Fire Pension Board Meeting Agenda

August 20, 2025, 9:30 a.m. via Microsoft Teams

1.) Approval of minutes for July 16, 2025

2.) Bills and Pension Rolls:

PENSION ROLL		
Budgeted Amount	$709,000.00	
June 2025	$57,624.67	
Remaining budget	**$340,513.00**	**48.03%**
MEDICAL CLAIMS		
Budgeted amount	$1,946,000.00	
June 2025	$85,093.53	
June 2025 HMA fees	$14,905.35	
Remaining budget	**$992,847.08**	**51.02%**

3.) Action Item:

Member #101	Request for reimbursement of $158 (at $79 per month) for anti-fungal compound nail lacquer and a request to pre-approve the same anti-fungal at $79 per month for up to one year (or estimated $790 for an additional 10 months).

Fire Pension Board Minutes
City Of Everett
July 16, 2025

DRAFT

The regular meeting of the Fire Pension Board was called to order at 9:30 a.m. on July 16, 2025. Board Members Neyens, Schwab, Vitalich, and Jorve were present. Board Member Franklin was excused. Ana Mechler, Kandy Bartlett, Chelsi Bardwell, Human Resources; David Hall, Board Attorney and Rick Gray, Finance were also present.

APPROVAL OF MINUTES

The minutes of the meeting of May 21, 2025, were approved.

BILLS AND PENSION ROLLS

PENSION ROLL		
Budgeted Amount	$709,000.00	
April 2025	$56,017.15	
Remaining budget	**$452,808.18**	**63.87%**
MEDICAL CLAIMS		
Budgeted amount	$1,946,000.00	
April 2025	$109,235.49	
April 2025 HMA fees	$14,905.35	
Remaining budget	**$1,299,567.95**	**66.78%**
PENSION ROLL		
Budgeted Amount	$709,000.00	
May 2025	$54,670.51	
Remaining budget	**$398,137.67**	**56.15%**
MEDICAL CLAIMS		
Budgeted amount	$1,946,000.00	
May 2025	$191,816.64	
May 2025 HMA fees	$14,905.35	
Remaining budget	**$1,092,845.96**	**56.16%**

Moved by Neyens, seconded by Vitalich, to approve the pension rolls claims and medical claims as presented.

Roll was called with all members voting yes, except Board Member Franklin who was excused.

Motion carried.

DRAFT

ACTION ITEM

Member #29 Request for reimbursement in the amount of $828.82 (benefit of $2500 has been exhausted) to restore a dental implant for lost tooth

Moved by Neyens, seconded by Vitalich, to approve the request for reimbursement of $828.82 to restore a dental implant for lost tooth.

Roll was called with all members voting yes, except Board Member Franklin who was excused.

Motion carried.

Member #128 Request for reimbursement of $440.79 for chiropractic care (from last meeting - processed through HMA)

Moved by Schwab, seconded by Vitalich, to approve the request for reimbursement of $440.79 for chiropractic care.

Roll was called with all members voting yes, except Board Member Franklin who was excused.

Motion carried.

OTHER:

Discussion ensued regarding utilization of Medicare providers.

Discussion ensued regarding adjusting medical benefit caps for inflation.

Member Dan Taylor passed away.

The Board meeting adjourned at 10:11 a.m.

_____
Marista Jorve, Board Secretary

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: _____

2. Prognosis: _____

3. Type of Treatment(s) or Procedure: Anti Fungal Nail Laquer

4. Cost of treatments/service: $ $158.00

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

Fire LEOFF 1 member #101 requesting reimbursement for nail laquer. Will continue to receive this prescription for about 1 year.

(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

Jason Surratt, DPM
Thomas Melillo, DPM
Taylor Bunka, DPM
Yama Dehqanzada, DPM
Todd Galle, DPM
Mia Horvath, DPM
Stephen Feckete, DPM

Phone: (503) 245-2420

NORTHWEST EXTREMITY SPECIALISTS

Clifford Mah, DPM
Denny Le, DPM
Cara Beach, DPM
Manny Moy, DPM
Lacey Beth Lockhart, DPM
Peter Pham, DPM
Melinda Nicholes, DPM

Fax: (503) 245-2445

Patient Demographics

Patient Name: [redacted]
Street Address:
Mailing Address
Home Phone:
Work Phone:
Date of Birth: [redacted]
Social Security Number: [redacted]
Email Address: [redacted]

Insurance Information

Primary Insurance: MEDICARE PART B
PO BOX 6702, FARGO, ND, 58108-6799
Phone Number: 877-908-8431

Subscriber Na [redacted]
Subscriber ID:

Secondary Insurance: HMA
PO Box 85008

Subscriber Nar [redacted]
Subscriber ID:

Emergency Contact Information

Emergency Contact Name: [redacted]
Phone Number [redacted]
Pharmacy Name:
Pharmacy Number:

NEW ORDER/PRESCRIPTION FORM

Fax: 888-406-1507 FET@EBMmedical.com

EBM ID:61

PATIENT INFORMATION

Patient Name	[redacted]	Date of Birth	[redacted]
Cell Phone		Email	
Street Address			
Allergies	[redacted]		

NAIL ANTI-FUNGAL

Anti-Fungal, Topical

☐ **N1** — Amphotericin B 3%, Terbinafine 1%, Urea 20%, Thymol 4%
Qty:30gm **Sig:**Apply 1 time daily

Nail Debridement Gel

☐ **N14** — Urea 45% Gel
Qty:30gm **Sig:**Apply 1-2 times daily

Anti-Fungal Solution

☐ **N42** — Propylene Glycol, Lactic Acid, Alcohol Base Solution: Itraconazole 1%, Terbinafine 1%, Thymol 4%, Urea 20%
Qty:5mL **Sig:**Apply twice daily or as directed

☐ **N43** — Amphotericin B 3%, Terbinafine 1%, Urea 20%, Thymol 4% in Propylene Glycol Solution
Qty:5mL **Sig:**Apply twice daily or as directed

Anti-Bacterial Solution

☐ **N44** — Clinda 1.5%, Gent 0.2%, Levo 1%, Mupir 3%, Urea 20%
Qty:5mL **Sig:**Twice Daily

Anti-Fungal/Bacterial Solution

☒ **N45** — Gentamicin 0.2%, Ibuprofen 2%, Itraconazole 1%, Mupirocin 3%, Terbinafine 1%, Urea 20%
Qty:5mL **Sig:**Twice Daily

☐ **N55** — Gentamycin 0.2%, Ibuprofen 2%, Voriconazole 2%, Mupirocin 3%, Terbinafine 1%, Urea 20%
Qty:5mL **Sig:**Twice Daily

Broad Spectrum Antimicrobial Cream

☐ **N46** — Clotrimazole 2%, Itraconazole 1%, Undecylenic Acid 17%, Tea Tree Oil 5%, Thymol 2% Transdermal Cream
Qty:30gm **Sig:**Apply to affected area 1-2 times per day

REFILLS: ☒ PRN ☐ Other

ORTHOTICS/PLANTAR FASCIITIS

Medical Orthotics (WRITE IN SIZE)

☐ **EB-ORTHO 1** — 3/4 LENGTH, size specific medical orthotic

☐ **EB-ORTHO 2** — FULL LENGTH, size specific medical orthotic

STRETCH/COMPRESSION (WRITE IN SHOE SIZE)

☐ **Plantar Fasciitis Kit ONLY**

REFILLS: ☒ PRN ☐ Other

Qty:1 Pair **Sig:**SIZING: 3 -16 in FULL or 3/4 length (write in size)

TOLCYLEN

Anti-Fungal Solution

☐ **Tolcylen** — Tolnaftate 1%, Undecylenic Acid, Lactic Acid, Urea (3-month supply)
Qty:7.5mL **Sig:**Apply to nail 2 times daily and avoid skir

CBD/CBG Cream

☐ **Tolcylen** — Contains: 3% Cannabidiol (CBD), 3% Cannabigerol (CBG), Urea, Undecylenic Acid and Alcohol
Qty:100mL **Sig:**Apply 1 to 3 times per day

Antifungal Skin and Footwear Eradication

☐ **Tolcylen Kit** — Tolcylen Shoe Spray, Tolcylen Foot Cream, Tolcylen Solution
Sig: Apply 1-2 times Daily

Therapeutic Soak

☐ **Tolcylen-FS** — FOOT BATH: Urea, lactic acid, allantoin, medical honey, citric acid, undecylenic acid, dead sea, epsom salt in a transdermal delivery base
Qty:5ct **Sig:**Soak 1x per week for 5 weeks

Micro-Cleanse Soak

☐ **Tolcylen-FS** — FOOT BATH: Magnesium, Maltodextrin, Colloidal Oatmeal, Silica, Undecylenic Acid, Urea, Lactic Acid, Alcohol, Root Oil, Album Oil
Qty:680gm **Sig:**Soak every 2-3 days

REFILLS: ☒ PRN ☐ Other

WOUND BIO-FILM, ANTI-MICROBIAL/STIMULATION

Broad Spectrum Wound Gel

☐ **W90** — Clindamycin 1.5%, Gentamicin 0.2%, Levofloxacin 2%, Mupirocin 2%, Vancomycin 2% in Advanced Hydro-Wound Gel

Anti-Fungal Wound Gel

☐ **W92** — Itraconazole 1%, Terbinafine 1% in Advanced Hydro-Wound Gel

Anti-Microbial Wound Gel

☐ **W94** — Metronidazole 2%, Vancomycin 2% in advanced hydro-wound gel

Wound Debridement/Stimulation Gel

☐ **W96** — Misoprostol 0.003%, Phenytoin 4%, Urea 20% in advanced hydro-wound gel

Gram Positive/Wound Stimulation Gel

☐ **W97** — Misoprostol 0.003%, Phenytoin 4%, Vancomycin 2% in advanced hydro-wound gel

REFILLS: ☒ PRN ☐ Other

Qty:30gms **Sig:**Apply to wound 1-2 times daily/during dressing changes

PROVIDER INFORMATION

	HCP Name	NPI #	DEA #
☒	Lockhart, Lacey Beth	1497149454	FP8486385
☐			
☐			
☐			

Phone: (503) 245-2420 Fax: (503) 245-2445

Address: 29756 SW TOWN CENTER LOOP W STE H
WILSONVILLE OR, 97070

Signature [signature] DPM

Date 04-22-2025

No claims are made as to the safety, efficacy or use of these ingredients or formulations. EBM Medical is NOT a pharmacy. All compounded prescriptions are transmitted directly to accredited pharmacies

PATIENT INFORMATION

This image is for reference only
product configuration.

N45 - Rx Only

Dose: Apply to the treatment area twice daily.

Quantity: 5mL

Days Supply: 30-45

Use: The ingredients contained in your custom prescription are commonly used for topical management of infected nails.

Do not use N45 topical solution if you are pregnant or plan on becoming pregnant during treatment. Avoid drug contact with eyes, mouth, or mucous membranes. Do not use this medicine if you have had an allergic reaction to one of its ingredients.

This personalized prescription is being formulated to the exact specification that your doctor has ordered.

Active Pharmaceutical Ingredient Guide

ACTIVE INGREDIENT	STRENGTH	ACTION
Gentamicin	0.2%	Antibacterial.
Ibuprofen	2%	Reverse fungal resistance.
Itraconazole	1%	Antifungal.
Mupirocin	3%	Antibacterial.
Terbinafine	1%	Antifungal.
Urea	20%	Softens and hydrates the nail.

EBM MEDICAL CONTACT INFORMATION
636-614-3152
support@EBMmedical.com
M-F: 8 a.m. – 5 p.m. CST

EBM MEDICAL
www.EBMmedical.com

PATIENT INFORMATION

How to Apply This Medicine

- Your doctor will tell you how often to use this medicine. **Do not apply more than instructed by your doctor.**
- Follow instructions on the label.
- Apply N45 solution to the affected nails with the provided applicator and avoid healthy skin. Avoid contact with eyes and mouth.
- Do not apply cosmetics, or other topical products to the treated nails when using this preparation.

Effectiveness

Treatment and progress vary from patient to patient. Independent data shows that signs of improvement may be evident within 1 to 3 months, depending on the infection and damage to the nail.

Call your doctor right away if you notice any of these side effects:

- **Allergic reaction:** Swelling in your face or hands, itching or hives, swelling or tingling in your mouth or throat, chest tightness, trouble breathing.
- Severe skin redness, skin peeling, or irritation.

N45 was specially formulated to meet your individual needs. **Questions:** Please call 636-614-3152 or email at support@ebmmedical.com. Thank you!

Ana Mechler

From: [redacted]
Sent: Thursday, June 12, 2025 11:55 AM
To: Ana Mechler
Subject: [EXTERNAL] Fwd: Receipt for EBM Medical Order #1941608
Attachments: n45_patient information sheet_compressed.pdf

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Needing reimbursement for this prescription. This email is the only invoice available to me. The prescription is an antifungal for nail fungus prescribed by Dr Lockhart.

[redacted]

---------- Forwarded message ---------
From: <support@ebmmedical.com>
Date: Thu, May 1, 2025 at 12:12 PM
Subject: Receipt for EBM Medical Order #1941608
[redacted]

EBM MEDICAL

Order#: 1941608

Prescribing Healthcare Provider: Lockhart, Lacey Beth

Hello [redacted]

Thank you for allowing EBM Medical to serve you. The following order has been processed and scheduled to be shipped to the address liste on your receipt below.

You will receive a confirmation when your order has shipped.

Please review the order details and contact us if you have any questions. We can be reached at 636-614-3152 support@ebmmedical.com. Track the status of your order here.

Shipping:
1 Item(s)

Shipping Address:
[redacted]

Items	Ingredients	Units	Shipping	Sig	Pri
N45 Anti-Fungal/Bacterial Solution 5mL	Gentamicin 0.2%, Ibuprofen 2%, Itraconazole 1%, Mupirocin 3%, Terbinafine 1%, Urea 20%	1	Standard Shipping		$7

Patient Days Supply:

Product is non-returnable and non-refundable.

Order Summary

Subtotal:	$79.00
Shipping Cost:	$0.00
Tax:	$0.00
Total:	**$79.00**

Payment Information

Date	Type	Amount
5/1/2025	Account ending in 9943	$79.00

We hope to see you again soon.

636-614-3152
support@ebmmedical.com
www.ebmmedical.com

Ana Mechler

From: [redacted]
Sent: Thursday, June 12, 2025 12:02 PM
To: Ana Mechler
Subject: [EXTERNAL] Fwd: Receipt for EBM Medical Order #1995535

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

My second prescription needing reimbursement and dated 6-2-25. The same antifungal prescribed by Dr Lockhart and also for $79.

[redacted]

a

---------- Forwarded message ---------
From: <support@ebmmedical.com>
Date: Mon, Jun 2, 2025 at 12:12 PM
Subject: Receipt for EBM Medical Order #1995535
[redacted]

EBM MEDICAL

Order#: 1995535

Prescribing Healthcare Provider: Lockhart, Lacey Beth

Hello [redacted]

Thank you for allowing EBM Medical to serve you. The following order has been processed and scheduled to be shipped to the address liste on your receipt below.

You will receive a confirmation when your order has shipped.

Please review the order details and contact us if you have any questions. We can be reached at 636-614-3152 support@ebmmedical.com. Track the status of your order here.

Shipping:
1 Item(s)

Shipping Address:
[redacted]

Items	Ingredients	Units	Shipping	Sig	Pri
N45 Anti-Fungal/Bacterial Solution 5mL	Gentamicin 0.2%, Ibuprofen 2%, Itraconazole 1%, Mupirocin 3%, Terbinafine 1%, Urea 20%	1	Standard Shipping		$7

Patient Days Supply:

Product is non-returnable and non-refundable.

Order Summary

Subtotal:	$79.00
Shipping Cost:	$0.00
Tax:	$0.00
Total:	**$79.00**

Payment Information

Date	Type	Amount
6/2/2025	Account ending in 9943	$79.00

We hope to see you again soon.

636-614-3152
support@ebmmedical.com
www.ebmmedical.com