PAID HERE $

SEND TO:

[redacted]

REMIT TO:

Hamilton Physical Therapy, P.C.
336 Fairgrounds Rd
Hamilton, MT 598403126

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

STATEMENT

PLEASE RETURN TOP PORTION OF STATEMENT WITH YOUR PAYMENT TO ENSURE PROPER PAYMENT POSTING.

SVC	DESCRIPTION	CHARGES	MDCR RCPTS	INS RCPTS	PAT RCPTS	ADJUST	BALANCE	INS PENDING
09/17/24	THERAPEUT ACTVITY DIRECT PT CONTACT	$206.97	$69.14	$0.00	$0.00	$120.19	$17.64	
11/26/24	THERAPEUT ACTVITY DIRECT PT CONTACT	$206.97	$69.14	$0.00	$10.05	$120.19	$7.59	
11/26/24	THERAPEUTIC PX 1/> AREAS EACH 15 MI	$53.21	$17.48	$0.00	$0.00	$31.27	$4.46	
12/23/24	PHYSICAL THERAPY EVALUATION LOW COM	$182.01	$78.54	$0.00	$0.00	$83.44	$20.03	
12/23/24	THERAPEUT ACTVITY DIRECT PT CONTACT	$137.98	$40.43	$0.00	$0.00	$87.23	$10.32	
12/23/24	APPL MODALITY 1/> AREAS VASOPNEUMAT	$21.37	$7.04	$0.00	$0.00	$12.53	$1.80	
12/26/24	THERAPEUT ACTVITY DIRECT PT CONTACT	$275.96	$89.36	$0.00	$0.00	$163.80	$22.80	
12/26/24	APPL MODALITY 1/> AREAS VASOPNEUMAT	$21.37	$7.04	$0.00	$0.00	$12.53	$1.80	
12/31/24	THERAPEUT ACTVITY DIRECT PT CONTACT	$206.97	$69.14	$0.00	$0.00	$120.19	$17.64	

** Payment Due Upon Receipt * Thank You **

Current	30 Days	60 Days	90 Days	120 Days
$71.93	$32.15	$0.00	$0.00	$0.00

NOW DUE
$104.08

Pay online using code: 3539-8888-1429-1514 at https://portal.kareo.com/code

A consistent monthly payment is expected and appreciated.

Patient Number: [redacted]
Billing Questions Phone: (406) 375-9034

Hamilton Physical Therapy, P.C.
336 Fairgrounds Rd
Hamilton, MT 598403126

Hamilton Physical Therapy
Hamilton Neurorehab & Balance Center
Hamilton PT at The Canyons
Darby Physical Therapy
Corvallis Physical Therapy
Stevensville Physical Therapy
PT Specialists of Florence
Frenchtown Physical Therapy

STATEMENT