



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

ORG1 DESC : Allen County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den              | Paid<br>this Period | Paid              | Outstanding | Incurred          | Recovery           |
|----------------------------|----------------------------------|----------------------|----------------------|------------------------|---------------------|-------------------|-------------|-------------------|--------------------|
|                            |                                  |                      |                      | <b>Closed Total 52</b> |                     |                   |             |                   |                    |
|                            |                                  |                      |                      | Indemnity              | 0.00                | 32,308.26         | 0.00        | 32,308.26         | (2,000.00)         |
|                            |                                  |                      |                      | Rehab                  | 0.00                | 0.00              | 0.00        | 0.00              | 0.00               |
|                            |                                  |                      |                      | Medical                | 0.00                | 150,684.63        | 0.00        | 150,684.63        | (17,272.78)        |
|                            |                                  |                      |                      | Legal                  | 0.00                | 16,451.72         | 0.00        | 16,451.72         | 0.00               |
|                            |                                  |                      |                      | Other                  | 0.00                | 7,259.51          | 0.00        | 7,259.51          | (12,214.66)        |
|                            |                                  |                      |                      | <b>Total</b>           | <b>0.00</b>         | <b>206,704.12</b> | <b>0.00</b> | <b>206,704.12</b> | <b>(31,487.44)</b> |

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den           | Paid<br>this Period | Paid              | Outstanding       | Incurred          | Recovery          |
|----------------------------|----------------------------------|----------------------|----------------------|---------------------|---------------------|-------------------|-------------------|-------------------|-------------------|
|                            |                                  |                      |                      | <b>Open Total 4</b> |                     |                   |                   |                   |                   |
|                            |                                  |                      |                      | Indemnity           | 0.00                | 25,819.69         | 91,919.39         | 117,739.08        | 0.00              |
|                            |                                  |                      |                      | Rehab               | 0.00                | 0.00              | 0.00              | 0.00              | 0.00              |
|                            |                                  |                      |                      | Medical             | 5,031.92            | 78,225.73         | 45,374.27         | 123,600.00        | (3,000.00)        |
|                            |                                  |                      |                      | Legal               | 0.00                | 7,903.55          | 22,146.45         | 30,050.00         | 0.00              |
|                            |                                  |                      |                      | Other               | 205.95              | 4,178.10          | 11,336.90         | 15,515.00         | 0.00              |
|                            |                                  |                      |                      | <b>Total</b>        | <b>5,237.87</b>     | <b>116,127.07</b> | <b>170,777.01</b> | <b>286,904.08</b> | <b>(3,000.00)</b> |

CLAIMANT STATUS DESC : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

| Re-Open Total 1 |         | Indemnity     | 0.00             | 6,675.48         | 21,234.41        | 27,909.89         | 0.00 |
|-----------------|---------|---------------|------------------|------------------|------------------|-------------------|------|
|                 | Rehab   | 0.00          | 0.00             | 0.00             | 0.00             | 0.00              | 0.00 |
|                 | Medical | 121.68        | 38,861.86        | 12,588.14        | 51,450.00        | (1,000.00)        |      |
|                 | Legal   | 0.00          | 1,230.80         | 7,869.20         | 9,100.00         | 0.00              |      |
|                 | Other   | 0.00          | 1,187.49         | 7,692.51         | 8,880.00         | 0.00              |      |
| <b>Total</b>    |         | <b>121.68</b> | <b>47,955.63</b> | <b>49,384.26</b> | <b>97,339.89</b> | <b>(1,000.00)</b> |      |

  

| Allen County Total 57 |         | Indemnity       | 0.00              | 64,803.43         | 113,153.80        | 177,957.23         | (2,000.00) |
|-----------------------|---------|-----------------|-------------------|-------------------|-------------------|--------------------|------------|
|                       | Rehab   | 0.00            | 0.00              | 0.00              | 0.00              | 0.00               | 0.00       |
|                       | Medical | 5,153.60        | 267,772.22        | 57,962.41         | 325,734.63        | (21,272.78)        |            |
|                       | Legal   | 0.00            | 25,586.07         | 30,015.65         | 55,601.72         | 0.00               |            |
|                       | Other   | 205.95          | 12,625.10         | 19,029.41         | 31,654.51         | (12,214.66)        |            |
| <b>Total</b>          |         | <b>5,359.55</b> | <b>370,786.82</b> | <b>220,161.27</b> | <b>590,948.09</b> | <b>(35,487.44)</b> |            |

**ORG1 DESC :** Anderson County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number            | Claimant Name   | InjuryDate    | Received            |             | Paid                |                   |             |          |          |
|-------------------------|-----------------|---------------|---------------------|-------------|---------------------|-------------------|-------------|----------|----------|
| Claim Type              | Claimant Status | Closed        | Examiner            | Lit / Den   | this Period         | Paid              | Outstanding | Incurred | Recovery |
| <b>Closed Total 199</b> |                 |               |                     |             |                     |                   |             |          |          |
|                         | Indemnity       | 0.00          | 655,363.49          | 0.00        | 655,363.49          | 0.00              |             |          |          |
|                         | Rehab           | 0.00          | 573.00              | 0.00        | 573.00              | 0.00              |             |          |          |
|                         | Medical         | 89.89         | 792,258.58          | 0.00        | 792,258.58          | 0.00              |             |          |          |
|                         | Legal           | 0.00          | 13,282.80           | 0.00        | 13,282.80           | 0.00              |             |          |          |
|                         | Other           | 24.75         | 57,345.83           | 0.00        | 57,345.83           | (3,864.70)        |             |          |          |
| <b>Total</b>            |                 | <b>114.64</b> | <b>1,518,823.70</b> | <b>0.00</b> | <b>1,518,823.70</b> | <b>(3,864.70)</b> |             |          |          |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number | Claimant Name   | InjuryDate | Received |           | Paid        |      |             |          |          |
|--------------|-----------------|------------|----------|-----------|-------------|------|-------------|----------|----------|
| Claim Type   | Claimant Status | Closed     | Examiner | Lit / Den | this Period | Paid | Outstanding | Incurred | Recovery |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                     |                  |          |            |           |            |      |
|---------------------|------------------|----------|------------|-----------|------------|------|
| <b>Open Total 3</b> | <b>Indemnity</b> | 0.00     | 68,251.98  | 22,008.15 | 90,260.13  | 0.00 |
|                     | <b>Rehab</b>     | 0.00     | 0.00       | 0.00      | 0.00       | 0.00 |
|                     | <b>Medical</b>   | 1,493.22 | 167,782.20 | 11,321.99 | 179,104.19 | 0.00 |
|                     | <b>Legal</b>     | 0.00     | 524.50     | 625.50    | 1,150.00   | 0.00 |
|                     | <b>Other</b>     | 137.68   | 11,960.17  | 6,703.69  | 18,663.86  | 0.00 |
|                     | <b>Total</b>     | 1,630.90 | 248,518.85 | 40,659.33 | 289,178.18 | 0.00 |

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|

|                        |                  |      |           |           |           |      |
|------------------------|------------------|------|-----------|-----------|-----------|------|
| <b>Re-Open Total 1</b> | <b>Indemnity</b> | 0.00 | 0.00      | 9,725.03  | 9,725.03  | 0.00 |
|                        | <b>Rehab</b>     | 0.00 | 0.00      | 0.00      | 0.00      | 0.00 |
|                        | <b>Medical</b>   | 0.00 | 12,736.40 | 21,113.60 | 33,850.00 | 0.00 |
|                        | <b>Legal</b>     | 0.00 | 0.00      | 600.00    | 600.00    | 0.00 |
|                        | <b>Other</b>     | 0.00 | 1,377.32  | 3,825.18  | 5,202.50  | 0.00 |
|                        | <b>Total</b>     | 0.00 | 14,113.72 | 35,263.81 | 49,377.53 | 0.00 |

|                                  |                  |          |              |           |              |            |
|----------------------------------|------------------|----------|--------------|-----------|--------------|------------|
| <b>Anderson County Total 203</b> | <b>Indemnity</b> | 0.00     | 723,615.47   | 31,733.18 | 755,348.65   | 0.00       |
|                                  | <b>Rehab</b>     | 0.00     | 573.00       | 0.00      | 573.00       | 0.00       |
|                                  | <b>Medical</b>   | 1,583.11 | 972,777.18   | 32,435.59 | 1,005,212.77 | 0.00       |
|                                  | <b>Legal</b>     | 0.00     | 13,807.30    | 1,225.50  | 15,032.80    | 0.00       |
|                                  | <b>Other</b>     | 162.43   | 70,683.32    | 10,528.87 | 81,212.19    | (3,864.70) |
|                                  | <b>Total</b>     | 1,745.54 | 1,781,456.27 | 75,923.14 | 1,857,379.41 | (3,864.70) |

**ORG1 DESC** : Barber County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                         |                  |      |            |      |            |            |
|-------------------------|------------------|------|------------|------|------------|------------|
| <b>Closed Total 268</b> | <b>Indemnity</b> | 0.00 | 222,081.59 | 0.00 | 222,081.59 | 0.00       |
|                         | <b>Rehab</b>     | 0.00 | 0.00       | 0.00 | 0.00       | 0.00       |
|                         | <b>Medical</b>   | 0.00 | 356,889.91 | 0.00 | 356,889.91 | 0.00       |
|                         | <b>Legal</b>     | 0.00 | 3,604.35   | 0.00 | 3,604.35   | 0.00       |
|                         | <b>Other</b>     | 0.00 | 29,884.13  | 0.00 | 29,884.13  | (2,201.73) |
|                         | <b>Total</b>     | 0.00 | 612,459.98 | 0.00 | 612,459.98 | (2,201.73) |

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|

|                     |                  |      |           |           |            |      |
|---------------------|------------------|------|-----------|-----------|------------|------|
| <b>Open Total 2</b> | <b>Indemnity</b> | 0.00 | 6,114.97  | 28,137.67 | 34,252.64  | 0.00 |
|                     | <b>Rehab</b>     | 0.00 | 0.00      | 0.00      | 0.00       | 0.00 |
|                     | <b>Medical</b>   | 0.00 | 32,731.27 | 20,768.73 | 53,500.00  | 0.00 |
|                     | <b>Legal</b>     | 0.00 | 485.55    | 7,014.45  | 7,500.00   | 0.00 |
|                     | <b>Other</b>     | 0.00 | 966.75    | 6,345.75  | 7,312.50   | 0.00 |
|                     | <b>Total</b>     | 0.00 | 40,298.54 | 62,266.60 | 102,565.14 | 0.00 |

|                                |                  |      |            |           |            |            |
|--------------------------------|------------------|------|------------|-----------|------------|------------|
| <b>Barber County Total 270</b> | <b>Indemnity</b> | 0.00 | 228,196.56 | 28,137.67 | 256,334.23 | 0.00       |
|                                | <b>Rehab</b>     | 0.00 | 0.00       | 0.00      | 0.00       | 0.00       |
|                                | <b>Medical</b>   | 0.00 | 389,621.18 | 20,768.73 | 410,389.91 | 0.00       |
|                                | <b>Legal</b>     | 0.00 | 4,089.90   | 7,014.45  | 11,104.35  | 0.00       |
|                                | <b>Other</b>     | 0.00 | 30,850.88  | 6,345.75  | 37,196.63  | (2,201.73) |
|                                | <b>Total</b>     | 0.00 | 652,758.52 | 62,266.60 | 715,025.12 | (2,201.73) |

**ORG1 DESC** : Bourbon County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                         |                  |      |              |      |              |              |
|-------------------------|------------------|------|--------------|------|--------------|--------------|
| <b>Closed Total 293</b> | <b>Indemnity</b> | 0.00 | 377,333.93   | 0.00 | 377,333.93   | 0.00         |
|                         | <b>Rehab</b>     | 0.00 | 0.00         | 0.00 | 0.00         | 0.00         |
|                         | <b>Medical</b>   | 0.00 | 725,354.83   | 0.00 | 725,354.83   | (14,648.00)  |
|                         | <b>Legal</b>     | 0.00 | 14,357.35    | 0.00 | 14,357.35    | (5,986.67)   |
|                         | <b>Other</b>     | 0.00 | 94,884.57    | 0.00 | 94,884.57    | (124,733.70) |
|                         | <b>Total</b>     | 0.00 | 1,211,930.68 | 0.00 | 1,211,930.68 | (145,368.37) |

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|

|                     |                  |           |            |            |            |             |
|---------------------|------------------|-----------|------------|------------|------------|-------------|
| <b>Open Total 9</b> | <b>Indemnity</b> | 0.00      | 181,902.52 | 49,970.29  | 231,872.81 | 0.00        |
|                     | <b>Rehab</b>     | 0.00      | 0.00       | 0.00       | 0.00       | 0.00        |
|                     | <b>Medical</b>   | 11,041.44 | 212,309.76 | 103,440.24 | 315,750.00 | (258.82)    |
|                     | <b>Legal</b>     | 0.00      | 8,611.15   | 27,938.85  | 36,550.00  | 0.00        |
|                     | <b>Other</b>     | 858.87    | 65,256.45  | 15,993.55  | 81,250.00  | (28,149.84) |
|                     | <b>Total</b>     | 11,900.31 | 468,079.88 | 197,342.93 | 665,422.81 | (28,408.66) |

|                                 |                  |           |              |            |              |              |
|---------------------------------|------------------|-----------|--------------|------------|--------------|--------------|
| <b>Bourbon County Total 302</b> | <b>Indemnity</b> | 0.00      | 559,236.45   | 49,970.29  | 609,206.74   | 0.00         |
|                                 | <b>Rehab</b>     | 0.00      | 0.00         | 0.00       | 0.00         | 0.00         |
|                                 | <b>Medical</b>   | 11,041.44 | 937,664.59   | 103,440.24 | 1,041,104.83 | (14,906.82)  |
|                                 | <b>Legal</b>     | 0.00      | 22,968.50    | 27,938.85  | 50,907.35    | (5,986.67)   |
|                                 | <b>Other</b>     | 858.87    | 160,141.02   | 15,993.55  | 176,134.57   | (152,883.54) |
|                                 | <b>Total</b>     | 11,900.31 | 1,680,010.56 | 197,342.93 | 1,877,353.49 | (173,777.03) |

**ORG1 DESC** : Brown County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                        |                  |      |            |      |            |          |
|------------------------|------------------|------|------------|------|------------|----------|
| <b>Closed Total 86</b> | <b>Indemnity</b> | 0.00 | 254,143.69 | 0.00 | 254,143.69 | 0.00     |
|                        | <b>Rehab</b>     | 0.00 | 0.00       | 0.00 | 0.00       | 0.00     |
|                        | <b>Medical</b>   | 0.00 | 364,854.17 | 0.00 | 364,854.17 | 0.00     |
|                        | <b>Legal</b>     | 0.00 | 9,293.80   | 0.00 | 9,293.80   | 0.00     |
|                        | <b>Other</b>     | 0.00 | 23,605.55  | 0.00 | 23,605.55  | (944.56) |
|                        | <b>Total</b>     | 0.00 | 651,897.21 | 0.00 | 651,897.21 | (944.56) |

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|

|                     |                  |      |      |          |          |      |
|---------------------|------------------|------|------|----------|----------|------|
| <b>Open Total 1</b> | <b>Indemnity</b> | 0.00 | 0.00 | 0.00     | 0.00     | 0.00 |
|                     | <b>Rehab</b>     | 0.00 | 0.00 | 0.00     | 0.00     | 0.00 |
|                     | <b>Medical</b>   | 0.00 | 0.00 | 3,500.00 | 3,500.00 | 0.00 |
|                     | <b>Legal</b>     | 0.00 | 0.00 | 0.00     | 0.00     | 0.00 |
|                     | <b>Other</b>     | 0.00 | 0.00 | 700.00   | 700.00   | 0.00 |
|                     | <b>Total</b>     | 0.00 | 0.00 | 4,200.00 | 4,200.00 | 0.00 |

|                              |                  |      |            |          |            |          |
|------------------------------|------------------|------|------------|----------|------------|----------|
| <b>Brown County Total 87</b> | <b>Indemnity</b> | 0.00 | 254,143.69 | 0.00     | 254,143.69 | 0.00     |
|                              | <b>Rehab</b>     | 0.00 | 0.00       | 0.00     | 0.00       | 0.00     |
|                              | <b>Medical</b>   | 0.00 | 364,854.17 | 3,500.00 | 368,354.17 | 0.00     |
|                              | <b>Legal</b>     | 0.00 | 9,293.80   | 0.00     | 9,293.80   | 0.00     |
|                              | <b>Other</b>     | 0.00 | 23,605.55  | 700.00   | 24,305.55  | (944.56) |
|                              | <b>Total</b>     | 0.00 | 651,897.21 | 4,200.00 | 656,097.21 | (944.56) |

**ORG1 DESC** : Chase County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                        |                  |      |           |      |           |      |
|------------------------|------------------|------|-----------|------|-----------|------|
| <b>Closed Total 18</b> | <b>Indemnity</b> | 0.00 | 0.00      | 0.00 | 0.00      | 0.00 |
|                        | <b>Rehab</b>     | 0.00 | 0.00      | 0.00 | 0.00      | 0.00 |
|                        | <b>Medical</b>   | 0.00 | 11,075.22 | 0.00 | 11,075.22 | 0.00 |
|                        | <b>Legal</b>     | 0.00 | 0.00      | 0.00 | 0.00      | 0.00 |
|                        | <b>Other</b>     | 0.00 | 516.22    | 0.00 | 516.22    | 0.00 |
|                        | <b>Total</b>     | 0.00 | 11,591.44 | 0.00 | 11,591.44 | 0.00 |

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|

|                     |                  |        |           |           |           |      |
|---------------------|------------------|--------|-----------|-----------|-----------|------|
| <b>Open Total 3</b> | <b>Indemnity</b> | 0.00   | 1,322.76  | 23,753.76 | 25,076.52 | 0.00 |
|                     | <b>Rehab</b>     | 0.00   | 0.00      | 0.00      | 0.00      | 0.00 |
|                     | <b>Medical</b>   | 170.40 | 23,588.41 | 17,161.59 | 40,750.00 | 0.00 |
|                     | <b>Legal</b>     | 0.00   | 488.70    | 8,011.30  | 8,500.00  | 0.00 |
|                     | <b>Other</b>     | 18.01  | 1,382.24  | 4,980.26  | 6,362.50  | 0.00 |
|                     | <b>Total</b>     | 188.41 | 26,782.11 | 53,906.91 | 80,689.02 | 0.00 |

|                              |                  |        |           |           |           |      |
|------------------------------|------------------|--------|-----------|-----------|-----------|------|
| <b>Chase County Total 21</b> | <b>Indemnity</b> | 0.00   | 1,322.76  | 23,753.76 | 25,076.52 | 0.00 |
|                              | <b>Rehab</b>     | 0.00   | 0.00      | 0.00      | 0.00      | 0.00 |
|                              | <b>Medical</b>   | 170.40 | 34,663.63 | 17,161.59 | 51,825.22 | 0.00 |
|                              | <b>Legal</b>     | 0.00   | 488.70    | 8,011.30  | 8,500.00  | 0.00 |
|                              | <b>Other</b>     | 18.01  | 1,898.46  | 4,980.26  | 6,878.72  | 0.00 |
|                              | <b>Total</b>     | 188.41 | 38,373.55 | 53,906.91 | 92,280.46 | 0.00 |

**ORG1 DESC** : Chautauqua County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                        |                  |      |            |      |            |             |
|------------------------|------------------|------|------------|------|------------|-------------|
| <b>Closed Total 94</b> | <b>Indemnity</b> | 0.00 | 236,530.32 | 0.00 | 236,530.32 | 0.00        |
|                        | <b>Rehab</b>     | 0.00 | 0.00       | 0.00 | 0.00       | 0.00        |
|                        | <b>Medical</b>   | 0.00 | 444,168.59 | 0.00 | 444,168.59 | 0.00        |
|                        | <b>Legal</b>     | 0.00 | 1,528.00   | 0.00 | 1,528.00   | 0.00        |
|                        | <b>Other</b>     | 0.00 | 42,941.33  | 0.00 | 42,941.33  | (11,977.87) |
|                        | <b>Total</b>     | 0.00 | 725,168.24 | 0.00 | 725,168.24 | (11,977.87) |

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|

|                     |                  |        |        |          |          |      |
|---------------------|------------------|--------|--------|----------|----------|------|
| <b>Open Total 1</b> | <b>Indemnity</b> | 0.00   | 0.00   | 0.00     | 0.00     | 0.00 |
|                     | <b>Rehab</b>     | 0.00   | 0.00   | 0.00     | 0.00     | 0.00 |
|                     | <b>Medical</b>   | 519.35 | 670.71 | 1,829.29 | 2,500.00 | 0.00 |
|                     | <b>Legal</b>     | 0.00   | 0.00   | 0.00     | 0.00     | 0.00 |
|                     | <b>Other</b>     | 24.10  | 55.24  | 444.76   | 500.00   | 0.00 |
|                     | <b>Total</b>     | 543.45 | 725.95 | 2,274.05 | 3,000.00 | 0.00 |

|                                   |                  |        |            |          |            |             |
|-----------------------------------|------------------|--------|------------|----------|------------|-------------|
| <b>Chautauqua County Total 95</b> | <b>Indemnity</b> | 0.00   | 236,530.32 | 0.00     | 236,530.32 | 0.00        |
|                                   | <b>Rehab</b>     | 0.00   | 0.00       | 0.00     | 0.00       | 0.00        |
|                                   | <b>Medical</b>   | 519.35 | 444,839.30 | 1,829.29 | 446,668.59 | 0.00        |
|                                   | <b>Legal</b>     | 0.00   | 1,528.00   | 0.00     | 1,528.00   | 0.00        |
|                                   | <b>Other</b>     | 24.10  | 42,996.57  | 444.76   | 43,441.33  | (11,977.87) |
|                                   | <b>Total</b>     | 543.45 | 725,894.19 | 2,274.05 | 728,168.24 | (11,977.87) |

**ORG1 DESC** : Cherokee County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|





# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                         |                  |      |              |      |              |             |
|-------------------------|------------------|------|--------------|------|--------------|-------------|
| <b>Closed Total 413</b> | <b>Indemnity</b> | 0.00 | 954,640.23   | 0.00 | 954,640.23   | 0.00        |
|                         | <b>Rehab</b>     | 0.00 | 0.00         | 0.00 | 0.00         | 0.00        |
|                         | <b>Medical</b>   | 0.00 | 1,172,314.38 | 0.00 | 1,172,314.38 | 0.00        |
|                         | <b>Legal</b>     | 0.00 | 50,183.82    | 0.00 | 50,183.82    | 0.00        |
|                         | <b>Other</b>     | 0.00 | 99,894.42    | 0.00 | 99,894.42    | (33,794.04) |
|                         | <b>Total</b>     | 0.00 | 2,277,032.85 | 0.00 | 2,277,032.85 | (33,794.04) |

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|

|                     |                  |           |            |            |            |      |
|---------------------|------------------|-----------|------------|------------|------------|------|
| <b>Open Total 7</b> | <b>Indemnity</b> | 0.00      | 111,931.63 | 104,375.63 | 216,307.26 | 0.00 |
|                     | <b>Rehab</b>     | 0.00      | 0.00       | 0.00       | 0.00       | 0.00 |
|                     | <b>Medical</b>   | 9,041.53  | 220,637.29 | 50,611.09  | 271,248.38 | 0.00 |
|                     | <b>Legal</b>     | 0.00      | 1,211.25   | 7,038.75   | 8,250.00   | 0.00 |
|                     | <b>Other</b>     | 2,722.00  | 33,533.00  | 14,616.37  | 48,149.37  | 0.00 |
|                     | <b>Total</b>     | 11,763.53 | 367,313.17 | 176,641.84 | 543,955.01 | 0.00 |

|                                  |                  |           |              |            |              |             |
|----------------------------------|------------------|-----------|--------------|------------|--------------|-------------|
| <b>Cherokee County Total 420</b> | <b>Indemnity</b> | 0.00      | 1,066,571.86 | 104,375.63 | 1,170,947.49 | 0.00        |
|                                  | <b>Rehab</b>     | 0.00      | 0.00         | 0.00       | 0.00         | 0.00        |
|                                  | <b>Medical</b>   | 9,041.53  | 1,392,951.67 | 50,611.09  | 1,443,562.76 | 0.00        |
|                                  | <b>Legal</b>     | 0.00      | 51,395.07    | 7,038.75   | 58,433.82    | 0.00        |
|                                  | <b>Other</b>     | 2,722.00  | 133,427.42   | 14,616.37  | 148,043.79   | (33,794.04) |
|                                  | <b>Total</b>     | 11,763.53 | 2,644,346.02 | 176,641.84 | 2,820,987.86 | (33,794.04) |

**ORG1 DESC** : Cheyenne County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                        |                  |      |           |      |           |      |
|------------------------|------------------|------|-----------|------|-----------|------|
| <b>Closed Total 34</b> | <b>Indemnity</b> | 0.00 | 2,617.62  | 0.00 | 2,617.62  | 0.00 |
|                        | <b>Rehab</b>     | 0.00 | 0.00      | 0.00 | 0.00      | 0.00 |
|                        | <b>Medical</b>   | 0.00 | 66,826.70 | 0.00 | 66,826.70 | 0.00 |
|                        | <b>Legal</b>     | 0.00 | 392.00    | 0.00 | 392.00    | 0.00 |
|                        | <b>Other</b>     | 0.00 | 941.91    | 0.00 | 941.91    | 0.00 |
|                        | <b>Total</b>     | 0.00 | 70,778.23 | 0.00 | 70,778.23 | 0.00 |

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|

|                     |                  |      |          |           |           |      |
|---------------------|------------------|------|----------|-----------|-----------|------|
| <b>Open Total 2</b> | <b>Indemnity</b> | 0.00 | 0.00     | 20,000.00 | 20,000.00 | 0.00 |
|                     | <b>Rehab</b>     | 0.00 | 0.00     | 0.00      | 0.00      | 0.00 |
|                     | <b>Medical</b>   | 0.00 | 8,242.14 | 18,957.86 | 27,200.00 | 0.00 |
|                     | <b>Legal</b>     | 0.00 | 942.75   | 7,557.25  | 8,500.00  | 0.00 |
|                     | <b>Other</b>     | 0.00 | 391.28   | 3,458.72  | 3,850.00  | 0.00 |
|                     | <b>Total</b>     | 0.00 | 9,576.17 | 49,973.83 | 59,550.00 | 0.00 |

|                                 |                  |      |           |           |            |      |
|---------------------------------|------------------|------|-----------|-----------|------------|------|
| <b>Cheyenne County Total 36</b> | <b>Indemnity</b> | 0.00 | 2,617.62  | 20,000.00 | 22,617.62  | 0.00 |
|                                 | <b>Rehab</b>     | 0.00 | 0.00      | 0.00      | 0.00       | 0.00 |
|                                 | <b>Medical</b>   | 0.00 | 75,068.84 | 18,957.86 | 94,026.70  | 0.00 |
|                                 | <b>Legal</b>     | 0.00 | 1,334.75  | 7,557.25  | 8,892.00   | 0.00 |
|                                 | <b>Other</b>     | 0.00 | 1,333.19  | 3,458.72  | 4,791.91   | 0.00 |
|                                 | <b>Total</b>     | 0.00 | 80,354.40 | 49,973.83 | 130,328.23 | 0.00 |

**ORG1 DESC** : Clark County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                        |                  |      |           |      |           |            |
|------------------------|------------------|------|-----------|------|-----------|------------|
| <b>Closed Total 24</b> | <b>Indemnity</b> | 0.00 | 12,659.85 | 0.00 | 12,659.85 | 0.00       |
|                        | <b>Rehab</b>     | 0.00 | 0.00      | 0.00 | 0.00      | 0.00       |
|                        | <b>Medical</b>   | 0.00 | 63,013.90 | 0.00 | 63,013.90 | (3,474.33) |
|                        | <b>Legal</b>     | 0.00 | 511.50    | 0.00 | 511.50    | 0.00       |
|                        | <b>Other</b>     | 0.00 | 8,097.33  | 0.00 | 8,097.33  | 0.00       |
|                        | <b>Total</b>     | 0.00 | 84,282.58 | 0.00 | 84,282.58 | (3,474.33) |

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|

|                     |                  |           |           |            |            |      |
|---------------------|------------------|-----------|-----------|------------|------------|------|
| <b>Open Total 2</b> | <b>Indemnity</b> | 0.00      | 0.00      | 40,000.00  | 40,000.00  | 0.00 |
|                     | <b>Rehab</b>     | 0.00      | 0.00      | 0.00       | 0.00       | 0.00 |
|                     | <b>Medical</b>   | 17,916.70 | 18,168.24 | 147,831.76 | 166,000.00 | 0.00 |
|                     | <b>Legal</b>     | 0.00      | 0.00      | 600.00     | 600.00     | 0.00 |
|                     | <b>Other</b>     | 11,082.11 | 11,123.89 | 9,376.11   | 20,500.00  | 0.00 |
|                     | <b>Total</b>     | 28,998.81 | 29,292.13 | 197,807.87 | 227,100.00 | 0.00 |

|                              |                  |           |            |            |            |            |
|------------------------------|------------------|-----------|------------|------------|------------|------------|
| <b>Clark County Total 26</b> | <b>Indemnity</b> | 0.00      | 12,659.85  | 40,000.00  | 52,659.85  | 0.00       |
|                              | <b>Rehab</b>     | 0.00      | 0.00       | 0.00       | 0.00       | 0.00       |
|                              | <b>Medical</b>   | 17,916.70 | 81,182.14  | 147,831.76 | 229,013.90 | (3,474.33) |
|                              | <b>Legal</b>     | 0.00      | 511.50     | 600.00     | 1,111.50   | 0.00       |
|                              | <b>Other</b>     | 11,082.11 | 19,221.22  | 9,376.11   | 28,597.33  | 0.00       |
|                              | <b>Total</b>     | 28,998.81 | 113,574.71 | 197,807.87 | 311,382.58 | (3,474.33) |

**ORG1 DESC** : Clay County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                         |                  |      |            |      |            |             |
|-------------------------|------------------|------|------------|------|------------|-------------|
| <b>Closed Total 269</b> | <b>Indemnity</b> | 0.00 | 184,463.53 | 0.00 | 184,463.53 | 0.00        |
|                         | <b>Rehab</b>     | 0.00 | 0.00       | 0.00 | 0.00       | 0.00        |
|                         | <b>Medical</b>   | 0.00 | 499,982.90 | 0.00 | 499,982.90 | (14,087.26) |
|                         | <b>Legal</b>     | 0.00 | 6,952.00   | 0.00 | 6,952.00   | 0.00        |
|                         | <b>Other</b>     | 0.00 | 58,797.53  | 0.00 | 58,797.53  | (25,079.92) |
|                         | <b>Total</b>     | 0.00 | 750,195.96 | 0.00 | 750,195.96 | (39,167.18) |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid     | Outstanding | Incurred   | Recovery   |            |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|----------|-------------|------------|------------|------------|
| <b>Open Total 6</b>        |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00     | 5,210.62    | 61,430.14  | 66,640.76  | 0.00       |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00     | 0.00        | 0.00       | 0.00       | 0.00       |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 6,139.38 | 112,989.36  | 165,760.64 | 278,750.00 | (1,000.00) |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00     | 0.00        | 1,200.00   | 1,200.00   | 0.00       |
|                            |                                  |                      |                      |           | <b>Other</b>        | 95.52    | 12,996.12   | 20,103.88  | 33,100.00  | 0.00       |
|                            |                                  |                      |                      |           | <b>Total</b>        | 6,234.90 | 131,196.10  | 248,494.66 | 379,690.76 | (1,000.00) |

**CLAIMANT STATUS DESC :** Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred  | Recovery   |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|-----------|------------|------|
| <b>Re-Open Total 1</b>     |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 95,276.30   | 0.00      | 95,276.30  | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00        | 0.00      | 0.00       | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 189,499.96  | 32,702.21 | 222,202.17 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 0.00        | 0.00      | 0.00       | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 19,114.98   | 885.02    | 20,000.00  | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 303,891.24  | 33,587.23 | 337,478.47 | 0.00 |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                              |                  |          |              |            |              |             |
|------------------------------|------------------|----------|--------------|------------|--------------|-------------|
| <b>Clay County Total 276</b> | <b>Indemnity</b> | 0.00     | 284,950.45   | 61,430.14  | 346,380.59   | 0.00        |
|                              | <b>Rehab</b>     | 0.00     | 0.00         | 0.00       | 0.00         | 0.00        |
|                              | <b>Medical</b>   | 6,139.38 | 802,472.22   | 198,462.85 | 1,000,935.07 | (15,087.26) |
|                              | <b>Legal</b>     | 0.00     | 6,952.00     | 1,200.00   | 8,152.00     | 0.00        |
|                              | <b>Other</b>     | 95.52    | 90,908.63    | 20,988.90  | 111,897.53   | (25,079.92) |
|                              | <b>Total</b>     | 6,234.90 | 1,185,283.30 | 282,081.89 | 1,467,365.19 | (40,167.18) |

ORG1 DESC : Cloud County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery   |            |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|------------|------------|
| <b>Closed Total 401</b>    |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 391,018.68  | 0.00     | 391,018.68 | 0.00       |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00       |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 364,592.30  | 0.00     | 364,592.30 | (4,807.87) |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 1,376.00    | 0.00     | 1,376.00   | 0.00       |
|                            |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 30,888.14   | 0.00     | 30,888.14  | (2,972.65) |
|                            |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 787,875.12  | 0.00     | 787,875.12 | (7,780.52) |

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid   | Outstanding | Incurred  | Recovery  |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|--------|-------------|-----------|-----------|------|
| <b>Open Total 6</b>        |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00   | 0.00        | 0.00      | 0.00      | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00   | 0.00        | 0.00      | 0.00      | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 706.31 | 3,620.67    | 13,379.33 | 17,000.00 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00   | 0.00        | 0.00      | 0.00      | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 12.19  | 244.73      | 3,155.27  | 3,400.00  | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 718.50 | 3,865.40    | 16,534.60 | 20,400.00 | 0.00 |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                               |                  |        |            |           |            |            |
|-------------------------------|------------------|--------|------------|-----------|------------|------------|
| <b>Cloud County Total 407</b> | <b>Indemnity</b> | 0.00   | 391,018.68 | 0.00      | 391,018.68 | 0.00       |
|                               | <b>Rehab</b>     | 0.00   | 0.00       | 0.00      | 0.00       | 0.00       |
|                               | <b>Medical</b>   | 706.31 | 368,212.97 | 13,379.33 | 381,592.30 | (4,807.87) |
|                               | <b>Legal</b>     | 0.00   | 1,376.00   | 0.00      | 1,376.00   | 0.00       |
|                               | <b>Other</b>     | 12.19  | 31,132.87  | 3,155.27  | 34,288.14  | (2,972.65) |
|                               | <b>Total</b>     | 718.50 | 791,740.52 | 16,534.60 | 808,275.12 | (7,780.52) |

ORG1 DESC : Comanche County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery   |            |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|------------|------------|
| <b>Closed Total 136</b>    |                                  |                      |                      |           |                     |      |             |          |            |            |
|                            |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 61,181.75   | 0.00     | 61,181.75  | 0.00       |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00       |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 185,049.38  | 0.00     | 185,049.38 | 0.00       |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 1,376.00    | 0.00     | 1,376.00   | 0.00       |
|                            |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 26,806.05   | 0.00     | 26,806.05  | (7,532.69) |
|                            |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 274,413.18  | 0.00     | 274,413.18 | (7,532.69) |

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid   | Outstanding | Incurred | Recovery |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|--------|-------------|----------|----------|------|
| <b>Open Total 1</b>        |                                  |                      |                      |           |                     |        |             |          |          |      |
|                            |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00   | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00   | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 386.13 | 430.23      | 2,069.77 | 2,500.00 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00   | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 47.44  | 68.93       | 431.07   | 500.00   | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 433.57 | 499.16      | 2,500.84 | 3,000.00 | 0.00 |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                                  |                  |        |            |          |            |            |
|----------------------------------|------------------|--------|------------|----------|------------|------------|
| <b>Comanche County Total 137</b> | <b>Indemnity</b> | 0.00   | 61,181.75  | 0.00     | 61,181.75  | 0.00       |
|                                  | <b>Rehab</b>     | 0.00   | 0.00       | 0.00     | 0.00       | 0.00       |
|                                  | <b>Medical</b>   | 386.13 | 185,479.61 | 2,069.77 | 187,549.38 | 0.00       |
|                                  | <b>Legal</b>     | 0.00   | 1,376.00   | 0.00     | 1,376.00   | 0.00       |
|                                  | <b>Other</b>     | 47.44  | 26,874.98  | 431.07   | 27,306.05  | (7,532.69) |
|                                  | <b>Total</b>     | 433.57 | 274,912.34 | 2,500.84 | 277,413.18 | (7,532.69) |

**ORG1 DESC :** Comanche Hospital  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery  |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|-----------|------|
| <b>Closed Total 36</b>     |                                  |                      |                      |           |                     |      |             |          |           |      |
|                            |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 25,411.83   | 0.00     | 25,411.83 | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00      | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 42,082.05   | 0.00     | 42,082.05 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 492.00      | 0.00     | 492.00    | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 3,990.88    | 0.00     | 3,990.88  | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 71,976.76   | 0.00     | 71,976.76 | 0.00 |

|                                   |                  |      |           |      |           |      |
|-----------------------------------|------------------|------|-----------|------|-----------|------|
| <b>Comanche Hospital Total 36</b> | <b>Indemnity</b> | 0.00 | 25,411.83 | 0.00 | 25,411.83 | 0.00 |
|                                   | <b>Rehab</b>     | 0.00 | 0.00      | 0.00 | 0.00      | 0.00 |
|                                   | <b>Medical</b>   | 0.00 | 42,082.05 | 0.00 | 42,082.05 | 0.00 |
|                                   | <b>Legal</b>     | 0.00 | 492.00    | 0.00 | 492.00    | 0.00 |
|                                   | <b>Other</b>     | 0.00 | 3,990.88  | 0.00 | 3,990.88  | 0.00 |
|                                   | <b>Total</b>     | 0.00 | 71,976.76 | 0.00 | 71,976.76 | 0.00 |

**ORG1 DESC :** Cowley County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                         |                  |      |            |      |            |             |
|-------------------------|------------------|------|------------|------|------------|-------------|
| <b>Closed Total 176</b> | <b>Indemnity</b> | 0.00 | 143,546.07 | 0.00 | 143,546.07 | (500.00)    |
|                         | <b>Rehab</b>     | 0.00 | 0.00       | 0.00 | 0.00       | 0.00        |
|                         | <b>Medical</b>   | 0.00 | 226,051.36 | 0.00 | 226,051.36 | (37,042.24) |
|                         | <b>Legal</b>     | 0.00 | 10,421.50  | 0.00 | 10,421.50  | 0.00        |
|                         | <b>Other</b>     | 0.00 | 43,409.69  | 0.00 | 43,409.69  | (15,139.56) |
|                         | <b>Total</b>     | 0.00 | 423,428.62 | 0.00 | 423,428.62 | (52,681.80) |

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|

|                     |                  |          |            |           |            |            |
|---------------------|------------------|----------|------------|-----------|------------|------------|
| <b>Open Total 7</b> | <b>Indemnity</b> | 0.00     | 0.00       | 35,730.36 | 35,730.36  | 0.00       |
|                     | <b>Rehab</b>     | 0.00     | 0.00       | 0.00      | 0.00       | 0.00       |
|                     | <b>Medical</b>   | 1,100.89 | 145,654.57 | 26,595.43 | 172,250.00 | (1,127.53) |
|                     | <b>Legal</b>     | 0.00     | 0.00       | 1,200.00  | 1,200.00   | 0.00       |
|                     | <b>Other</b>     | 56.77    | 23,733.89  | 8,753.61  | 32,487.50  | 0.00       |
|                     | <b>Total</b>     | 1,157.66 | 169,388.46 | 72,279.40 | 241,667.86 | (1,127.53) |

|                                |                  |          |            |           |            |             |
|--------------------------------|------------------|----------|------------|-----------|------------|-------------|
| <b>Cowley County Total 183</b> | <b>Indemnity</b> | 0.00     | 143,546.07 | 35,730.36 | 179,276.43 | (500.00)    |
|                                | <b>Rehab</b>     | 0.00     | 0.00       | 0.00      | 0.00       | 0.00        |
|                                | <b>Medical</b>   | 1,100.89 | 371,705.93 | 26,595.43 | 398,301.36 | (38,169.77) |
|                                | <b>Legal</b>     | 0.00     | 10,421.50  | 1,200.00  | 11,621.50  | 0.00        |
|                                | <b>Other</b>     | 56.77    | 67,143.58  | 8,753.61  | 75,897.19  | (15,139.56) |
|                                | <b>Total</b>     | 1,157.66 | 592,817.08 | 72,279.40 | 665,096.48 | (53,809.33) |

**ORG1 DESC** : DDS-GEARY COUNTY Facility

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|





# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                       |                  |      |          |      |          |      |
|-----------------------|------------------|------|----------|------|----------|------|
| <b>Closed Total 4</b> | <b>Indemnity</b> | 0.00 | 0.00     | 0.00 | 0.00     | 0.00 |
|                       | <b>Rehab</b>     | 0.00 | 0.00     | 0.00 | 0.00     | 0.00 |
|                       | <b>Medical</b>   | 0.00 | 5,592.43 | 0.00 | 5,592.43 | 0.00 |
|                       | <b>Legal</b>     | 0.00 | 0.00     | 0.00 | 0.00     | 0.00 |
|                       | <b>Other</b>     | 0.00 | 183.90   | 0.00 | 183.90   | 0.00 |
|                       | <b>Total</b>     | 0.00 | 5,776.33 | 0.00 | 5,776.33 | 0.00 |

|  |                  |      |          |      |          |      |
|--|------------------|------|----------|------|----------|------|
| <b>DDS-GEARY COUNTY Facility Total 4</b> | <b>Indemnity</b> | 0.00 | 0.00     | 0.00 | 0.00     | 0.00 |
|  | <b>Rehab</b>     | 0.00 | 0.00     | 0.00 | 0.00     | 0.00 |
|  | <b>Medical</b>   | 0.00 | 5,592.43 | 0.00 | 5,592.43 | 0.00 |
|  | <b>Legal</b>     | 0.00 | 0.00     | 0.00 | 0.00     | 0.00 |
|  | <b>Other</b>     | 0.00 | 183.90   | 0.00 | 183.90   | 0.00 |
|  | <b>Total</b>     | 0.00 | 5,776.33 | 0.00 | 5,776.33 | 0.00 |

**ORG1 DESC :** Decatur County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| <u>Claim Number</u><br><u>Claim Type</u> | <u>Claimant Name</u><br><u>Claimant Status</u> | <u>InjuryDate</u><br><u>Closed</u> | <u>Received</u><br><u>Examiner</u> | <u>Lit / Den</u> | <u>Paid</u><br><u>this Period</u> | <u>Paid</u> | <u>Outstanding</u> | <u>Incurred</u> | <u>Recovery</u> |             |
|--|--|------------------------------------|------------------------------------|------------------|-----------------------------------|-------------|--------------------|-----------------|-----------------|-------------|
| <b>Closed Total 158</b>                  |  |                                    |                                    |                  | <b>Indemnity</b>                  | 0.00        | 197,287.62         | 0.00            | 197,287.62      | 0.00        |
|  |  |                                    |                                    |                  | <b>Rehab</b>                      | 0.00        | 0.00               | 0.00            | 0.00            | 0.00        |
|  |  |                                    |                                    |                  | <b>Medical</b>                    | 0.00        | 274,941.40         | 0.00            | 274,941.40      | 0.00        |
|  |  |                                    |                                    |                  | <b>Legal</b>                      | 0.00        | 4,956.45           | 0.00            | 4,956.45        | 0.00        |
|  |  |                                    |                                    |                  | <b>Other</b>                      | 0.00        | 32,473.69          | 0.00            | 32,473.69       | (25,000.00) |
|  |  |                                    |                                    |                  | <b>Total</b>                      | 0.00        | 509,659.16         | 0.00            | 509,659.16      | (25,000.00) |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| <u>Claim Number</u><br><u>Claim Type</u> | <u>Claimant Name</u><br><u>Claimant Status</u> | <u>InjuryDate</u><br><u>Closed</u> | <u>Received</u><br><u>Examiner</u> | <u>Lit / Den</u> | <u>Paid</u><br><u>this Period</u> | <u>Paid</u> | <u>Outstanding</u> | <u>Incurred</u> | <u>Recovery</u> |
|--|--|------------------------------------|------------------------------------|------------------|-----------------------------------|-------------|--------------------|-----------------|-----------------|
|--|--|------------------------------------|------------------------------------|------------------|-----------------------------------|-------------|--------------------|-----------------|-----------------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                                 |                  |          |            |            |            |             |
|---------------------------------|------------------|----------|------------|------------|------------|-------------|
| <b>Open Total 2</b>             | <b>Indemnity</b> | 232.28   | 1,338.40   | 28,661.60  | 30,000.00  | 0.00        |
|                                 | <b>Rehab</b>     | 0.00     | 0.00       | 0.00       | 0.00       | 0.00        |
|                                 | <b>Medical</b>   | 410.09   | 461.42     | 384,738.58 | 385,200.00 | 0.00        |
|                                 | <b>Legal</b>     | 0.00     | 0.00       | 600.00     | 600.00     | 0.00        |
|                                 | <b>Other</b>     | 378.39   | 418.88     | 57,381.12  | 57,800.00  | 0.00        |
|                                 | <b>Total</b>     | 1,020.76 | 2,218.70   | 471,381.30 | 473,600.00 | 0.00        |
| <b>Decatur County Total 160</b> | <b>Indemnity</b> | 232.28   | 198,626.02 | 28,661.60  | 227,287.62 | 0.00        |
|                                 | <b>Rehab</b>     | 0.00     | 0.00       | 0.00       | 0.00       | 0.00        |
|                                 | <b>Medical</b>   | 410.09   | 275,402.82 | 384,738.58 | 660,141.40 | 0.00        |
|                                 | <b>Legal</b>     | 0.00     | 4,956.45   | 600.00     | 5,556.45   | 0.00        |
|                                 | <b>Other</b>     | 378.39   | 32,892.57  | 57,381.12  | 90,273.69  | (25,000.00) |
|                                 | <b>Total</b>     | 1,020.76 | 511,877.86 | 471,381.30 | 983,259.16 | (25,000.00) |

**ORG1 DESC :** Decatur Health Systems  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery   |          |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|------------|----------|
| <b>Closed Total 87</b>     |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 58,437.46   | 0.00     | 58,437.46  | 0.00     |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00     |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 121,169.36  | 0.00     | 121,169.36 | 0.00     |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00     |
|                            |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 18,224.42   | 0.00     | 18,224.42  | (601.91) |
|                            |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 197,831.24  | 0.00     | 197,831.24 | (601.91) |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|  |  |                  |      |            |           |            |          |
|--|--|------------------|------|------------|-----------|------------|----------|
| <b>Open Total 1</b>                    |  | <b>Indemnity</b> | 0.00 | 85,116.04  | 25,000.00 | 110,116.04 | 0.00     |
|  |  | <b>Rehab</b>     | 0.00 | 0.00       | 0.00      | 0.00       | 0.00     |
|  |  | <b>Medical</b>   | 0.00 | 13,748.62  | 21,425.26 | 35,173.88  | 0.00     |
|  |  | <b>Legal</b>     | 0.00 | 0.00       | 10,500.00 | 10,500.00  | 0.00     |
|  |  | <b>Other</b>     | 0.00 | 21,757.38  | 2,836.02  | 24,593.40  | 0.00     |
|  |  | <b>Total</b>     | 0.00 | 120,622.04 | 59,761.28 | 180,383.32 | 0.00     |
| <b>Decatur Health Systems Total 88</b> |  | <b>Indemnity</b> | 0.00 | 143,553.50 | 25,000.00 | 168,553.50 | 0.00     |
|  |  | <b>Rehab</b>     | 0.00 | 0.00       | 0.00      | 0.00       | 0.00     |
|  |  | <b>Medical</b>   | 0.00 | 134,917.98 | 21,425.26 | 156,343.24 | 0.00     |
|  |  | <b>Legal</b>     | 0.00 | 0.00       | 10,500.00 | 10,500.00  | 0.00     |
|  |  | <b>Other</b>     | 0.00 | 39,981.80  | 2,836.02  | 42,817.82  | (601.91) |
|  |  | <b>Total</b>     | 0.00 | 318,453.28 | 59,761.28 | 378,214.56 | (601.91) |

**ORG1 DESC :** Dickinson County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid         | Outstanding | Incurred     | Recovery     |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|--------------|-------------|--------------|--------------|
| <b>Closed Total 413</b>    |                                  |                      |                      |           |                     |              |             |              |              |
|                            |                                  |                      |                      |           | 0.00                | 627,740.12   | 0.00        | 627,740.12   | 0.00         |
|                            |                                  |                      |                      |           | 0.00                | 0.00         | 0.00        | 0.00         | 0.00         |
|                            |                                  |                      |                      |           | 118.12              | 890,454.57   | 0.00        | 890,454.57   | (3,660.76)   |
|                            |                                  |                      |                      |           | 0.00                | 6,329.25     | 0.00        | 6,329.25     | 0.00         |
|                            |                                  |                      |                      |           | 9.00                | 62,122.55    | 0.00        | 62,122.55    | (104,198.93) |
|                            |                                  |                      |                      |           | 127.12              | 1,586,646.49 | 0.00        | 1,586,646.49 | (107,859.69) |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                                   |                  |        |              |           |              |              |
|-----------------------------------|------------------|--------|--------------|-----------|--------------|--------------|
| <b>Open Total 3</b>               | <b>Indemnity</b> | 0.00   | 148,137.41   | 0.00      | 148,137.41   | 0.00         |
|                                   | <b>Rehab</b>     | 0.00   | 0.00         | 0.00      | 0.00         | 0.00         |
|                                   | <b>Medical</b>   | 0.00   | 190,220.25   | 35,734.88 | 225,955.13   | 0.00         |
|                                   | <b>Legal</b>     | 0.00   | 14,697.05    | 0.00      | 14,697.05    | 0.00         |
|                                   | <b>Other</b>     | 0.00   | 12,931.85    | 4,548.15  | 17,480.00    | 0.00         |
|                                   | <b>Total</b>     | 0.00   | 365,986.56   | 40,283.03 | 406,269.59   | 0.00         |
| <b>Dickinson County Total 416</b> | <b>Indemnity</b> | 0.00   | 775,877.53   | 0.00      | 775,877.53   | 0.00         |
|                                   | <b>Rehab</b>     | 0.00   | 0.00         | 0.00      | 0.00         | 0.00         |
|                                   | <b>Medical</b>   | 118.12 | 1,080,674.82 | 35,734.88 | 1,116,409.70 | (3,660.76)   |
|                                   | <b>Legal</b>     | 0.00   | 21,026.30    | 0.00      | 21,026.30    | 0.00         |
|                                   | <b>Other</b>     | 9.00   | 75,054.40    | 4,548.15  | 79,602.55    | (104,198.93) |
|                                   | <b>Total</b>     | 127.12 | 1,952,633.05 | 40,283.03 | 1,992,916.08 | (107,859.69) |

**ORG1 DESC :** Doniphan County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery   |             |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|------------|-------------|
| <b>Closed Total 129</b>    |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 194,480.40  | 0.00     | 194,480.40 | 0.00        |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00        |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 326,397.94  | 0.00     | 326,397.94 | (7,975.99)  |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 790.50      | 0.00     | 790.50     | 0.00        |
|                            |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 21,471.20   | 0.00     | 21,471.20  | (20,403.94) |
|                            |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 543,140.04  | 0.00     | 543,140.04 | (28,379.93) |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                     |                  |          |          |          |          |          |
|---------------------|------------------|----------|----------|----------|----------|----------|
| <b>Open Total 2</b> | <b>Indemnity</b> | 0.00     | 0.00     | 0.00     | 0.00     | 0.00     |
|                     | <b>Rehab</b>     | 0.00     | 0.00     | 0.00     | 0.00     | 0.00     |
|                     | <b>Medical</b>   | 1,154.12 | 2,204.36 | 4,795.64 | 7,000.00 | (500.00) |
|                     | <b>Legal</b>     | 0.00     | 0.00     | 0.00     | 0.00     | 0.00     |
|                     | <b>Other</b>     | 89.98    | 152.13   | 1,247.87 | 1,400.00 | 0.00     |
|                     | <b>Total</b>     | 1,244.10 | 2,356.49 | 6,043.51 | 8,400.00 | (500.00) |

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|

|                        |                  |      |        |           |           |          |
|------------------------|------------------|------|--------|-----------|-----------|----------|
| <b>Re-Open Total 1</b> | <b>Indemnity</b> | 0.00 | 0.00   | 9,000.00  | 9,000.00  | 0.00     |
|                        | <b>Rehab</b>     | 0.00 | 0.00   | 0.00      | 0.00      | 0.00     |
|                        | <b>Medical</b>   | 0.00 | 0.00   | 15,450.00 | 15,450.00 | (403.40) |
|                        | <b>Legal</b>     | 0.00 | 349.90 | 6,650.10  | 7,000.00  | 0.00     |
|                        | <b>Other</b>     | 0.00 | 53.50  | 2,299.00  | 2,352.50  | 0.00     |
|                        | <b>Total</b>     | 0.00 | 403.40 | 33,399.10 | 33,802.50 | (403.40) |

|                                  |                  |          |            |           |            |             |
|----------------------------------|------------------|----------|------------|-----------|------------|-------------|
| <b>Doniphan County Total 132</b> | <b>Indemnity</b> | 0.00     | 194,480.40 | 9,000.00  | 203,480.40 | 0.00        |
|                                  | <b>Rehab</b>     | 0.00     | 0.00       | 0.00      | 0.00       | 0.00        |
|                                  | <b>Medical</b>   | 1,154.12 | 328,602.30 | 20,245.64 | 348,847.94 | (8,879.39)  |
|                                  | <b>Legal</b>     | 0.00     | 1,140.40   | 6,650.10  | 7,790.50   | 0.00        |
|                                  | <b>Other</b>     | 89.98    | 21,676.83  | 3,546.87  | 25,223.70  | (20,403.94) |
|                                  | <b>Total</b>     | 1,244.10 | 545,899.93 | 39,442.61 | 585,342.54 | (29,283.33) |

**ORG1 DESC** : Edwards County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                        |                  |      |            |      |            |          |
|------------------------|------------------|------|------------|------|------------|----------|
| <b>Closed Total 97</b> | <b>Indemnity</b> | 0.00 | 206,255.71 | 0.00 | 206,255.71 | 0.00     |
|                        | <b>Rehab</b>     | 0.00 | 0.00       | 0.00 | 0.00       | 0.00     |
|                        | <b>Medical</b>   | 0.00 | 344,590.18 | 0.00 | 344,590.18 | 0.00     |
|                        | <b>Legal</b>     | 0.00 | 0.00       | 0.00 | 0.00       | 0.00     |
|                        | <b>Other</b>     | 0.00 | 29,852.33  | 0.00 | 29,852.33  | (177.82) |
|                        | <b>Total</b>     | 0.00 | 580,698.22 | 0.00 | 580,698.22 | (177.82) |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|

|                     |                  |        |           |           |           |      |
|---------------------|------------------|--------|-----------|-----------|-----------|------|
| <b>Open Total 1</b> | <b>Indemnity</b> | 0.00   | 0.00      | 14,345.90 | 14,345.90 | 0.00 |
|                     | <b>Rehab</b>     | 0.00   | 0.00      | 0.00      | 0.00      | 0.00 |
|                     | <b>Medical</b>   | 254.37 | 12,636.62 | 25,863.38 | 38,500.00 | 0.00 |
|                     | <b>Legal</b>     | 0.00   | 0.00      | 600.00    | 600.00    | 0.00 |
|                     | <b>Other</b>     | 13.03  | 585.68    | 5,189.32  | 5,775.00  | 0.00 |
|                     | <b>Total</b>     | 267.40 | 13,222.30 | 45,998.60 | 59,220.90 | 0.00 |

|                                |                  |        |            |           |            |          |
|--------------------------------|------------------|--------|------------|-----------|------------|----------|
| <b>Edwards County Total 98</b> | <b>Indemnity</b> | 0.00   | 206,255.71 | 14,345.90 | 220,601.61 | 0.00     |
|                                | <b>Rehab</b>     | 0.00   | 0.00       | 0.00      | 0.00       | 0.00     |
|                                | <b>Medical</b>   | 254.37 | 357,226.80 | 25,863.38 | 383,090.18 | 0.00     |
|                                | <b>Legal</b>     | 0.00   | 0.00       | 600.00    | 600.00     | 0.00     |
|                                | <b>Other</b>     | 13.03  | 30,438.01  | 5,189.32  | 35,627.33  | (177.82) |
|                                | <b>Total</b>     | 267.40 | 593,920.52 | 45,998.60 | 639,919.12 | (177.82) |

**ORG1 DESC :** Elk County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                         |                  |      |            |      |            |             |
|-------------------------|------------------|------|------------|------|------------|-------------|
| <b>Closed Total 127</b> | <b>Indemnity</b> | 0.00 | 303,491.36 | 0.00 | 303,491.36 | 0.00        |
|                         | <b>Rehab</b>     | 0.00 | 0.00       | 0.00 | 0.00       | 0.00        |
|                         | <b>Medical</b>   | 0.00 | 359,983.22 | 0.00 | 359,983.22 | (37,832.88) |
|                         | <b>Legal</b>     | 0.00 | 5,959.35   | 0.00 | 5,959.35   | 0.00        |
|                         | <b>Other</b>     | 0.00 | 40,695.40  | 0.00 | 40,695.40  | 0.00        |
|                         | <b>Total</b>     | 0.00 | 710,129.33 | 0.00 | 710,129.33 | (37,832.88) |

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery   |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|------------|------|
| <b>Open Total 1</b>        |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 100,000.00  | 0.00     | 100,000.00 | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 53,398.83   | 0.00     | 53,398.83  | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 3,792.26    | 0.00     | 3,792.26   | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 157,191.09  | 0.00     | 157,191.09 | 0.00 |

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid   | Outstanding | Incurred   | Recovery   |             |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|--------|-------------|------------|------------|-------------|
| <b>Re-Open Total 2</b>     |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00   | 15,472.79   | 17,000.00  | 32,472.79  | 0.00        |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00   | 0.00        | 0.00       | 0.00       | 0.00        |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 156.12 | 240,006.13  | 100,260.23 | 340,266.36 | (66,600.27) |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00   | 100.00      | 9,000.00   | 9,100.00   | 0.00        |
|                            |                                  |                      |                      |           | <b>Other</b>        | 30.50  | 16,906.66   | 12,879.53  | 29,786.19  | 0.00        |
|                            |                                  |                      |                      |           | <b>Total</b>        | 186.62 | 272,485.58  | 139,139.76 | 411,625.34 | (66,600.27) |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                             |                  |        |              |            |              |              |
|-----------------------------|------------------|--------|--------------|------------|--------------|--------------|
| <b>Elk County Total 130</b> | <b>Indemnity</b> | 0.00   | 418,964.15   | 17,000.00  | 435,964.15   | 0.00         |
|                             | <b>Rehab</b>     | 0.00   | 0.00         | 0.00       | 0.00         | 0.00         |
|                             | <b>Medical</b>   | 156.12 | 653,388.18   | 100,260.23 | 753,648.41   | (104,433.15) |
|                             | <b>Legal</b>     | 0.00   | 6,059.35     | 9,000.00   | 15,059.35    | 0.00         |
|                             | <b>Other</b>     | 30.50  | 61,394.32    | 12,879.53  | 74,273.85    | 0.00         |
|                             | <b>Total</b>     | 186.62 | 1,139,806.00 | 139,139.76 | 1,278,945.76 | (104,433.15) |

ORG1 DESC : Ellis County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number            | Claimant Name   | InjuryDate | Received |           | Paid             |        |              |          |              |             |
|-------------------------|-----------------|------------|----------|-----------|------------------|--------|--------------|----------|--------------|-------------|
| Claim Type              | Claimant Status | Closed     | Examiner | Lit / Den | this Period      | Paid   | Outstanding  | Incurred | Recovery     |             |
| <b>Closed Total 322</b> |                 |            |          |           | <b>Indemnity</b> | 0.00   | 300,826.58   | 0.00     | 300,826.58   | 0.00        |
|                         |                 |            |          |           | <b>Rehab</b>     | 0.00   | 0.00         | 0.00     | 0.00         | 0.00        |
|                         |                 |            |          |           | <b>Medical</b>   | 124.14 | 668,808.50   | 0.00     | 668,808.50   | 0.00        |
|                         |                 |            |          |           | <b>Legal</b>     | 0.00   | 8,014.60     | 0.00     | 8,014.60     | 0.00        |
|                         |                 |            |          |           | <b>Other</b>     | 12.55  | 55,372.34    | 0.00     | 55,372.34    | (57,317.78) |
|                         |                 |            |          |           | <b>Total</b>     | 136.69 | 1,033,022.02 | 0.00     | 1,033,022.02 | (57,317.78) |

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number        | Claimant Name   | InjuryDate | Received |           | Paid             |       |             |           |           |      |
|---------------------|-----------------|------------|----------|-----------|------------------|-------|-------------|-----------|-----------|------|
| Claim Type          | Claimant Status | Closed     | Examiner | Lit / Den | this Period      | Paid  | Outstanding | Incurred  | Recovery  |      |
| <b>Open Total 7</b> |                 |            |          |           | <b>Indemnity</b> | 0.00  | 1,683.73    | 0.00      | 1,683.73  | 0.00 |
|                     |                 |            |          |           | <b>Rehab</b>     | 0.00  | 0.00        | 0.00      | 0.00      | 0.00 |
|                     |                 |            |          |           | <b>Medical</b>   | 29.90 | 6,971.30    | 10,874.46 | 17,845.76 | 0.00 |
|                     |                 |            |          |           | <b>Legal</b>     | 0.00  | 0.00        | 0.00      | 0.00      | 0.00 |
|                     |                 |            |          |           | <b>Other</b>     | 62.70 | 1,115.60    | 2,226.63  | 3,342.23  | 0.00 |
|                     |                 |            |          |           | <b>Total</b>     | 92.60 | 9,770.63    | 13,101.09 | 22,871.72 | 0.00 |

CLAIMANT STATUS DESC : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties





# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den                     | Paid<br>this Period | Paid   | Outstanding  | Incurred  | Recovery     |             |
|----------------------------|----------------------------------|----------------------|----------------------|-------------------------------|---------------------|--------|--------------|-----------|--------------|-------------|
|                            |                                  |                      |                      | <b>Re-Open Total 1</b>        | <b>Indemnity</b>    | 0.00   | 0.00         | 0.00      | 0.00         |             |
|                            |                                  |                      |                      |                               | <b>Rehab</b>        | 0.00   | 0.00         | 0.00      | 0.00         |             |
|                            |                                  |                      |                      |                               | <b>Medical</b>      | 0.00   | 2,872.75     | 627.25    | 3,500.00     |             |
|                            |                                  |                      |                      |                               | <b>Legal</b>        | 0.00   | 0.00         | 0.00      | 0.00         |             |
|                            |                                  |                      |                      |                               | <b>Other</b>        | 0.00   | 566.02       | 633.98    | 1,200.00     |             |
|                            |                                  |                      |                      |                               | <b>Total</b>        | 0.00   | 3,438.77     | 1,261.23  | 4,700.00     |             |
|                            |                                  |                      |                      | <b>Ellis County Total 330</b> | <b>Indemnity</b>    | 0.00   | 302,510.31   | 0.00      | 302,510.31   | 0.00        |
|                            |                                  |                      |                      |                               | <b>Rehab</b>        | 0.00   | 0.00         | 0.00      | 0.00         |             |
|                            |                                  |                      |                      |                               | <b>Medical</b>      | 154.04 | 678,652.55   | 11,501.71 | 690,154.26   | 0.00        |
|                            |                                  |                      |                      |                               | <b>Legal</b>        | 0.00   | 8,014.60     | 0.00      | 8,014.60     | 0.00        |
|                            |                                  |                      |                      |                               | <b>Other</b>        | 75.25  | 57,053.96    | 2,860.61  | 59,914.57    | (57,317.78) |
|                            |                                  |                      |                      |                               | <b>Total</b>        | 229.29 | 1,046,231.42 | 14,362.32 | 1,060,593.74 | (57,317.78) |

**ORG1 DESC :** Ellsworth County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den               | Paid<br>this Period | Paid | Outstanding  | Incurred | Recovery     |              |
|----------------------------|----------------------------------|----------------------|----------------------|-------------------------|---------------------|------|--------------|----------|--------------|--------------|
|                            |                                  |                      |                      | <b>Closed Total 260</b> | <b>Indemnity</b>    | 0.00 | 339,345.45   | 0.00     | 339,345.45   | 0.00         |
|                            |                                  |                      |                      |                         | <b>Rehab</b>        | 0.00 | 0.00         | 0.00     | 0.00         |              |
|                            |                                  |                      |                      |                         | <b>Medical</b>      | 0.00 | 672,437.66   | 0.00     | 672,437.66   | (166,000.00) |
|                            |                                  |                      |                      |                         | <b>Legal</b>        | 0.00 | 33,667.21    | 0.00     | 33,667.21    | 0.00         |
|                            |                                  |                      |                      |                         | <b>Other</b>        | 0.00 | 56,740.10    | 0.00     | 56,740.10    | 0.00         |
|                            |                                  |                      |                      |                         | <b>Total</b>        | 0.00 | 1,102,190.42 | 0.00     | 1,102,190.42 | (166,000.00) |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

| Open Total 3 |         | Indemnity       | 0.00             | 10,728.56         | 3,618.96          | 14,347.52 | 0.00        |
|--------------|---------|-----------------|------------------|-------------------|-------------------|-----------|-------------|
|              | Rehab   | 0.00            | 0.00             | 0.00              | 0.00              | 0.00      | 0.00        |
|              | Medical | 4,229.98        | 32,845.20        | 115,854.80        | 148,700.00        | 0.00      | 0.00        |
|              | Legal   | 0.00            | 930.20           | 10,669.80         | 11,600.00         | 0.00      | 0.00        |
|              | Other   | 686.77          | 7,026.26         | 13,413.74         | 20,440.00         | 0.00      | 0.00        |
| <b>Total</b> |         | <b>4,916.75</b> | <b>51,530.22</b> | <b>143,557.30</b> | <b>195,087.52</b> |           | <b>0.00</b> |

  

| Ellsworth County Total 263 |         | Indemnity       | 0.00                | 350,074.01        | 3,618.96            | 353,692.97          | 0.00 |
|----------------------------|---------|-----------------|---------------------|-------------------|---------------------|---------------------|------|
|                            | Rehab   | 0.00            | 0.00                | 0.00              | 0.00                | 0.00                | 0.00 |
|                            | Medical | 4,229.98        | 705,282.86          | 115,854.80        | 821,137.66          | (166,000.00)        | 0.00 |
|                            | Legal   | 0.00            | 34,597.41           | 10,669.80         | 45,267.21           | 0.00                | 0.00 |
|                            | Other   | 686.77          | 63,766.36           | 13,413.74         | 77,180.10           | 0.00                | 0.00 |
| <b>Total</b>               |         | <b>4,916.75</b> | <b>1,153,720.64</b> | <b>143,557.30</b> | <b>1,297,277.94</b> | <b>(166,000.00)</b> |      |

**ORG1 DESC :** Ellsworth County RWD No 1  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number          | Claimant Name   | InjuryDate  | Received |           | Paid             |             |                  |                   |          |
|-----------------------|-----------------|-------------|----------|-----------|------------------|-------------|------------------|-------------------|----------|
| Claim Type            | Claimant Status | Closed      | Examiner | Lit / Den | this Period      | Paid        | Outstanding      | Incurred          | Recovery |
| <b>Closed Total 5</b> |                 |             |          |           |                  |             |                  |                   |          |
|                       | Indemnity       | 0.00        |          |           | 11,108.88        | 0.00        | 11,108.88        | 0.00              | 0.00     |
|                       | Rehab           | 0.00        |          |           | 0.00             | 0.00        | 0.00             | 0.00              | 0.00     |
|                       | Medical         | 0.00        |          |           | 29,155.53        | 0.00        | 29,155.53        | (2,000.00)        | 0.00     |
|                       | Legal           | 0.00        |          |           | 524.50           | 0.00        | 524.50           | 0.00              | 0.00     |
|                       | Other           | 0.00        |          |           | 1,342.92         | 0.00        | 1,342.92         | (304.49)          | 0.00     |
| <b>Total</b>          |                 | <b>0.00</b> |          |           | <b>42,131.83</b> | <b>0.00</b> | <b>42,131.83</b> | <b>(2,304.49)</b> |          |

  

| Ellsworth County RWD No 1 Total 5 |         | Indemnity   | 0.00             | 11,108.88   | 0.00             | 11,108.88         | 0.00 |
|-----------------------------------|---------|-------------|------------------|-------------|------------------|-------------------|------|
|                                   | Rehab   | 0.00        | 0.00             | 0.00        | 0.00             | 0.00              | 0.00 |
|                                   | Medical | 0.00        | 29,155.53        | 0.00        | 29,155.53        | (2,000.00)        | 0.00 |
|                                   | Legal   | 0.00        | 524.50           | 0.00        | 524.50           | 0.00              | 0.00 |
|                                   | Other   | 0.00        | 1,342.92         | 0.00        | 1,342.92         | (304.49)          | 0.00 |
| <b>Total</b>                      |         | <b>0.00</b> | <b>42,131.83</b> | <b>0.00</b> | <b>42,131.83</b> | <b>(2,304.49)</b> |      |

**ORG1 DESC :** Finney County  
**CLAIMANT STATUS DESC :** Closed



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid   | Outstanding | Incurred | Recovery |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|--------|-------------|----------|----------|------|
| <b>Closed Total 18</b>     |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00   | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00   | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 95.33  | 557.70      | 0.00     | 557.70   | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00   | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 10.36  | 57.02       | 0.00     | 57.02    | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 105.69 | 614.72      | 0.00     | 614.72   | 0.00 |

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type    | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid     | Outstanding | Incurred  | Recovery   |      |
|-------------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|----------|-------------|-----------|------------|------|
| <b>Open Total 18</b>          |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00     | 6,120.00    | 39,841.36 | 45,961.36  | 0.00 |
|                               |                                  |                      |                      |           | <b>Rehab</b>        | 0.00     | 0.00        | 0.00      | 0.00       | 0.00 |
|                               |                                  |                      |                      |           | <b>Medical</b>      | 4,286.49 | 49,719.52   | 44,780.48 | 94,500.00  | 0.00 |
|                               |                                  |                      |                      |           | <b>Legal</b>        | 0.00     | 0.00        | 1,200.00  | 1,200.00   | 0.00 |
|                               |                                  |                      |                      |           | <b>Other</b>        | 293.05   | 1,762.15    | 14,027.85 | 15,790.00  | 0.00 |
|                               |                                  |                      |                      |           | <b>Total</b>        | 4,579.54 | 57,601.67   | 99,849.69 | 157,451.36 | 0.00 |
| <b>Finney County Total 36</b> |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00     | 6,120.00    | 39,841.36 | 45,961.36  | 0.00 |
|                               |                                  |                      |                      |           | <b>Rehab</b>        | 0.00     | 0.00        | 0.00      | 0.00       | 0.00 |
|                               |                                  |                      |                      |           | <b>Medical</b>      | 4,381.82 | 50,277.22   | 44,780.48 | 95,057.70  | 0.00 |
|                               |                                  |                      |                      |           | <b>Legal</b>        | 0.00     | 0.00        | 1,200.00  | 1,200.00   | 0.00 |
|                               |                                  |                      |                      |           | <b>Other</b>        | 303.41   | 1,819.17    | 14,027.85 | 15,847.02  | 0.00 |
|                               |                                  |                      |                      |           | <b>Total</b>        | 4,685.23 | 58,216.39   | 99,849.69 | 158,066.08 | 0.00 |

**ORG1 DESC** : Ford County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                         |                  |        |              |      |              |             |
|-------------------------|------------------|--------|--------------|------|--------------|-------------|
| <b>Closed Total 542</b> | <b>Indemnity</b> | 0.00   | 1,035,542.61 | 0.00 | 1,035,542.61 | 0.00        |
|                         | <b>Rehab</b>     | 0.00   | 0.00         | 0.00 | 0.00         | 0.00        |
|                         | <b>Medical</b>   | 165.47 | 911,997.06   | 0.00 | 911,997.06   | (3,873.46)  |
|                         | <b>Legal</b>     | 0.00   | 21,514.80    | 0.00 | 21,514.80    | 0.00        |
|                         | <b>Other</b>     | 19.87  | 88,748.36    | 0.00 | 88,748.36    | (39,155.80) |
|                         | <b>Total</b>     | 185.34 | 2,057,802.83 | 0.00 | 2,057,802.83 | (43,029.26) |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid       | Outstanding | Incurred   | Recovery   |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------------|-------------|------------|------------|------|
| <b>Open Total 22</b>       |                                  |                      |                      |           | <b>Indemnity</b>    | 909.40     | 23,803.30   | 120,116.15 | 143,919.45 | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00       | 0.00        | 0.00       | 0.00       | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 173,557.74 | 208,323.68  | 171,722.39 | 380,046.07 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00       | 0.00        | 18,200.00  | 18,200.00  | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 12,581.96  | 17,092.51   | 35,628.04  | 52,720.55  | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 187,049.10 | 249,219.49  | 345,666.58 | 594,886.07 | 0.00 |

**CLAIMANT STATUS DESC :** Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery  |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|-----------|------|
| <b>Re-Open Total 2</b>     |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 0.00        | 2,000.00 | 2,000.00  | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00      | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 473.80      | 5,214.60 | 5,688.40  | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 0.00        | 2,000.00 | 2,000.00  | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 100.71      | 508.89   | 609.60    | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 574.51      | 9,723.49 | 10,298.00 | 0.00 |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                              |                  |            |              |            |              |             |
|------------------------------|------------------|------------|--------------|------------|--------------|-------------|
| <b>Ford County Total 566</b> | <b>Indemnity</b> | 909.40     | 1,059,345.91 | 122,116.15 | 1,181,462.06 | 0.00        |
|                              | <b>Rehab</b>     | 0.00       | 0.00         | 0.00       | 0.00         | 0.00        |
|                              | <b>Medical</b>   | 173,723.21 | 1,120,794.54 | 176,936.99 | 1,297,731.53 | (3,873.46)  |
|                              | <b>Legal</b>     | 0.00       | 21,514.80    | 20,200.00  | 41,714.80    | 0.00        |
|                              | <b>Other</b>     | 12,601.83  | 105,941.58   | 36,136.93  | 142,078.51   | (39,155.80) |
|                              | <b>Total</b>     | 187,234.44 | 2,307,596.83 | 355,390.07 | 2,662,986.90 | (43,029.26) |

ORG1 DESC : Franklin County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number | Claimant Name   | InjuryDate | Received |                         | Paid             |      |              |          |              |             |
|--------------|-----------------|------------|----------|-------------------------|------------------|------|--------------|----------|--------------|-------------|
| Claim Type   | Claimant Status | Closed     | Examiner | Lit / Den               | this Period      | Paid | Outstanding  | Incurred | Recovery     |             |
|              |                 |            |          | <b>Closed Total 711</b> | <b>Indemnity</b> | 0.00 | 941,783.10   | 0.00     | 941,783.10   | 0.00        |
|              |                 |            |          |                         | <b>Rehab</b>     | 0.00 | 0.00         | 0.00     | 0.00         | 0.00        |
|              |                 |            |          |                         | <b>Medical</b>   | 0.00 | 1,359,308.41 | 0.00     | 1,359,308.41 | (17,114.66) |
|              |                 |            |          |                         | <b>Legal</b>     | 0.00 | 41,032.45    | 0.00     | 41,032.45    | 0.00        |
|              |                 |            |          |                         | <b>Other</b>     | 0.00 | 147,793.04   | 0.00     | 147,793.04   | (22,962.95) |
|              |                 |            |          |                         | <b>Total</b>     | 0.00 | 2,489,917.00 | 0.00     | 2,489,917.00 | (40,077.61) |

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number | Claimant Name   | InjuryDate | Received |                      | Paid             |          |             |            |            |      |
|--------------|-----------------|------------|----------|----------------------|------------------|----------|-------------|------------|------------|------|
| Claim Type   | Claimant Status | Closed     | Examiner | Lit / Den            | this Period      | Paid     | Outstanding | Incurred   | Recovery   |      |
|              |                 |            |          | <b>Open Total 18</b> | <b>Indemnity</b> | 1,444.71 | 157,789.27  | 127,212.73 | 285,002.00 | 0.00 |
|              |                 |            |          |                      | <b>Rehab</b>     | 0.00     | 0.00        | 0.00       | 0.00       | 0.00 |
|              |                 |            |          |                      | <b>Medical</b>   | 3,864.87 | 232,031.20  | 106,868.80 | 338,900.00 | 0.00 |
|              |                 |            |          |                      | <b>Legal</b>     | 0.00     | 344.90      | 17,260.10  | 17,605.00  | 0.00 |
|              |                 |            |          |                      | <b>Other</b>     | 376.19   | 36,941.63   | 31,755.87  | 68,697.50  | 0.00 |
|              |                 |            |          |                      | <b>Total</b>     | 5,685.77 | 427,107.00  | 283,097.50 | 710,204.50 | 0.00 |

CLAIMANT STATUS DESC : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

| Claim Number<br>Claim Type       | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid     | Outstanding  | Incurred   | Recovery     |             |
|----------------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|----------|--------------|------------|--------------|-------------|
| <b>Re-Open Total 3</b>           |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00     | 39,780.00    | 16,000.00  | 55,780.00    | 0.00        |
|                                  |                                  |                      |                      |           | <b>Rehab</b>        | 0.00     | 0.00         | 0.00       | 0.00         | 0.00        |
|                                  |                                  |                      |                      |           | <b>Medical</b>      | 0.00     | 31,379.56    | 20,696.64  | 52,076.20    | 0.00        |
|                                  |                                  |                      |                      |           | <b>Legal</b>        | 0.00     | 0.00         | 6,500.00   | 6,500.00     | 0.00        |
|                                  |                                  |                      |                      |           | <b>Other</b>        | 0.00     | 5,262.90     | 3,567.12   | 8,830.02     | 0.00        |
|                                  |                                  |                      |                      |           | <b>Total</b>        | 0.00     | 76,422.46    | 46,763.76  | 123,186.22   | 0.00        |
| <b>Franklin County Total 732</b> |                                  |                      |                      |           | <b>Indemnity</b>    | 1,444.71 | 1,139,352.37 | 143,212.73 | 1,282,565.10 | 0.00        |
|                                  |                                  |                      |                      |           | <b>Rehab</b>        | 0.00     | 0.00         | 0.00       | 0.00         | 0.00        |
|                                  |                                  |                      |                      |           | <b>Medical</b>      | 3,864.87 | 1,622,719.17 | 127,565.44 | 1,750,284.61 | (17,114.66) |
|                                  |                                  |                      |                      |           | <b>Legal</b>        | 0.00     | 41,377.35    | 23,760.10  | 65,137.45    | 0.00        |
|                                  |                                  |                      |                      |           | <b>Other</b>        | 376.19   | 189,997.57   | 35,322.99  | 225,320.56   | (22,962.95) |
|                                  |                                  |                      |                      |           | <b>Total</b>        | 5,685.77 | 2,993,446.46 | 329,861.26 | 3,323,307.72 | (40,077.61) |

**ORG1 DESC :** Geary County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding  | Incurred | Recovery     |             |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|--------------|----------|--------------|-------------|
| <b>Closed Total 744</b>    |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 799,971.41   | 0.00     | 799,971.41   | 0.00        |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00         | 0.00     | 0.00         | 0.00        |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 1,334,586.43 | 0.00     | 1,334,586.43 | (49,476.59) |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 32,102.04    | 0.00     | 32,102.04    | (33.50)     |
|                            |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 185,349.34   | 0.00     | 185,349.34   | (30,701.97) |
|                            |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 2,352,009.22 | 0.00     | 2,352,009.22 | (80,212.06) |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                      |                  |        |           |           |            |      |
|----------------------|------------------|--------|-----------|-----------|------------|------|
| <b>Open Total 21</b> | <b>Indemnity</b> | 0.00   | 28,681.52 | 0.00      | 28,681.52  | 0.00 |
|                      | <b>Rehab</b>     | 0.00   | 0.00      | 0.00      | 0.00       | 0.00 |
|                      | <b>Medical</b>   | 325.22 | 36,445.05 | 53,552.29 | 89,997.34  | 0.00 |
|                      | <b>Legal</b>     | 160.00 | 1,301.25  | 8,198.75  | 9,500.00   | 0.00 |
|                      | <b>Other</b>     | 13.62  | 5,238.16  | 13,759.32 | 18,997.48  | 0.00 |
|                      | <b>Total</b>     | 498.84 | 71,665.98 | 75,510.36 | 147,176.34 | 0.00 |

**CLAIMANT STATUS DESC :** Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|

|                        |                  |          |          |          |          |      |
|------------------------|------------------|----------|----------|----------|----------|------|
| <b>Re-Open Total 1</b> | <b>Indemnity</b> | 0.00     | 0.00     | 0.00     | 0.00     | 0.00 |
|                        | <b>Rehab</b>     | 0.00     | 0.00     | 0.00     | 0.00     | 0.00 |
|                        | <b>Medical</b>   | 1,269.17 | 2,571.18 | 1,928.82 | 4,500.00 | 0.00 |
|                        | <b>Legal</b>     | 0.00     | 0.00     | 0.00     | 0.00     | 0.00 |
|                        | <b>Other</b>     | 328.69   | 495.23   | 404.77   | 900.00   | 0.00 |
|                        | <b>Total</b>     | 1,597.86 | 3,066.41 | 2,333.59 | 5,400.00 | 0.00 |

|                               |                  |          |              |           |              |             |
|-------------------------------|------------------|----------|--------------|-----------|--------------|-------------|
| <b>Geary County Total 766</b> | <b>Indemnity</b> | 0.00     | 828,652.93   | 0.00      | 828,652.93   | 0.00        |
|                               | <b>Rehab</b>     | 0.00     | 0.00         | 0.00      | 0.00         | 0.00        |
|                               | <b>Medical</b>   | 1,594.39 | 1,373,602.66 | 55,481.11 | 1,429,083.77 | (49,476.59) |
|                               | <b>Legal</b>     | 160.00   | 33,403.29    | 8,198.75  | 41,602.04    | (33.50)     |
|                               | <b>Other</b>     | 342.31   | 191,082.73   | 14,164.09 | 205,246.82   | (30,701.97) |
|                               | <b>Total</b>     | 2,096.70 | 2,426,741.61 | 77,843.95 | 2,504,585.56 | (80,212.06) |

**ORG1 DESC :** Gove County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                        |                  |      |            |      |            |            |
|------------------------|------------------|------|------------|------|------------|------------|
| <b>Closed Total 86</b> | <b>Indemnity</b> | 0.00 | 465,315.09 | 0.00 | 465,315.09 | 0.00       |
|                        | <b>Rehab</b>     | 0.00 | 0.00       | 0.00 | 0.00       | 0.00       |
|                        | <b>Medical</b>   | 0.00 | 327,998.62 | 0.00 | 327,998.62 | 0.00       |
|                        | <b>Legal</b>     | 0.00 | 20,505.17  | 0.00 | 20,505.17  | 0.00       |
|                        | <b>Other</b>     | 0.00 | 44,937.48  | 0.00 | 44,937.48  | (5,352.49) |
|                        | <b>Total</b>     | 0.00 | 858,756.36 | 0.00 | 858,756.36 | (5,352.49) |

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|

|                     |                  |          |            |            |            |      |
|---------------------|------------------|----------|------------|------------|------------|------|
| <b>Open Total 3</b> | <b>Indemnity</b> | 1,227.86 | 5,506.20   | 92,002.07  | 97,508.27  | 0.00 |
|                     | <b>Rehab</b>     | 0.00     | 0.00       | 0.00       | 0.00       | 0.00 |
|                     | <b>Medical</b>   | 7,200.43 | 258,283.49 | 41,532.12  | 299,815.61 | 0.00 |
|                     | <b>Legal</b>     | 0.00     | 378.80     | 9,771.20   | 10,150.00  | 0.00 |
|                     | <b>Other</b>     | 417.58   | 24,301.19  | 24,073.81  | 48,375.00  | 0.00 |
|                     | <b>Total</b>     | 8,845.87 | 288,469.68 | 167,379.20 | 455,848.88 | 0.00 |

|                             |                  |          |              |            |              |            |
|-----------------------------|------------------|----------|--------------|------------|--------------|------------|
| <b>Gove County Total 89</b> | <b>Indemnity</b> | 1,227.86 | 470,821.29   | 92,002.07  | 562,823.36   | 0.00       |
|                             | <b>Rehab</b>     | 0.00     | 0.00         | 0.00       | 0.00         | 0.00       |
|                             | <b>Medical</b>   | 7,200.43 | 586,282.11   | 41,532.12  | 627,814.23   | 0.00       |
|                             | <b>Legal</b>     | 0.00     | 20,883.97    | 9,771.20   | 30,655.17    | 0.00       |
|                             | <b>Other</b>     | 417.58   | 69,238.67    | 24,073.81  | 93,312.48    | (5,352.49) |
|                             | <b>Total</b>     | 8,845.87 | 1,147,226.04 | 167,379.20 | 1,314,605.24 | (5,352.49) |

**ORG1 DESC** : Graham County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|





# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                               |  |                  |      |            |      |            |      |
|-------------------------------|--|------------------|------|------------|------|------------|------|
| <b>Closed Total 40</b>        |  | <b>Indemnity</b> | 0.00 | 79,939.18  | 0.00 | 79,939.18  | 0.00 |
|                               |  | <b>Rehab</b>     | 0.00 | 0.00       | 0.00 | 0.00       | 0.00 |
|                               |  | <b>Medical</b>   | 0.00 | 145,101.56 | 0.00 | 145,101.56 | 0.00 |
|                               |  | <b>Legal</b>     | 0.00 | 0.00       | 0.00 | 0.00       | 0.00 |
|                               |  | <b>Other</b>     | 0.00 | 11,948.29  | 0.00 | 11,948.29  | 0.00 |
|                               |  | <b>Total</b>     | 0.00 | 236,989.03 | 0.00 | 236,989.03 | 0.00 |
| <b>Graham County Total 40</b> |  | <b>Indemnity</b> | 0.00 | 79,939.18  | 0.00 | 79,939.18  | 0.00 |
|                               |  | <b>Rehab</b>     | 0.00 | 0.00       | 0.00 | 0.00       | 0.00 |
|                               |  | <b>Medical</b>   | 0.00 | 145,101.56 | 0.00 | 145,101.56 | 0.00 |
|                               |  | <b>Legal</b>     | 0.00 | 0.00       | 0.00 | 0.00       | 0.00 |
|                               |  | <b>Other</b>     | 0.00 | 11,948.29  | 0.00 | 11,948.29  | 0.00 |
|                               |  | <b>Total</b>     | 0.00 | 236,989.03 | 0.00 | 236,989.03 | 0.00 |

**ORG1 DESC :** Grant County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| <u>Claim Number</u><br><u>Claim Type</u> | <u>Claimant Name</u><br><u>Claimant Status</u> | <u>InjuryDate</u><br><u>Closed</u> | <u>Received</u><br><u>Examiner</u> | <u>Lit / Den</u> | <u>Paid</u><br><u>this Period</u> | <u>Paid</u> | <u>Outstanding</u> | <u>Incurred</u> | <u>Recovery</u> |
|--|--|------------------------------------|------------------------------------|------------------|-----------------------------------|-------------|--------------------|-----------------|-----------------|
| <b>Closed Total 274</b>                  |  |                                    |                                    |                  |                                   |             |                    |                 |                 |
|  |  | <b>Indemnity</b>                   | 0.00                               | 161,485.05       | 0.00                              | 161,485.05  | 0.00               | 0.00            | 0.00            |
|  |  | <b>Rehab</b>                       | 0.00                               | 0.00             | 0.00                              | 0.00        | 0.00               | 0.00            | 0.00            |
|  |  | <b>Medical</b>                     | 0.00                               | 510,977.29       | 0.00                              | 510,977.29  | 0.00               | 510,977.29      | (13,770.43)     |
|  |  | <b>Legal</b>                       | 0.00                               | 392.00           | 0.00                              | 392.00      | 0.00               | 392.00          | 0.00            |
|  |  | <b>Other</b>                       | 0.00                               | 19,206.73        | 0.00                              | 19,206.73   | 0.00               | 19,206.73       | 0.00            |
|  |  | <b>Total</b>                       | 0.00                               | 692,061.07       | 0.00                              | 692,061.07  | 0.00               | 692,061.07      | (13,770.43)     |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| <u>Claim Number</u><br><u>Claim Type</u> | <u>Claimant Name</u><br><u>Claimant Status</u> | <u>InjuryDate</u><br><u>Closed</u> | <u>Received</u><br><u>Examiner</u> | <u>Lit / Den</u> | <u>Paid</u><br><u>this Period</u> | <u>Paid</u> | <u>Outstanding</u> | <u>Incurred</u> | <u>Recovery</u> |
|--|--|------------------------------------|------------------------------------|------------------|-----------------------------------|-------------|--------------------|-----------------|-----------------|
|--|--|------------------------------------|------------------------------------|------------------|-----------------------------------|-------------|--------------------|-----------------|-----------------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                               |                  |      |            |          |            |             |
|-------------------------------|------------------|------|------------|----------|------------|-------------|
| <b>Open Total 1</b>           | <b>Indemnity</b> | 0.00 | 0.00       | 0.00     | 0.00       | 0.00        |
|                               | <b>Rehab</b>     | 0.00 | 0.00       | 0.00     | 0.00       | 0.00        |
|                               | <b>Medical</b>   | 0.00 | 1,416.06   | 2,083.94 | 3,500.00   | 0.00        |
|                               | <b>Legal</b>     | 0.00 | 0.00       | 0.00     | 0.00       | 0.00        |
|                               | <b>Other</b>     | 0.00 | 120.75     | 579.25   | 700.00     | 0.00        |
|                               | <b>Total</b>     | 0.00 | 1,536.81   | 2,663.19 | 4,200.00   | 0.00        |
| <b>Grant County Total 275</b> | <b>Indemnity</b> | 0.00 | 161,485.05 | 0.00     | 161,485.05 | 0.00        |
|                               | <b>Rehab</b>     | 0.00 | 0.00       | 0.00     | 0.00       | 0.00        |
|                               | <b>Medical</b>   | 0.00 | 512,393.35 | 2,083.94 | 514,477.29 | (13,770.43) |
|                               | <b>Legal</b>     | 0.00 | 392.00     | 0.00     | 392.00     | 0.00        |
|                               | <b>Other</b>     | 0.00 | 19,327.48  | 579.25   | 19,906.73  | 0.00        |
|                               | <b>Total</b>     | 0.00 | 693,597.88 | 2,663.19 | 696,261.07 | (13,770.43) |

ORG1 DESC : Gray County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery   |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|------------|------|
| <b>Closed Total 187</b>    |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 237,181.41  | 0.00     | 237,181.41 | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 452,256.12  | 0.00     | 452,256.12 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 2,476.15    | 0.00     | 2,476.15   | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 26,718.57   | 0.00     | 26,718.57  | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 718,632.25  | 0.00     | 718,632.25 | 0.00 |

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                              |  |                  |           |              |            |              |              |
|------------------------------|--|------------------|-----------|--------------|------------|--------------|--------------|
| <b>Open Total 9</b>          |  | <b>Indemnity</b> | 0.00      | 119,196.44   | 85,110.37  | 204,306.81   | 0.00         |
|                              |  | <b>Rehab</b>     | 0.00      | 0.00         | 0.00       | 0.00         | 0.00         |
|                              |  | <b>Medical</b>   | 18,980.48 | 143,604.09   | 186,595.91 | 330,200.00   | (118,439.57) |
|                              |  | <b>Legal</b>     | 0.00      | 2,015.05     | 23,684.95  | 25,700.00    | 0.00         |
|                              |  | <b>Other</b>     | 3,787.92  | 16,618.42    | 29,894.08  | 46,512.50    | 0.00         |
|                              |  | <b>Total</b>     | 22,768.40 | 281,434.00   | 325,285.31 | 606,719.31   | (118,439.57) |
| <b>Gray County Total 196</b> |  | <b>Indemnity</b> | 0.00      | 356,377.85   | 85,110.37  | 441,488.22   | 0.00         |
|                              |  | <b>Rehab</b>     | 0.00      | 0.00         | 0.00       | 0.00         | 0.00         |
|                              |  | <b>Medical</b>   | 18,980.48 | 595,860.21   | 186,595.91 | 782,456.12   | (118,439.57) |
|                              |  | <b>Legal</b>     | 0.00      | 4,491.20     | 23,684.95  | 28,176.15    | 0.00         |
|                              |  | <b>Other</b>     | 3,787.92  | 43,336.99    | 29,894.08  | 73,231.07    | 0.00         |
|                              |  | <b>Total</b>     | 22,768.40 | 1,000,066.25 | 325,285.31 | 1,325,351.56 | (118,439.57) |

**ORG1 DESC :** Greenwood County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den    | Paid<br>this Period | Paid         | Outstanding | Incurred | Recovery   |
|----------------------------|----------------------------------|----------------------|----------------------|--------------|---------------------|--------------|-------------|----------|------------|
| <b>Closed Total 185</b>    |                                  |                      |                      |              |                     |              |             |          |            |
|                            |                                  | <b>Indemnity</b>     | 0.00                 | 575,022.21   | 0.00                | 575,022.21   | 0.00        | 0.00     | 0.00       |
|                            |                                  | <b>Rehab</b>         | 0.00                 | 0.00         | 0.00                | 0.00         | 0.00        | 0.00     | 0.00       |
|                            |                                  | <b>Medical</b>       | 0.00                 | 619,080.59   | 0.00                | 619,080.59   | 0.00        | 0.00     | 0.00       |
|                            |                                  | <b>Legal</b>         | 0.00                 | 4,593.70     | 0.00                | 4,593.70     | 0.00        | 0.00     | 0.00       |
|                            |                                  | <b>Other</b>         | 0.00                 | 70,364.47    | 0.00                | 70,364.47    | 0.00        | 0.00     | (5,183.55) |
|                            |                                  | <b>Total</b>         | 0.00                 | 1,269,060.97 | 0.00                | 1,269,060.97 | 0.00        | 0.00     | (5,183.55) |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                                   |  |                  |          |              |           |              |            |
|-----------------------------------|--|------------------|----------|--------------|-----------|--------------|------------|
| <b>Open Total 5</b>               |  | <b>Indemnity</b> | 0.00     | 43,044.46    | 0.00      | 43,044.46    | 0.00       |
|                                   |  | <b>Rehab</b>     | 0.00     | 0.00         | 0.00      | 0.00         | 0.00       |
|                                   |  | <b>Medical</b>   | 1,302.67 | 60,516.56    | 8,865.37  | 69,381.93    | 0.00       |
|                                   |  | <b>Legal</b>     | 0.00     | 216.00       | 0.00      | 216.00       | 0.00       |
|                                   |  | <b>Other</b>     | 265.11   | 16,556.40    | 1,944.56  | 18,500.96    | 0.00       |
|                                   |  | <b>Total</b>     | 1,567.78 | 120,333.42   | 10,809.93 | 131,143.35   | 0.00       |
| <b>Greenwood County Total 190</b> |  | <b>Indemnity</b> | 0.00     | 618,066.67   | 0.00      | 618,066.67   | 0.00       |
|                                   |  | <b>Rehab</b>     | 0.00     | 0.00         | 0.00      | 0.00         | 0.00       |
|                                   |  | <b>Medical</b>   | 1,302.67 | 679,597.15   | 8,865.37  | 688,462.52   | 0.00       |
|                                   |  | <b>Legal</b>     | 0.00     | 4,809.70     | 0.00      | 4,809.70     | 0.00       |
|                                   |  | <b>Other</b>     | 265.11   | 86,920.87    | 1,944.56  | 88,865.43    | (5,183.55) |
|                                   |  | <b>Total</b>     | 1,567.78 | 1,389,394.39 | 10,809.93 | 1,400,204.32 | (5,183.55) |

**ORG1 DESC :** Hamilton County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den  | Paid<br>this Period | Paid       | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|------------|---------------------|------------|-------------|----------|----------|
| <b>Closed Total 244</b>    |                                  |                      |                      |            |                     |            |             |          |          |
|                            |                                  | <b>Indemnity</b>     | 0.00                 | 173,148.20 | 0.00                | 173,148.20 | 0.00        | 0.00     | 0.00     |
|                            |                                  | <b>Rehab</b>         | 0.00                 | 0.00       | 0.00                | 0.00       | 0.00        | 0.00     | 0.00     |
|                            |                                  | <b>Medical</b>       | 0.00                 | 366,381.29 | 0.00                | 366,381.29 | 0.00        | 0.00     | 0.00     |
|                            |                                  | <b>Legal</b>         | 0.00                 | 9,580.00   | 0.00                | 9,580.00   | 0.00        | 0.00     | 0.00     |
|                            |                                  | <b>Other</b>         | 0.00                 | 24,915.57  | 0.00                | 24,915.57  | 0.00        | 0.00     | 0.00     |
|                            |                                  | <b>Total</b>         | 0.00                 | 574,025.06 | 0.00                | 574,025.06 | 0.00        | 0.00     | 0.00     |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                                  |                  |       |            |          |            |      |
|----------------------------------|------------------|-------|------------|----------|------------|------|
| <b>Open Total 3</b>              | <b>Indemnity</b> | 0.00  | 0.00       | 0.00     | 0.00       | 0.00 |
|                                  | <b>Rehab</b>     | 0.00  | 0.00       | 0.00     | 0.00       | 0.00 |
|                                  | <b>Medical</b>   | 70.70 | 1,198.31   | 4,801.69 | 6,000.00   | 0.00 |
|                                  | <b>Legal</b>     | 0.00  | 0.00       | 0.00     | 0.00       | 0.00 |
|                                  | <b>Other</b>     | 17.18 | 77.54      | 1,122.46 | 1,200.00   | 0.00 |
|                                  | <b>Total</b>     | 87.88 | 1,275.85   | 5,924.15 | 7,200.00   | 0.00 |
| <hr/>                            |                  |       |            |          |            |      |
| <b>Hamilton County Total 247</b> | <b>Indemnity</b> | 0.00  | 173,148.20 | 0.00     | 173,148.20 | 0.00 |
|                                  | <b>Rehab</b>     | 0.00  | 0.00       | 0.00     | 0.00       | 0.00 |
|                                  | <b>Medical</b>   | 70.70 | 367,579.60 | 4,801.69 | 372,381.29 | 0.00 |
|                                  | <b>Legal</b>     | 0.00  | 9,580.00   | 0.00     | 9,580.00   | 0.00 |
|                                  | <b>Other</b>     | 17.18 | 24,993.11  | 1,122.46 | 26,115.57  | 0.00 |
|                                  | <b>Total</b>     | 87.88 | 575,300.91 | 5,924.15 | 581,225.06 | 0.00 |

**ORG1 DESC :** Hamilton Health Systems  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| <u>Claim Number</u><br><u>Claim Type</u> | <u>Claimant Name</u><br><u>Claimant Status</u> | <u>InjuryDate</u><br><u>Closed</u> | <u>Received</u><br><u>Examiner</u> | <u>Lit / Den</u> | <u>Paid</u><br><u>this Period</u> | <u>Paid</u> | <u>Outstanding</u> | <u>Incurred</u> | <u>Recovery</u> |      |
|--|--|------------------------------------|------------------------------------|------------------|-----------------------------------|-------------|--------------------|-----------------|-----------------|------|
| <b>Closed Total 134</b>                  |  |                                    |                                    |                  |                                   |             |                    |                 |                 |      |
|  |  |                                    |                                    |                  | <b>Indemnity</b>                  | 0.00        | 149,899.02         | 0.00            | 149,899.02      | 0.00 |
|  |  |                                    |                                    |                  | <b>Rehab</b>                      | 0.00        | 0.00               | 0.00            | 0.00            | 0.00 |
|  |  |                                    |                                    |                  | <b>Medical</b>                    | 0.00        | 290,059.09         | 0.00            | 290,059.09      | 0.00 |
|  |  |                                    |                                    |                  | <b>Legal</b>                      | 0.00        | 590.50             | 0.00            | 590.50          | 0.00 |
|  |  |                                    |                                    |                  | <b>Other</b>                      | 0.00        | 21,168.02          | 0.00            | 21,168.02       | 0.00 |
|  |  |                                    |                                    |                  | <b>Total</b>                      | 0.00        | 461,716.63         | 0.00            | 461,716.63      | 0.00 |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| <u>Claim Number</u><br><u>Claim Type</u> | <u>Claimant Name</u><br><u>Claimant Status</u> | <u>InjuryDate</u><br><u>Closed</u> | <u>Received</u><br><u>Examiner</u> | <u>Lit / Den</u> | <u>Paid</u><br><u>this Period</u> | <u>Paid</u> | <u>Outstanding</u> | <u>Incurred</u> | <u>Recovery</u> |
|--|--|------------------------------------|------------------------------------|------------------|-----------------------------------|-------------|--------------------|-----------------|-----------------|
|--|--|------------------------------------|------------------------------------|------------------|-----------------------------------|-------------|--------------------|-----------------|-----------------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|  |  |                  |      |            |      |            |      |
|--|--|------------------|------|------------|------|------------|------|
| <b>Open Total 1</b>                      |  | <b>Indemnity</b> | 0.00 | 93,988.94  | 0.00 | 93,988.94  | 0.00 |
|  |  | <b>Rehab</b>     | 0.00 | 0.00       | 0.00 | 0.00       | 0.00 |
|  |  | <b>Medical</b>   | 0.00 | 52,407.66  | 0.00 | 52,407.66  | 0.00 |
|  |  | <b>Legal</b>     | 0.00 | 0.00       | 0.00 | 0.00       | 0.00 |
|  |  | <b>Other</b>     | 0.00 | 8,002.15   | 0.00 | 8,002.15   | 0.00 |
|  |  | <b>Total</b>     | 0.00 | 154,398.75 | 0.00 | 154,398.75 | 0.00 |
| <b>Hamilton Health Systems Total 135</b> |  | <b>Indemnity</b> | 0.00 | 243,887.96 | 0.00 | 243,887.96 | 0.00 |
|  |  | <b>Rehab</b>     | 0.00 | 0.00       | 0.00 | 0.00       | 0.00 |
|  |  | <b>Medical</b>   | 0.00 | 342,466.75 | 0.00 | 342,466.75 | 0.00 |
|  |  | <b>Legal</b>     | 0.00 | 590.50     | 0.00 | 590.50     | 0.00 |
|  |  | <b>Other</b>     | 0.00 | 29,170.17  | 0.00 | 29,170.17  | 0.00 |
|  |  | <b>Total</b>     | 0.00 | 616,115.38 | 0.00 | 616,115.38 | 0.00 |

**ORG1 DESC :** Harper County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid         | Outstanding | Incurred     | Recovery    |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|--------------|-------------|--------------|-------------|
| <b>Closed Total 419</b>    |                                  |                      |                      |           |                     |              |             |              |             |
|                            |                                  |                      |                      |           | 0.00                | 702,558.18   | 0.00        | 702,558.18   | 0.00        |
|                            |                                  |                      |                      |           | 0.00                | 0.00         | 0.00        | 0.00         | 0.00        |
|                            |                                  |                      |                      |           | 0.00                | 982,275.20   | 0.00        | 982,275.20   | 0.00        |
|                            |                                  |                      |                      |           | 0.00                | 2,742.81     | 0.00        | 2,742.81     | 0.00        |
|                            |                                  |                      |                      |           | 0.00                | 96,031.50    | 0.00        | 96,031.50    | (10,299.81) |
|                            |                                  |                      |                      |           | 0.00                | 1,783,607.69 | 0.00        | 1,783,607.69 | (10,299.81) |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                                |                  |      |              |           |              |             |
|--------------------------------|------------------|------|--------------|-----------|--------------|-------------|
| <b>Open Total 4</b>            | <b>Indemnity</b> | 0.00 | 0.00         | 23,755.70 | 23,755.70    | 0.00        |
|                                | <b>Rehab</b>     | 0.00 | 0.00         | 0.00      | 0.00         | 0.00        |
|                                | <b>Medical</b>   | 0.00 | 12,757.16    | 17,502.84 | 30,260.00    | 0.00        |
|                                | <b>Legal</b>     | 0.00 | 1,316.90     | 3,683.10  | 5,000.00     | 0.00        |
|                                | <b>Other</b>     | 0.00 | 480.58       | 5,321.42  | 5,802.00     | 0.00        |
|                                | <b>Total</b>     | 0.00 | 14,554.64    | 50,263.06 | 64,817.70    | 0.00        |
| <b>Harper County Total 423</b> | <b>Indemnity</b> | 0.00 | 702,558.18   | 23,755.70 | 726,313.88   | 0.00        |
|                                | <b>Rehab</b>     | 0.00 | 0.00         | 0.00      | 0.00         | 0.00        |
|                                | <b>Medical</b>   | 0.00 | 995,032.36   | 17,502.84 | 1,012,535.20 | 0.00        |
|                                | <b>Legal</b>     | 0.00 | 4,059.71     | 3,683.10  | 7,742.81     | 0.00        |
|                                | <b>Other</b>     | 0.00 | 96,512.08    | 5,321.42  | 101,833.50   | (10,299.81) |
|                                | <b>Total</b>     | 0.00 | 1,798,162.33 | 50,263.06 | 1,848,425.39 | (10,299.81) |

**ORG1 DESC :** Harvey County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding  | Incurred | Recovery     |            |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|--------------|----------|--------------|------------|
| <b>Closed Total 280</b>    |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 645,289.16   | 0.00     | 645,289.16   | 0.00       |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00         | 0.00     | 0.00         | 0.00       |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 563,156.49   | 0.00     | 563,156.49   | (3,296.65) |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 45,617.45    | 0.00     | 45,617.45    | 0.00       |
|                            |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 61,791.70    | 0.00     | 61,791.70    | (4,524.15) |
|                            |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 1,315,854.80 | 0.00     | 1,315,854.80 | (7,820.80) |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                     |                  |      |            |            |            |      |
|---------------------|------------------|------|------------|------------|------------|------|
| <b>Open Total 1</b> | <b>Indemnity</b> | 0.00 | 49,922.80  | 70,482.20  | 120,405.00 | 0.00 |
|                     | <b>Rehab</b>     | 0.00 | 0.00       | 0.00       | 0.00       | 0.00 |
|                     | <b>Medical</b>   | 0.00 | 86,777.39  | 236,309.10 | 323,086.49 | 0.00 |
|                     | <b>Legal</b>     | 0.00 | 1,878.50   | 11,621.50  | 13,500.00  | 0.00 |
|                     | <b>Other</b>     | 0.00 | 12,544.58  | 3,955.42   | 16,500.00  | 0.00 |
|                     | <b>Total</b>     | 0.00 | 151,123.27 | 322,368.22 | 473,491.49 | 0.00 |

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type     | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding  | Incurred   | Recovery     |            |
|--------------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|--------------|------------|--------------|------------|
| <b>Re-Open Total 1</b>         |                                  |                      |                      |           |                     |      |              |            |              |            |
|                                |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 4,604.04     | 0.00       | 4,604.04     | 0.00       |
|                                |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00         | 0.00       | 0.00         | 0.00       |
|                                |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 63,274.74    | 6,225.26   | 69,500.00    | 0.00       |
|                                |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 0.00         | 0.00       | 0.00         | 0.00       |
|                                |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 2,611.77     | 388.23     | 3,000.00     | 0.00       |
|                                |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 70,490.55    | 6,613.49   | 77,104.04    | 0.00       |
| <b>Harvey County Total 282</b> |                                  |                      |                      |           |                     |      |              |            |              |            |
|                                |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 699,816.00   | 70,482.20  | 770,298.20   | 0.00       |
|                                |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00         | 0.00       | 0.00         | 0.00       |
|                                |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 713,208.62   | 242,534.36 | 955,742.98   | (3,296.65) |
|                                |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 47,495.95    | 11,621.50  | 59,117.45    | 0.00       |
|                                |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 76,948.05    | 4,343.65   | 81,291.70    | (4,524.15) |
|                                |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 1,537,468.62 | 328,981.71 | 1,866,450.33 | (7,820.80) |

**ORG1 DESC** : Harvey-Marion CDDO

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|





# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

| Closed Total 2 |  | Indemnity | 0.00 | 0.00   | 0.00 | 0.00   | 0.00 |
|----------------|--|-----------|------|--------|------|--------|------|
|                |  | Rehab     | 0.00 | 0.00   | 0.00 | 0.00   | 0.00 |
|                |  | Medical   | 0.00 | 541.27 | 0.00 | 541.27 | 0.00 |
|                |  | Legal     | 0.00 | 0.00   | 0.00 | 0.00   | 0.00 |
|                |  | Other     | 0.00 | 15.51  | 0.00 | 15.51  | 0.00 |
| <b>Total</b>   |  |           | 0.00 | 556.78 | 0.00 | 556.78 | 0.00 |

  

| Harvey-Marion CDDO Total 2 |  | Indemnity | 0.00 | 0.00   | 0.00 | 0.00   | 0.00 |
|----------------------------|--|-----------|------|--------|------|--------|------|
|                            |  | Rehab     | 0.00 | 0.00   | 0.00 | 0.00   | 0.00 |
|                            |  | Medical   | 0.00 | 541.27 | 0.00 | 541.27 | 0.00 |
|                            |  | Legal     | 0.00 | 0.00   | 0.00 | 0.00   | 0.00 |
|                            |  | Other     | 0.00 | 15.51  | 0.00 | 15.51  | 0.00 |
| <b>Total</b>               |  |           | 0.00 | 556.78 | 0.00 | 556.78 | 0.00 |

**ORG1 DESC :** Haskell County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number           | Claimant Name   | InjuryDate | Received |           | Paid        |            |             |            |             |
|------------------------|-----------------|------------|----------|-----------|-------------|------------|-------------|------------|-------------|
| Claim Type             | Claimant Status | Closed     | Examiner | Lit / Den | this Period | Paid       | Outstanding | Incurred   | Recovery    |
| <b>Closed Total 84</b> |                 |            |          |           | 0.00        | 117,774.19 | 0.00        | 117,774.19 | 0.00        |
|                        |                 |            |          |           | 0.00        | 0.00       | 0.00        | 0.00       | 0.00        |
|                        |                 |            |          |           | 0.00        | 209,391.02 | 0.00        | 209,391.02 | 0.00        |
|                        |                 |            |          |           | 0.00        | 1,276.00   | 0.00        | 1,276.00   | 0.00        |
|                        |                 |            |          |           | 0.00        | 15,088.13  | 0.00        | 15,088.13  | (41,425.31) |
| <b>Total</b>           |                 |            |          |           | 0.00        | 343,529.34 | 0.00        | 343,529.34 | (41,425.31) |

**CLAIMANT STATUS DESC :** Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number | Claimant Name   | InjuryDate | Received |           | Paid        |      |             |          |          |
|--------------|-----------------|------------|----------|-----------|-------------|------|-------------|----------|----------|
| Claim Type   | Claimant Status | Closed     | Examiner | Lit / Den | this Period | Paid | Outstanding | Incurred | Recovery |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

| Re-Open Total 3 |              | Indemnity | 2,129.58        | 146,937.12        | 12,067.58         | 159,004.70        | 0.00        |
|-----------------|--------------|-----------|-----------------|-------------------|-------------------|-------------------|-------------|
|                 | Rehab        |           | 0.00            | 0.00              | 0.00              | 0.00              | 0.00        |
|                 | Medical      |           | 853.21          | 487,251.00        | 136,299.87        | 623,550.87        | 0.00        |
|                 | Legal        |           | 0.00            | 0.00              | 600.00            | 600.00            | 0.00        |
|                 | Other        |           | 9.00            | 13,931.06         | 9,692.45          | 23,623.51         | 0.00        |
|                 | <b>Total</b> |           | <b>2,991.79</b> | <b>648,119.18</b> | <b>158,659.90</b> | <b>806,779.08</b> | <b>0.00</b> |

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| Haskell County Total 87 |              | Indemnity | 2,129.58        | 264,711.31        | 12,067.58         | 276,778.89          | 0.00               |
|-------------------------|--------------|-----------|-----------------|-------------------|-------------------|---------------------|--------------------|
|                         | Rehab        |           | 0.00            | 0.00              | 0.00              | 0.00                | 0.00               |
|                         | Medical      |           | 853.21          | 696,642.02        | 136,299.87        | 832,941.89          | 0.00               |
|                         | Legal        |           | 0.00            | 1,276.00          | 600.00            | 1,876.00            | 0.00               |
|                         | Other        |           | 9.00            | 29,019.19         | 9,692.45          | 38,711.64           | (41,425.31)        |
|                         | <b>Total</b> |           | <b>2,991.79</b> | <b>991,648.52</b> | <b>158,659.90</b> | <b>1,150,308.42</b> | <b>(41,425.31)</b> |

**ORG1 DESC :** Hodgeman County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number           | Claimant Name   | InjuryDate | Received    |           | Paid             |             |                  |             |             |
|------------------------|-----------------|------------|-------------|-----------|------------------|-------------|------------------|-------------|-------------|
| Claim Type             | Claimant Status | Closed     | Examiner    | Lit / Den | this Period      | Paid        | Outstanding      | Incurred    | Recovery    |
| <b>Closed Total 25</b> |                 |            |             |           |                  |             |                  |             |             |
|                        | Indemnity       |            | 0.00        |           | 10,241.95        | 0.00        | 10,241.95        | 0.00        | 0.00        |
|                        | Rehab           |            | 0.00        |           | 0.00             | 0.00        | 0.00             | 0.00        | 0.00        |
|                        | Medical         |            | 0.00        |           | 21,213.14        | 0.00        | 21,213.14        | 0.00        | 0.00        |
|                        | Legal           |            | 0.00        |           | 4,603.77         | 0.00        | 4,603.77         | 0.00        | 0.00        |
|                        | Other           |            | 0.00        |           | 1,654.35         | 0.00        | 1,654.35         | 0.00        | 0.00        |
|                        | <b>Total</b>    |            | <b>0.00</b> |           | <b>37,713.21</b> | <b>0.00</b> | <b>37,713.21</b> | <b>0.00</b> | <b>0.00</b> |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number | Claimant Name   | InjuryDate | Received |           | Paid        |      |             |          |          |
|--------------|-----------------|------------|----------|-----------|-------------|------|-------------|----------|----------|
| Claim Type   | Claimant Status | Closed     | Examiner | Lit / Den | this Period | Paid | Outstanding | Incurred | Recovery |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                                 |                  |        |           |           |           |      |
|---------------------------------|------------------|--------|-----------|-----------|-----------|------|
| <b>Open Total 2</b>             | <b>Indemnity</b> | 0.00   | 7,884.51  | 2,626.34  | 10,510.85 | 0.00 |
|                                 | <b>Rehab</b>     | 0.00   | 0.00      | 0.00      | 0.00      | 0.00 |
|                                 | <b>Medical</b>   | 0.00   | 34,501.53 | 9,948.47  | 44,450.00 | 0.00 |
|                                 | <b>Legal</b>     | 492.00 | 492.00    | 108.00    | 600.00    | 0.00 |
|                                 | <b>Other</b>     | 0.00   | 1,382.02  | 3,557.98  | 4,940.00  | 0.00 |
|                                 | <b>Total</b>     | 492.00 | 44,260.06 | 16,240.79 | 60,500.85 | 0.00 |
| <b>Hodgeman County Total 27</b> | <b>Indemnity</b> | 0.00   | 18,126.46 | 2,626.34  | 20,752.80 | 0.00 |
|                                 | <b>Rehab</b>     | 0.00   | 0.00      | 0.00      | 0.00      | 0.00 |
|                                 | <b>Medical</b>   | 0.00   | 55,714.67 | 9,948.47  | 65,663.14 | 0.00 |
|                                 | <b>Legal</b>     | 492.00 | 5,095.77  | 108.00    | 5,203.77  | 0.00 |
|                                 | <b>Other</b>     | 0.00   | 3,036.37  | 3,557.98  | 6,594.35  | 0.00 |
|                                 | <b>Total</b>     | 492.00 | 81,973.27 | 16,240.79 | 98,214.06 | 0.00 |

**ORG1 DESC :** Jackson County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery   |             |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|------------|-------------|
| <b>Closed Total 288</b>    |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 271,163.80  | 0.00     | 271,163.80 | 0.00        |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00        |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 533,692.83  | 0.00     | 533,692.83 | (14,974.73) |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 11,757.73   | 0.00     | 11,757.73  | 0.00        |
|                            |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 66,022.74   | 0.00     | 66,022.74  | (60,027.53) |
|                            |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 882,637.10  | 0.00     | 882,637.10 | (75,002.26) |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                     |                  |      |            |           |            |            |
|---------------------|------------------|------|------------|-----------|------------|------------|
| <b>Open Total 6</b> | <b>Indemnity</b> | 0.00 | 92,576.12  | 457.88    | 93,034.00  | 0.00       |
|                     | <b>Rehab</b>     | 0.00 | 0.00       | 0.00      | 0.00       | 0.00       |
|                     | <b>Medical</b>   | 0.00 | 84,808.05  | 67,191.95 | 152,000.00 | (1,395.97) |
|                     | <b>Legal</b>     | 0.00 | 17,572.00  | 3,928.00  | 21,500.00  | 0.00       |
|                     | <b>Other</b>     | 0.00 | 3,813.99   | 7,586.01  | 11,400.00  | (500.00)   |
|                     | <b>Total</b>     | 0.00 | 198,770.16 | 79,163.84 | 277,934.00 | (1,895.97) |

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|

|                        |                  |        |            |           |            |             |
|------------------------|------------------|--------|------------|-----------|------------|-------------|
| <b>Re-Open Total 2</b> | <b>Indemnity</b> | 0.00   | 112,089.04 | 25,000.00 | 137,089.04 | 0.00        |
|                        | <b>Rehab</b>     | 0.00   | 0.00       | 0.00      | 0.00       | 0.00        |
|                        | <b>Medical</b>   | 939.03 | 226,375.31 | 13,645.09 | 240,020.40 | (500.00)    |
|                        | <b>Legal</b>     | 0.00   | 0.00       | 4,500.00  | 4,500.00   | 0.00        |
|                        | <b>Other</b>     | 22.97  | 53,762.42  | 8,277.58  | 62,040.00  | (29,327.84) |
|                        | <b>Total</b>     | 962.00 | 392,226.77 | 51,422.67 | 443,649.44 | (29,827.84) |

|                                 |                  |        |              |            |              |              |
|---------------------------------|------------------|--------|--------------|------------|--------------|--------------|
| <b>Jackson County Total 296</b> | <b>Indemnity</b> | 0.00   | 475,828.96   | 25,457.88  | 501,286.84   | 0.00         |
|                                 | <b>Rehab</b>     | 0.00   | 0.00         | 0.00       | 0.00         | 0.00         |
|                                 | <b>Medical</b>   | 939.03 | 844,876.19   | 80,837.04  | 925,713.23   | (16,870.70)  |
|                                 | <b>Legal</b>     | 0.00   | 29,329.73    | 8,428.00   | 37,757.73    | 0.00         |
|                                 | <b>Other</b>     | 22.97  | 123,599.15   | 15,863.59  | 139,462.74   | (89,855.37)  |
|                                 | <b>Total</b>     | 962.00 | 1,473,634.03 | 130,586.51 | 1,604,220.54 | (106,726.07) |

**ORG1 DESC** : Jefferson County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                         |                  |      |              |      |              |             |
|-------------------------|------------------|------|--------------|------|--------------|-------------|
| <b>Closed Total 473</b> | <b>Indemnity</b> | 0.00 | 699,277.05   | 0.00 | 699,277.05   | 0.00        |
|                         | <b>Rehab</b>     | 0.00 | 0.00         | 0.00 | 0.00         | 0.00        |
|                         | <b>Medical</b>   | 0.00 | 1,000,840.16 | 0.00 | 1,000,840.16 | (461.12)    |
|                         | <b>Legal</b>     | 0.00 | 28,261.84    | 0.00 | 28,261.84    | 0.00        |
|                         | <b>Other</b>     | 0.00 | 116,695.85   | 0.00 | 116,695.85   | (98,366.06) |
|                         | <b>Total</b>     | 0.00 | 1,845,074.90 | 0.00 | 1,845,074.90 | (98,827.18) |

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid     | Outstanding | Incurred  | Recovery  |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|----------|-------------|-----------|-----------|------|
| <b>Open Total 8</b>        |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00     | 0.00        | 0.00      | 0.00      | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00     | 0.00        | 0.00      | 0.00      | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 1,328.92 | 1,747.25    | 16,952.75 | 18,700.00 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00     | 0.00        | 0.00      | 0.00      | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 130.58   | 253.14      | 3,586.86  | 3,840.00  | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 1,459.50 | 2,000.39    | 20,539.61 | 22,540.00 | 0.00 |

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid   | Outstanding | Incurred  | Recovery   |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|--------|-------------|-----------|------------|------|
| <b>Re-Open Total 2</b>     |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00   | 28,302.06   | 25,000.00 | 53,302.06  | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00   | 0.00        | 0.00      | 0.00       | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 367.04 | 19,245.43   | 32,574.57 | 51,820.00  | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00   | 0.00        | 9,500.00  | 9,500.00   | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 9.00   | 1,163.35    | 6,609.49  | 7,772.84   | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 376.04 | 48,710.84   | 73,684.06 | 122,394.90 | 0.00 |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                                   |                  |          |              |           |              |             |
|-----------------------------------|------------------|----------|--------------|-----------|--------------|-------------|
| <b>Jefferson County Total 483</b> | <b>Indemnity</b> | 0.00     | 727,579.11   | 25,000.00 | 752,579.11   | 0.00        |
|                                   | <b>Rehab</b>     | 0.00     | 0.00         | 0.00      | 0.00         | 0.00        |
|                                   | <b>Medical</b>   | 1,695.96 | 1,021,832.84 | 49,527.32 | 1,071,360.16 | (461.12)    |
|                                   | <b>Legal</b>     | 0.00     | 28,261.84    | 9,500.00  | 37,761.84    | 0.00        |
|                                   | <b>Other</b>     | 139.58   | 118,112.34   | 10,196.35 | 128,308.69   | (98,366.06) |
|                                   | <b>Total</b>     | 1,835.54 | 1,895,786.13 | 94,223.67 | 1,990,009.80 | (98,827.18) |

**ORG1 DESC :** Jefferson County RWD 12

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number | Claimant Name   | InjuryDate | Received |  | Paid             |      |             |          |          |      |
|--------------|-----------------|------------|----------|--|------------------|------|-------------|----------|----------|------|
| Claim Type   | Claimant Status | Closed     | Examiner | Lit / Den                              | this Period      | Paid | Outstanding | Incurred | Recovery |      |
|              |                 |            |          | <b>Closed Total 1</b>                  | <b>Indemnity</b> | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|              |                 |            |          |  | <b>Rehab</b>     | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|              |                 |            |          |  | <b>Medical</b>   | 0.00 | 181.94      | 0.00     | 181.94   | 0.00 |
|              |                 |            |          |  | <b>Legal</b>     | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|              |                 |            |          |  | <b>Other</b>     | 0.00 | 13.31       | 0.00     | 13.31    | 0.00 |
|              |                 |            |          |  | <b>Total</b>     | 0.00 | 195.25      | 0.00     | 195.25   | 0.00 |
|              |                 |            |          | <b>Jefferson County RWD 12 Total 1</b> | <b>Indemnity</b> | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|              |                 |            |          |  | <b>Rehab</b>     | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|              |                 |            |          |  | <b>Medical</b>   | 0.00 | 181.94      | 0.00     | 181.94   | 0.00 |
|              |                 |            |          |  | <b>Legal</b>     | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|              |                 |            |          |  | <b>Other</b>     | 0.00 | 13.31       | 0.00     | 13.31    | 0.00 |
|              |                 |            |          |  | <b>Total</b>     | 0.00 | 195.25      | 0.00     | 195.25   | 0.00 |

**ORG1 DESC :** Jewell County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number | Claimant Name   | InjuryDate | Received |           | Paid        |      |             |          |          |  |
|--------------|-----------------|------------|----------|-----------|-------------|------|-------------|----------|----------|--|
| Claim Type   | Claimant Status | Closed     | Examiner | Lit / Den | this Period | Paid | Outstanding | Incurred | Recovery |  |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                         |                  |      |              |      |              |            |
|-------------------------|------------------|------|--------------|------|--------------|------------|
| <b>Closed Total 266</b> | <b>Indemnity</b> | 0.00 | 542,505.90   | 0.00 | 542,505.90   | 0.00       |
|                         | <b>Rehab</b>     | 0.00 | 0.00         | 0.00 | 0.00         | 0.00       |
|                         | <b>Medical</b>   | 0.00 | 467,109.18   | 0.00 | 467,109.18   | 0.00       |
|                         | <b>Legal</b>     | 0.00 | 8,257.50     | 0.00 | 8,257.50     | 0.00       |
|                         | <b>Other</b>     | 0.00 | 41,786.17    | 0.00 | 41,786.17    | (1,157.51) |
|                         | <b>Total</b>     | 0.00 | 1,059,658.75 | 0.00 | 1,059,658.75 | (1,157.51) |

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|

|                     |                  |      |            |            |            |      |
|---------------------|------------------|------|------------|------------|------------|------|
| <b>Open Total 5</b> | <b>Indemnity</b> | 0.00 | 181,717.70 | 20,000.00  | 201,717.70 | 0.00 |
|                     | <b>Rehab</b>     | 0.00 | 0.00       | 2,500.00   | 2,500.00   | 0.00 |
|                     | <b>Medical</b>   | 0.00 | 266,431.01 | 84,618.99  | 351,050.00 | 0.00 |
|                     | <b>Legal</b>     | 0.00 | 17,519.84  | 21,130.16  | 38,650.00  | 0.00 |
|                     | <b>Other</b>     | 0.00 | 12,590.70  | 6,704.30   | 19,295.00  | 0.00 |
|                     | <b>Total</b>     | 0.00 | 478,259.25 | 134,953.45 | 613,212.70 | 0.00 |

|                                |                  |      |              |            |              |            |
|--------------------------------|------------------|------|--------------|------------|--------------|------------|
| <b>Jewell County Total 271</b> | <b>Indemnity</b> | 0.00 | 724,223.60   | 20,000.00  | 744,223.60   | 0.00       |
|                                | <b>Rehab</b>     | 0.00 | 0.00         | 2,500.00   | 2,500.00     | 0.00       |
|                                | <b>Medical</b>   | 0.00 | 733,540.19   | 84,618.99  | 818,159.18   | 0.00       |
|                                | <b>Legal</b>     | 0.00 | 25,777.34    | 21,130.16  | 46,907.50    | 0.00       |
|                                | <b>Other</b>     | 0.00 | 54,376.87    | 6,704.30   | 61,081.17    | (1,157.51) |
|                                | <b>Total</b>     | 0.00 | 1,537,918.00 | 134,953.45 | 1,672,871.45 | (1,157.51) |

**ORG1 DESC** : Kansas Association Of Counties

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|   |  |                  |      |      |      |      |      |
|---|--|------------------|------|------|------|------|------|
| <b>Closed Total 1</b>                         |  | <b>Indemnity</b> | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|   |  | <b>Rehab</b>     | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|   |  | <b>Medical</b>   | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|   |  | <b>Legal</b>     | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|   |  | <b>Other</b>     | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|   |  | <b>Total</b>     | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| <b>Kansas Association Of Counties Total 1</b> |  | <b>Indemnity</b> | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|   |  | <b>Rehab</b>     | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|   |  | <b>Medical</b>   | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|   |  | <b>Legal</b>     | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|   |  | <b>Other</b>     | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|   |  | <b>Total</b>     | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

**ORG1 DESC :** Kearny County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| <u>Claim Number</u><br><u>Claim Type</u> | <u>Claimant Name</u><br><u>Claimant Status</u> | <u>InjuryDate</u><br><u>Closed</u> | <u>Received</u><br><u>Examiner</u> | <u>Lit / Den</u> | <u>Paid</u><br><u>this Period</u> | <u>Paid</u> | <u>Outstanding</u> | <u>Incurred</u> | <u>Recovery</u> |
|--|--|------------------------------------|------------------------------------|------------------|-----------------------------------|-------------|--------------------|-----------------|-----------------|
| <b>Closed Total 57</b>                   |  |                                    |                                    |                  |                                   |             |                    |                 |                 |
|  |  |                                    | <b>Indemnity</b>                   |                  | 0.00                              | 54,462.28   | 0.00               | 54,462.28       | 0.00            |
|  |  |                                    | <b>Rehab</b>                       |                  | 0.00                              | 0.00        | 0.00               | 0.00            | 0.00            |
|  |  |                                    | <b>Medical</b>                     |                  | 0.00                              | 70,698.99   | 0.00               | 70,698.99       | 0.00            |
|  |  |                                    | <b>Legal</b>                       |                  | 0.00                              | 1,282.50    | 0.00               | 1,282.50        | 0.00            |
|  |  |                                    | <b>Other</b>                       |                  | 0.00                              | 2,998.46    | 0.00               | 2,998.46        | 0.00            |
|  |  |                                    | <b>Total</b>                       |                  | 0.00                              | 129,442.23  | 0.00               | 129,442.23      | 0.00            |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| <u>Claim Number</u><br><u>Claim Type</u> | <u>Claimant Name</u><br><u>Claimant Status</u> | <u>InjuryDate</u><br><u>Closed</u> | <u>Received</u><br><u>Examiner</u> | <u>Lit / Den</u> | <u>Paid</u><br><u>this Period</u> | <u>Paid</u> | <u>Outstanding</u> | <u>Incurred</u> | <u>Recovery</u> |
|--|--|------------------------------------|------------------------------------|------------------|-----------------------------------|-------------|--------------------|-----------------|-----------------|
|--|--|------------------------------------|------------------------------------|------------------|-----------------------------------|-------------|--------------------|-----------------|-----------------|





# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                               |  |                  |      |            |          |            |      |
|-------------------------------|--|------------------|------|------------|----------|------------|------|
| <b>Open Total 4</b>           |  | <b>Indemnity</b> | 0.00 | 0.00       | 0.00     | 0.00       | 0.00 |
|                               |  | <b>Rehab</b>     | 0.00 | 0.00       | 0.00     | 0.00       | 0.00 |
|                               |  | <b>Medical</b>   | 0.00 | 4,051.47   | 5,048.53 | 9,100.00   | 0.00 |
|                               |  | <b>Legal</b>     | 0.00 | 0.00       | 0.00     | 0.00       | 0.00 |
|                               |  | <b>Other</b>     | 0.00 | 276.34     | 1,573.66 | 1,850.00   | 0.00 |
|                               |  | <b>Total</b>     | 0.00 | 4,327.81   | 6,622.19 | 10,950.00  | 0.00 |
| <b>Kearny County Total 61</b> |  | <b>Indemnity</b> | 0.00 | 54,462.28  | 0.00     | 54,462.28  | 0.00 |
|                               |  | <b>Rehab</b>     | 0.00 | 0.00       | 0.00     | 0.00       | 0.00 |
|                               |  | <b>Medical</b>   | 0.00 | 74,750.46  | 5,048.53 | 79,798.99  | 0.00 |
|                               |  | <b>Legal</b>     | 0.00 | 1,282.50   | 0.00     | 1,282.50   | 0.00 |
|                               |  | <b>Other</b>     | 0.00 | 3,274.80   | 1,573.66 | 4,848.46   | 0.00 |
|                               |  | <b>Total</b>     | 0.00 | 133,770.04 | 6,622.19 | 140,392.23 | 0.00 |

**ORG1 DESC :** Kingman County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid      | Outstanding | Incurred  | Recovery  |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|-----------|-------------|-----------|-----------|------|
| <b>Closed Total 15</b>     |                                  |                      |                      |           |                     |           |             |           |           |      |
|                            |                                  |                      |                      |           | 0.00                | 1,453.21  | 0.00        | 1,453.21  | 0.00      |      |
|                            |                                  |                      |                      |           | 0.00                | 0.00      | 0.00        | 0.00      | 0.00      |      |
|                            |                                  |                      |                      |           | 1,557.54            | 11,996.17 | 0.00        | 11,996.17 | 0.00      |      |
|                            |                                  |                      |                      |           | 0.00                | 0.00      | 0.00        | 0.00      | 0.00      |      |
|                            |                                  |                      |                      |           | 83.38               | 942.27    | 0.00        | 942.27    | 0.00      |      |
|                            |                                  |                      |                      |           | <b>Total</b>        | 1,640.92  | 14,391.65   | 0.00      | 14,391.65 | 0.00 |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                                |  |                  |          |           |           |           |      |
|--------------------------------|--|------------------|----------|-----------|-----------|-----------|------|
| <b>Open Total 1</b>            |  | <b>Indemnity</b> | 0.00     | 10,093.24 | 7,960.99  | 18,054.23 | 0.00 |
|                                |  | <b>Rehab</b>     | 0.00     | 0.00      | 0.00      | 0.00      | 0.00 |
|                                |  | <b>Medical</b>   | 7,514.35 | 35,744.46 | 3,455.54  | 39,200.00 | 0.00 |
|                                |  | <b>Legal</b>     | 0.00     | 0.00      | 600.00    | 600.00    | 0.00 |
|                                |  | <b>Other</b>     | 298.56   | 945.45    | 7,054.55  | 8,000.00  | 0.00 |
|                                |  | <b>Total</b>     | 7,812.91 | 46,783.15 | 19,071.08 | 65,854.23 | 0.00 |
| <b>Kingman County Total 16</b> |  | <b>Indemnity</b> | 0.00     | 11,546.45 | 7,960.99  | 19,507.44 | 0.00 |
|                                |  | <b>Rehab</b>     | 0.00     | 0.00      | 0.00      | 0.00      | 0.00 |
|                                |  | <b>Medical</b>   | 9,071.89 | 47,740.63 | 3,455.54  | 51,196.17 | 0.00 |
|                                |  | <b>Legal</b>     | 0.00     | 0.00      | 600.00    | 600.00    | 0.00 |
|                                |  | <b>Other</b>     | 381.94   | 1,887.72  | 7,054.55  | 8,942.27  | 0.00 |
|                                |  | <b>Total</b>     | 9,453.83 | 61,174.80 | 19,071.08 | 80,245.88 | 0.00 |

**ORG1 DESC :** Kiowa County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type  | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid   | Outstanding | Incurred | Recovery |
|-----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|--------|-------------|----------|----------|
| <b>Closed Total 1</b>       |                                  |                      |                      |           |                     |        |             |          |          |
|                             |                                  | <b>Indemnity</b>     | 0.00                 | 0.00      | 0.00                | 0.00   | 0.00        | 0.00     | 0.00     |
|                             |                                  | <b>Rehab</b>         | 0.00                 | 0.00      | 0.00                | 0.00   | 0.00        | 0.00     | 0.00     |
|                             |                                  | <b>Medical</b>       | 0.00                 | 701.32    | 0.00                | 701.32 | 0.00        | 0.00     | 0.00     |
|                             |                                  | <b>Legal</b>         | 0.00                 | 0.00      | 0.00                | 0.00   | 0.00        | 0.00     | 0.00     |
|                             |                                  | <b>Other</b>         | 0.00                 | 55.07     | 0.00                | 55.07  | 0.00        | 0.00     | 0.00     |
|                             |                                  | <b>Total</b>         | 0.00                 | 756.39    | 0.00                | 756.39 | 0.00        | 0.00     | 0.00     |
| <b>Kiowa County Total 1</b> |                                  | <b>Indemnity</b>     | 0.00                 | 0.00      | 0.00                | 0.00   | 0.00        | 0.00     | 0.00     |
|                             |                                  | <b>Rehab</b>         | 0.00                 | 0.00      | 0.00                | 0.00   | 0.00        | 0.00     | 0.00     |
|                             |                                  | <b>Medical</b>       | 0.00                 | 701.32    | 0.00                | 701.32 | 0.00        | 0.00     | 0.00     |
|                             |                                  | <b>Legal</b>         | 0.00                 | 0.00      | 0.00                | 0.00   | 0.00        | 0.00     | 0.00     |
|                             |                                  | <b>Other</b>         | 0.00                 | 55.07     | 0.00                | 55.07  | 0.00        | 0.00     | 0.00     |
|                             |                                  | <b>Total</b>         | 0.00                 | 756.39    | 0.00                | 756.39 | 0.00        | 0.00     | 0.00     |

**ORG1 DESC :** Lane County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den               | Paid<br>this Period | Paid              | Outstanding | Incurred          | Recovery    |
|----------------------------|----------------------------------|----------------------|----------------------|-------------------------|---------------------|-------------------|-------------|-------------------|-------------|
|                            |                                  |                      |                      | <b>Closed Total 102</b> |                     |                   |             |                   |             |
|                            |                                  |                      |                      | Indemnity               | 0.00                | 34,232.79         | 0.00        | 34,232.79         | 0.00        |
|                            |                                  |                      |                      | Rehab                   | 0.00                | 0.00              | 0.00        | 0.00              | 0.00        |
|                            |                                  |                      |                      | Medical                 | 0.00                | 107,768.69        | 0.00        | 107,768.69        | 0.00        |
|                            |                                  |                      |                      | Legal                   | 0.00                | 392.00            | 0.00        | 392.00            | 0.00        |
|                            |                                  |                      |                      | Other                   | 0.00                | 11,325.26         | 0.00        | 11,325.26         | 0.00        |
|                            |                                  |                      |                      | <b>Total</b>            | <b>0.00</b>         | <b>153,718.74</b> | <b>0.00</b> | <b>153,718.74</b> | <b>0.00</b> |

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den                    | Paid<br>this Period | Paid              | Outstanding      | Incurred          | Recovery    |
|----------------------------|----------------------------------|----------------------|----------------------|------------------------------|---------------------|-------------------|------------------|-------------------|-------------|
|                            |                                  |                      |                      | <b>Open Total 3</b>          |                     |                   |                  |                   |             |
|                            |                                  |                      |                      | Indemnity                    | 0.00                | 20,639.29         | 0.00             | 20,639.29         | 0.00        |
|                            |                                  |                      |                      | Rehab                        | 0.00                | 0.00              | 0.00             | 0.00              | 0.00        |
|                            |                                  |                      |                      | Medical                      | 0.00                | 6,542.93          | 13,707.07        | 20,250.00         | 0.00        |
|                            |                                  |                      |                      | Legal                        | 0.00                | 444.75            | 9,555.25         | 10,000.00         | 0.00        |
|                            |                                  |                      |                      | Other                        | 65.40               | 1,080.08          | 3,833.47         | 4,913.55          | 0.00        |
|                            |                                  |                      |                      | <b>Total</b>                 | <b>65.40</b>        | <b>28,707.05</b>  | <b>27,095.79</b> | <b>55,802.84</b>  | <b>0.00</b> |
|                            |                                  |                      |                      | <b>Lane County Total 105</b> |                     |                   |                  |                   |             |
|                            |                                  |                      |                      | Indemnity                    | 0.00                | 54,872.08         | 0.00             | 54,872.08         | 0.00        |
|                            |                                  |                      |                      | Rehab                        | 0.00                | 0.00              | 0.00             | 0.00              | 0.00        |
|                            |                                  |                      |                      | Medical                      | 0.00                | 114,311.62        | 13,707.07        | 128,018.69        | 0.00        |
|                            |                                  |                      |                      | Legal                        | 0.00                | 836.75            | 9,555.25         | 10,392.00         | 0.00        |
|                            |                                  |                      |                      | Other                        | 65.40               | 12,405.34         | 3,833.47         | 16,238.81         | 0.00        |
|                            |                                  |                      |                      | <b>Total</b>                 | <b>65.40</b>        | <b>182,425.79</b> | <b>27,095.79</b> | <b>209,521.58</b> | <b>0.00</b> |

**ORG1 DESC** : Lincoln County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                         |                  |      |            |      |            |          |
|-------------------------|------------------|------|------------|------|------------|----------|
| <b>Closed Total 270</b> | <b>Indemnity</b> | 0.00 | 216,912.26 | 0.00 | 216,912.26 | 0.00     |
|                         | <b>Rehab</b>     | 0.00 | 0.00       | 0.00 | 0.00       | 0.00     |
|                         | <b>Medical</b>   | 0.00 | 513,333.07 | 0.00 | 513,333.07 | 0.00     |
|                         | <b>Legal</b>     | 0.00 | 518.00     | 0.00 | 518.00     | 0.00     |
|                         | <b>Other</b>     | 0.00 | 37,156.85  | 0.00 | 37,156.85  | (756.73) |
|                         | <b>Total</b>     | 0.00 | 767,920.18 | 0.00 | 767,920.18 | (756.73) |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid     | Outstanding | Incurred | Recovery |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|----------|-------------|----------|----------|------|
| <b>Open Total 3</b>        |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00     | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00     | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 1,526.66 | 2,095.49    | 5,404.51 | 7,500.00 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00     | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 72.80    | 134.86      | 1,365.14 | 1,500.00 | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 1,599.46 | 2,230.35    | 6,769.65 | 9,000.00 | 0.00 |

|                                 |  |  |  |  |                  |          |            |          |            |          |
|---------------------------------|--|--|--|--|------------------|----------|------------|----------|------------|----------|
| <b>Lincoln County Total 273</b> |  |  |  |  | <b>Indemnity</b> | 0.00     | 216,912.26 | 0.00     | 216,912.26 | 0.00     |
|                                 |  |  |  |  | <b>Rehab</b>     | 0.00     | 0.00       | 0.00     | 0.00       | 0.00     |
|                                 |  |  |  |  | <b>Medical</b>   | 1,526.66 | 515,428.56 | 5,404.51 | 520,833.07 | 0.00     |
|                                 |  |  |  |  | <b>Legal</b>     | 0.00     | 518.00     | 0.00     | 518.00     | 0.00     |
|                                 |  |  |  |  | <b>Other</b>     | 72.80    | 37,291.71  | 1,365.14 | 38,656.85  | (756.73) |
|                                 |  |  |  |  | <b>Total</b>     | 1,599.46 | 770,150.53 | 6,769.65 | 776,920.18 | (756.73) |

**ORG1 DESC :** Linn County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                         |                  |      |              |      |              |             |
|-------------------------|------------------|------|--------------|------|--------------|-------------|
| <b>Closed Total 291</b> | <b>Indemnity</b> | 0.00 | 479,676.31   | 0.00 | 479,676.31   | (14,013.80) |
|                         | <b>Rehab</b>     | 0.00 | 0.00         | 0.00 | 0.00         | 0.00        |
|                         | <b>Medical</b>   | 0.00 | 737,351.67   | 0.00 | 737,351.67   | (19,661.57) |
|                         | <b>Legal</b>     | 0.00 | 3,586.50     | 0.00 | 3,586.50     | 0.00        |
|                         | <b>Other</b>     | 0.00 | 61,605.52    | 0.00 | 61,605.52    | 0.00        |
|                         | <b>Total</b>     | 0.00 | 1,282,220.00 | 0.00 | 1,282,220.00 | (33,675.37) |

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid     | Outstanding | Incurred   | Recovery     |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|----------|-------------|------------|--------------|------|
| <b>Open Total 9</b>        |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00     | 46,004.92   | 470,000.00 | 516,004.92   | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00     | 0.00        | 0.00       | 0.00         | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 1,840.99 | 281,971.78  | 179,706.05 | 461,677.83   | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00     | 9,710.14    | 9,789.86   | 19,500.00    | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 201.47   | 15,027.06   | 53,892.66  | 68,919.72    | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 2,042.46 | 352,713.90  | 713,388.57 | 1,066,102.47 | 0.00 |

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid      | Outstanding | Incurred  | Recovery  |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|-----------|-------------|-----------|-----------|------|
| <b>Re-Open Total 2</b>     |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00      | 1,429.48    | 5,070.52  | 6,500.00  | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00      | 0.00        | 0.00      | 0.00      | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 13,557.81 | 24,886.34   | 22,540.06 | 47,426.40 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00      | 0.00        | 550.00    | 550.00    | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 1,429.78  | 2,811.11    | 5,627.19  | 8,438.30  | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 14,987.59 | 29,126.93   | 33,787.77 | 62,914.70 | 0.00 |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                              |                  |           |              |            |              |             |
|------------------------------|------------------|-----------|--------------|------------|--------------|-------------|
| <b>Linn County Total 302</b> | <b>Indemnity</b> | 0.00      | 527,110.71   | 475,070.52 | 1,002,181.23 | (14,013.80) |
|                              | <b>Rehab</b>     | 0.00      | 0.00         | 0.00       | 0.00         | 0.00        |
|                              | <b>Medical</b>   | 15,398.80 | 1,044,209.79 | 202,246.11 | 1,246,455.90 | (19,661.57) |
|                              | <b>Legal</b>     | 0.00      | 13,296.64    | 10,339.86  | 23,636.50    | 0.00        |
|                              | <b>Other</b>     | 1,631.25  | 79,443.69    | 59,519.85  | 138,963.54   | 0.00        |
|                              | <b>Total</b>     | 17,030.05 | 1,664,060.83 | 747,176.34 | 2,411,237.17 | (33,675.37) |

ORG1 DESC : Lyon County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding  | Incurred | Recovery     |            |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|--------------|----------|--------------|------------|
| <b>Closed Total 717</b>    |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 920,944.10   | 0.00     | 920,944.10   | 0.00       |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00         | 0.00     | 0.00         | 0.00       |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 1,305,517.49 | 0.00     | 1,305,517.49 | (1,770.30) |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 32,856.70    | 0.00     | 32,856.70    | 0.00       |
|                            |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 182,556.10   | 0.00     | 182,556.10   | (8,160.28) |
|                            |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 2,441,874.39 | 0.00     | 2,441,874.39 | (9,930.58) |

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid     | Outstanding | Incurred   | Recovery   |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|----------|-------------|------------|------------|------|
| <b>Open Total 9</b>        |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00     | 33,798.34   | 91,461.71  | 125,260.05 | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00     | 0.00        | 0.00       | 0.00       | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 1,563.99 | 135,859.15  | 89,461.26  | 225,320.41 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 498.50   | 498.50      | 1,851.50   | 2,350.00   | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 68.70    | 17,272.96   | 17,258.29  | 34,531.25  | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 2,131.19 | 187,428.95  | 200,032.76 | 387,461.71 | 0.00 |

CLAIMANT STATUS DESC : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den                    | Paid<br>this Period | Paid     | Outstanding  | Incurred   | Recovery     |            |
|----------------------------|----------------------------------|----------------------|----------------------|------------------------------|---------------------|----------|--------------|------------|--------------|------------|
|                            |                                  |                      |                      | <b>Re-Open Total 1</b>       | <b>Indemnity</b>    | 0.00     | 3,331.95     | 28,609.47  | 31,941.42    | 0.00       |
|                            |                                  |                      |                      |                              | <b>Rehab</b>        | 0.00     | 0.00         | 0.00       | 0.00         | 0.00       |
|                            |                                  |                      |                      |                              | <b>Medical</b>      | 0.00     | 21,543.45    | 25,456.55  | 47,000.00    | 0.00       |
|                            |                                  |                      |                      |                              | <b>Legal</b>        | 0.00     | 380.00       | 10,670.00  | 11,050.00    | 0.00       |
|                            |                                  |                      |                      |                              | <b>Other</b>        | 0.00     | 1,846.61     | 5,453.39   | 7,300.00     | 0.00       |
|                            |                                  |                      |                      |                              | <b>Total</b>        | 0.00     | 27,102.01    | 70,189.41  | 97,291.42    | 0.00       |
|                            |                                  |                      |                      | <b>Lyon County Total 727</b> | <b>Indemnity</b>    | 0.00     | 958,074.39   | 120,071.18 | 1,078,145.57 | 0.00       |
|                            |                                  |                      |                      |                              | <b>Rehab</b>        | 0.00     | 0.00         | 0.00       | 0.00         | 0.00       |
|                            |                                  |                      |                      |                              | <b>Medical</b>      | 1,563.99 | 1,462,920.09 | 114,917.81 | 1,577,837.90 | (1,770.30) |
|                            |                                  |                      |                      |                              | <b>Legal</b>        | 498.50   | 33,735.20    | 12,521.50  | 46,256.70    | 0.00       |
|                            |                                  |                      |                      |                              | <b>Other</b>        | 68.70    | 201,675.67   | 22,711.68  | 224,387.35   | (8,160.28) |
|                            |                                  |                      |                      |                              | <b>Total</b>        | 2,131.19 | 2,656,405.35 | 270,222.17 | 2,926,627.52 | (9,930.58) |

**ORG1 DESC :** Marion County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den               | Paid<br>this Period | Paid | Outstanding  | Incurred | Recovery     |             |
|----------------------------|----------------------------------|----------------------|----------------------|-------------------------|---------------------|------|--------------|----------|--------------|-------------|
|                            |                                  |                      |                      | <b>Closed Total 309</b> | <b>Indemnity</b>    | 0.00 | 338,071.77   | 0.00     | 338,071.77   | (12,859.30) |
|                            |                                  |                      |                      |                         | <b>Rehab</b>        | 0.00 | 0.00         | 0.00     | 0.00         | 0.00        |
|                            |                                  |                      |                      |                         | <b>Medical</b>      | 0.00 | 665,443.92   | 0.00     | 665,443.92   | (20,844.68) |
|                            |                                  |                      |                      |                         | <b>Legal</b>        | 0.00 | 16,598.16    | 0.00     | 16,598.16    | 0.00        |
|                            |                                  |                      |                      |                         | <b>Other</b>        | 0.00 | 64,077.48    | 0.00     | 64,077.48    | (29,697.36) |
|                            |                                  |                      |                      |                         | <b>Total</b>        | 0.00 | 1,084,191.33 | 0.00     | 1,084,191.33 | (63,401.34) |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                                |                  |          |              |           |              |             |
|--------------------------------|------------------|----------|--------------|-----------|--------------|-------------|
| <b>Open Total 4</b>            | <b>Indemnity</b> | 0.00     | 0.00         | 15,000.00 | 15,000.00    | 0.00        |
|                                | <b>Rehab</b>     | 0.00     | 0.00         | 0.00      | 0.00         | 0.00        |
|                                | <b>Medical</b>   | 1,143.98 | 12,693.25    | 18,006.75 | 30,700.00    | 0.00        |
|                                | <b>Legal</b>     | 0.00     | 373.75       | 7,626.25  | 8,000.00     | 0.00        |
|                                | <b>Other</b>     | 81.14    | 699.85       | 4,340.15  | 5,040.00     | 0.00        |
|                                | <b>Total</b>     | 1,225.12 | 13,766.85    | 44,973.15 | 58,740.00    | 0.00        |
| <b>Marion County Total 313</b> | <b>Indemnity</b> | 0.00     | 338,071.77   | 15,000.00 | 353,071.77   | (12,859.30) |
|                                | <b>Rehab</b>     | 0.00     | 0.00         | 0.00      | 0.00         | 0.00        |
|                                | <b>Medical</b>   | 1,143.98 | 678,137.17   | 18,006.75 | 696,143.92   | (20,844.68) |
|                                | <b>Legal</b>     | 0.00     | 16,971.91    | 7,626.25  | 24,598.16    | 0.00        |
|                                | <b>Other</b>     | 81.14    | 64,777.33    | 4,340.15  | 69,117.48    | (29,697.36) |
|                                | <b>Total</b>     | 1,225.12 | 1,097,958.18 | 44,973.15 | 1,142,931.33 | (63,401.34) |

**ORG1 DESC :** Marshall County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number            | Claimant Name   | InjuryDate | Received |           | Paid             |      |             |          |            |             |
|-------------------------|-----------------|------------|----------|-----------|------------------|------|-------------|----------|------------|-------------|
| Claim Type              | Claimant Status | Closed     | Examiner | Lit / Den | this Period      | Paid | Outstanding | Incurred | Recovery   |             |
| <b>Closed Total 218</b> |                 |            |          |           | <b>Indemnity</b> | 0.00 | 172,657.84  | 0.00     | 172,657.84 | 0.00        |
|                         |                 |            |          |           | <b>Rehab</b>     | 0.00 | 0.00        | 0.00     | 0.00       | 0.00        |
|                         |                 |            |          |           | <b>Medical</b>   | 0.00 | 337,296.08  | 0.00     | 337,296.08 | 0.00        |
|                         |                 |            |          |           | <b>Legal</b>     | 0.00 | 890.50      | 0.00     | 890.50     | 0.00        |
|                         |                 |            |          |           | <b>Other</b>     | 0.00 | 28,515.23   | 0.00     | 28,515.23  | (63,662.41) |
|                         |                 |            |          |           | <b>Total</b>     | 0.00 | 539,359.65  | 0.00     | 539,359.65 | (63,662.41) |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number | Claimant Name   | InjuryDate | Received |           | Paid        |      |             |          |          |
|--------------|-----------------|------------|----------|-----------|-------------|------|-------------|----------|----------|
| Claim Type   | Claimant Status | Closed     | Examiner | Lit / Den | this Period | Paid | Outstanding | Incurred | Recovery |





# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                                  |                  |        |            |          |            |             |
|----------------------------------|------------------|--------|------------|----------|------------|-------------|
| <b>Open Total 1</b>              | <b>Indemnity</b> | 0.00   | 0.00       | 0.00     | 0.00       | 0.00        |
|                                  | <b>Rehab</b>     | 0.00   | 0.00       | 0.00     | 0.00       | 0.00        |
|                                  | <b>Medical</b>   | 480.22 | 480.22     | 2,019.78 | 2,500.00   | 0.00        |
|                                  | <b>Legal</b>     | 0.00   | 0.00       | 0.00     | 0.00       | 0.00        |
|                                  | <b>Other</b>     | 62.03  | 62.03      | 437.97   | 500.00     | 0.00        |
|                                  | <b>Total</b>     | 542.25 | 542.25     | 2,457.75 | 3,000.00   | 0.00        |
| <b>Marshall County Total 219</b> | <b>Indemnity</b> | 0.00   | 172,657.84 | 0.00     | 172,657.84 | 0.00        |
|                                  | <b>Rehab</b>     | 0.00   | 0.00       | 0.00     | 0.00       | 0.00        |
|                                  | <b>Medical</b>   | 480.22 | 337,776.30 | 2,019.78 | 339,796.08 | 0.00        |
|                                  | <b>Legal</b>     | 0.00   | 890.50     | 0.00     | 890.50     | 0.00        |
|                                  | <b>Other</b>     | 62.03  | 28,577.26  | 437.97   | 29,015.23  | (63,662.41) |
|                                  | <b>Total</b>     | 542.25 | 539,901.90 | 2,457.75 | 542,359.65 | (63,662.41) |

**ORG1 DESC :** McPherson County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid   | Outstanding | Incurred | Recovery   |             |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|--------|-------------|----------|------------|-------------|
| <b>Closed Total 72</b>     |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00   | 240,562.13  | 0.00     | 240,562.13 | (500.00)    |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00   | 0.00        | 0.00     | 0.00       | 0.00        |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 191.29 | 525,523.41  | 0.00     | 525,523.41 | (15,010.66) |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00   | 22,800.05   | 0.00     | 22,800.05  | 0.00        |
|                            |                                  |                      |                      |           | <b>Other</b>        | 11.72  | 62,040.08   | 0.00     | 62,040.08  | 0.00        |
|                            |                                  |                      |                      |           | <b>Total</b>        | 203.01 | 850,925.67  | 0.00     | 850,925.67 | (15,510.66) |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                     |                  |          |           |            |            |            |
|---------------------|------------------|----------|-----------|------------|------------|------------|
| <b>Open Total 6</b> | <b>Indemnity</b> | 0.00     | 9,421.49  | 56,477.53  | 65,899.02  | 0.00       |
|                     | <b>Rehab</b>     | 0.00     | 0.00      | 0.00       | 0.00       | 0.00       |
|                     | <b>Medical</b>   | 3,613.93 | 43,265.03 | 51,384.97  | 94,650.00  | (1,000.00) |
|                     | <b>Legal</b>     | 0.00     | 618.75    | 22,181.25  | 22,800.00  | 0.00       |
|                     | <b>Other</b>     | 18.00    | 10,105.71 | 15,984.29  | 26,090.00  | 0.00       |
|                     | <b>Total</b>     | 3,631.93 | 63,410.98 | 146,028.04 | 209,439.02 | (1,000.00) |

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|

|                        |                  |      |          |          |           |          |
|------------------------|------------------|------|----------|----------|-----------|----------|
| <b>Re-Open Total 1</b> | <b>Indemnity</b> | 0.00 | 0.00     | 5,500.00 | 5,500.00  | 0.00     |
|                        | <b>Rehab</b>     | 0.00 | 0.00     | 0.00     | 0.00      | 0.00     |
|                        | <b>Medical</b>   | 0.00 | 3,828.95 | 2,071.05 | 5,900.00  | (500.00) |
|                        | <b>Legal</b>     | 0.00 | 0.00     | 0.00     | 0.00      | 0.00     |
|                        | <b>Other</b>     | 0.00 | 326.94   | 853.06   | 1,180.00  | 0.00     |
|                        | <b>Total</b>     | 0.00 | 4,155.89 | 9,024.11 | 13,180.00 | (500.00) |

|                                  |                  |          |            |            |              |             |
|----------------------------------|------------------|----------|------------|------------|--------------|-------------|
| <b>McPherson County Total 79</b> | <b>Indemnity</b> | 0.00     | 249,983.62 | 61,977.53  | 311,961.15   | (500.00)    |
|                                  | <b>Rehab</b>     | 0.00     | 0.00       | 0.00       | 0.00         | 0.00        |
|                                  | <b>Medical</b>   | 3,805.22 | 572,617.39 | 53,456.02  | 626,073.41   | (16,510.66) |
|                                  | <b>Legal</b>     | 0.00     | 23,418.80  | 22,181.25  | 45,600.05    | 0.00        |
|                                  | <b>Other</b>     | 29.72    | 72,472.73  | 16,837.35  | 89,310.08    | 0.00        |
|                                  | <b>Total</b>     | 3,834.94 | 918,492.54 | 155,052.15 | 1,073,544.69 | (17,010.66) |

**ORG1 DESC** : Meade County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                         |                  |      |              |      |              |            |
|-------------------------|------------------|------|--------------|------|--------------|------------|
| <b>Closed Total 205</b> | <b>Indemnity</b> | 0.00 | 288,568.84   | 0.00 | 288,568.84   | 0.00       |
|                         | <b>Rehab</b>     | 0.00 | 0.00         | 0.00 | 0.00         | 0.00       |
|                         | <b>Medical</b>   | 0.00 | 656,205.60   | 0.00 | 656,205.60   | 0.00       |
|                         | <b>Legal</b>     | 0.00 | 16,591.01    | 0.00 | 16,591.01    | 0.00       |
|                         | <b>Other</b>     | 0.00 | 44,574.51    | 0.00 | 44,574.51    | (7,381.97) |
|                         | <b>Total</b>     | 0.00 | 1,005,939.96 | 0.00 | 1,005,939.96 | (7,381.97) |

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|

|                     |                  |        |           |           |           |      |
|---------------------|------------------|--------|-----------|-----------|-----------|------|
| <b>Open Total 7</b> | <b>Indemnity</b> | 0.00   | 0.00      | 0.00      | 0.00      | 0.00 |
|                     | <b>Rehab</b>     | 0.00   | 0.00      | 0.00      | 0.00      | 0.00 |
|                     | <b>Medical</b>   | 727.13 | 10,128.88 | 10,371.12 | 20,500.00 | 0.00 |
|                     | <b>Legal</b>     | 0.00   | 0.00      | 0.00      | 0.00      | 0.00 |
|                     | <b>Other</b>     | 66.98  | 569.95    | 3,530.05  | 4,100.00  | 0.00 |
|                     | <b>Total</b>     | 794.11 | 10,698.83 | 13,901.17 | 24,600.00 | 0.00 |

|                               |                  |        |              |           |              |            |
|-------------------------------|------------------|--------|--------------|-----------|--------------|------------|
| <b>Meade County Total 212</b> | <b>Indemnity</b> | 0.00   | 288,568.84   | 0.00      | 288,568.84   | 0.00       |
|                               | <b>Rehab</b>     | 0.00   | 0.00         | 0.00      | 0.00         | 0.00       |
|                               | <b>Medical</b>   | 727.13 | 666,334.48   | 10,371.12 | 676,705.60   | 0.00       |
|                               | <b>Legal</b>     | 0.00   | 16,591.01    | 0.00      | 16,591.01    | 0.00       |
|                               | <b>Other</b>     | 66.98  | 45,144.46    | 3,530.05  | 48,674.51    | (7,381.97) |
|                               | <b>Total</b>     | 794.11 | 1,016,638.79 | 13,901.17 | 1,030,539.96 | (7,381.97) |

**ORG1 DESC** : Metropolitan Topeka Airport Authority

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                        |                  |      |            |      |            |            |
|------------------------|------------------|------|------------|------|------------|------------|
| <b>Closed Total 76</b> | <b>Indemnity</b> | 0.00 | 92,544.79  | 0.00 | 92,544.79  | 0.00       |
|                        | <b>Rehab</b>     | 0.00 | 0.00       | 0.00 | 0.00       | 0.00       |
|                        | <b>Medical</b>   | 0.00 | 163,649.87 | 0.00 | 163,649.87 | (382.84)   |
|                        | <b>Legal</b>     | 0.00 | 910.00     | 0.00 | 910.00     | 0.00       |
|                        | <b>Other</b>     | 0.00 | 14,181.13  | 0.00 | 14,181.13  | (1,376.32) |
|                        | <b>Total</b>     | 0.00 | 271,285.79 | 0.00 | 271,285.79 | (1,759.16) |

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|

|                     |                  |      |          |          |           |      |
|---------------------|------------------|------|----------|----------|-----------|------|
| <b>Open Total 4</b> | <b>Indemnity</b> | 0.00 | 0.00     | 0.00     | 0.00      | 0.00 |
|                     | <b>Rehab</b>     | 0.00 | 0.00     | 0.00     | 0.00      | 0.00 |
|                     | <b>Medical</b>   | 0.00 | 4,462.71 | 8,037.29 | 12,500.00 | 0.00 |
|                     | <b>Legal</b>     | 0.00 | 0.00     | 0.00     | 0.00      | 0.00 |
|                     | <b>Other</b>     | 0.00 | 729.18   | 1,770.82 | 2,500.00  | 0.00 |
|                     | <b>Total</b>     | 0.00 | 5,191.89 | 9,808.11 | 15,000.00 | 0.00 |

|   |                  |      |            |          |            |            |
|---|------------------|------|------------|----------|------------|------------|
| <b>Metropolitan Topeka Airport Authority Total 80</b> | <b>Indemnity</b> | 0.00 | 92,544.79  | 0.00     | 92,544.79  | 0.00       |
|   | <b>Rehab</b>     | 0.00 | 0.00       | 0.00     | 0.00       | 0.00       |
|   | <b>Medical</b>   | 0.00 | 168,112.58 | 8,037.29 | 176,149.87 | (382.84)   |
|   | <b>Legal</b>     | 0.00 | 910.00     | 0.00     | 910.00     | 0.00       |
|   | <b>Other</b>     | 0.00 | 14,910.31  | 1,770.82 | 16,681.13  | (1,376.32) |
|   | <b>Total</b>     | 0.00 | 276,477.68 | 9,808.11 | 286,285.79 | (1,759.16) |

**ORG1 DESC** : Miami County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                         |                  |      |              |      |              |              |
|-------------------------|------------------|------|--------------|------|--------------|--------------|
| <b>Closed Total 712</b> | <b>Indemnity</b> | 0.00 | 1,316,490.56 | 0.00 | 1,316,490.56 | 0.00         |
|                         | <b>Rehab</b>     | 0.00 | 0.00         | 0.00 | 0.00         | 0.00         |
|                         | <b>Medical</b>   | 0.00 | 1,880,430.06 | 0.00 | 1,880,430.06 | (2,784.23)   |
|                         | <b>Legal</b>     | 0.00 | 15,600.69    | 0.00 | 15,600.69    | 0.00         |
|                         | <b>Other</b>     | 0.00 | 165,694.18   | 0.00 | 165,694.18   | (212,591.31) |
|                         | <b>Total</b>     | 0.00 | 3,378,215.49 | 0.00 | 3,378,215.49 | (215,375.54) |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid     | Outstanding | Incurred   | Recovery   |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|----------|-------------|------------|------------|------|
| <b>Open Total 7</b>        |                                  |                      |                      |           | <b>Indemnity</b>    | 2,044.47 | 44,099.14   | 22,214.77  | 66,313.91  | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00     | 0.00        | 0.00       | 0.00       | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 2,265.43 | 104,489.25  | 101,618.53 | 206,107.78 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00     | 12,985.89   | 12,614.11  | 25,600.00  | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 436.32   | 4,062.21    | 13,700.29  | 17,762.50  | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 4,746.22 | 165,636.49  | 150,147.70 | 315,784.19 | 0.00 |

**CLAIMANT STATUS DESC :** Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred  | Recovery  |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|-----------|-----------|------|
| <b>Re-Open Total 1</b>     |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 0.00        | 45,000.00 | 45,000.00 | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00        | 0.00      | 0.00      | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 4,699.52    | 16,580.00 | 21,279.52 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 445.95      | 8,154.05  | 8,600.00  | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 477.89      | 2,019.70  | 2,497.59  | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 5,623.36    | 71,753.75 | 77,377.11 | 0.00 |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                               |                  |          |              |            |              |              |
|-------------------------------|------------------|----------|--------------|------------|--------------|--------------|
| <b>Miami County Total 720</b> | <b>Indemnity</b> | 2,044.47 | 1,360,589.70 | 67,214.77  | 1,427,804.47 | 0.00         |
|                               | <b>Rehab</b>     | 0.00     | 0.00         | 0.00       | 0.00         | 0.00         |
|                               | <b>Medical</b>   | 2,265.43 | 1,989,618.83 | 118,198.53 | 2,107,817.36 | (2,784.23)   |
|                               | <b>Legal</b>     | 0.00     | 29,032.53    | 20,768.16  | 49,800.69    | 0.00         |
|                               | <b>Other</b>     | 436.32   | 170,234.28   | 15,719.99  | 185,954.27   | (212,591.31) |
|                               | <b>Total</b>     | 4,746.22 | 3,549,475.34 | 221,901.45 | 3,771,376.79 | (215,375.54) |

ORG1 DESC : Mitchell County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery   |             |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|------------|-------------|
| <b>Closed Total 134</b>    |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 317,132.70  | 0.00     | 317,132.70 | 0.00        |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00        |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 428,252.76  | 0.00     | 428,252.76 | 0.00        |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 984.00      | 0.00     | 984.00     | 0.00        |
|                            |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 40,289.95   | 0.00     | 40,289.95  | (45,137.43) |
|                            |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 786,659.41  | 0.00     | 786,659.41 | (45,137.43) |

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid      | Outstanding | Incurred  | Recovery   |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|-----------|-------------|-----------|------------|------|
| <b>Open Total 2</b>        |                                  |                      |                      |           | <b>Indemnity</b>    | 209.79    | 17,523.29   | 18,842.11 | 36,365.40  | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00      | 0.00        | 0.00      | 0.00       | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 19,275.30 | 50,315.38   | 15,184.62 | 65,500.00  | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00      | 0.00        | 1,150.00  | 1,150.00   | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 1,977.10  | 7,712.70    | 6,549.30  | 14,262.00  | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 21,462.19 | 75,551.37   | 41,726.03 | 117,277.40 | 0.00 |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                                  |                  |           |            |           |            |             |
|----------------------------------|------------------|-----------|------------|-----------|------------|-------------|
| <b>Mitchell County Total 136</b> | <b>Indemnity</b> | 209.79    | 334,655.99 | 18,842.11 | 353,498.10 | 0.00        |
|                                  | <b>Rehab</b>     | 0.00      | 0.00       | 0.00      | 0.00       | 0.00        |
|                                  | <b>Medical</b>   | 19,275.30 | 478,568.14 | 15,184.62 | 493,752.76 | 0.00        |
|                                  | <b>Legal</b>     | 0.00      | 984.00     | 1,150.00  | 2,134.00   | 0.00        |
|                                  | <b>Other</b>     | 1,977.10  | 48,002.65  | 6,549.30  | 54,551.95  | (45,137.43) |
|                                  | <b>Total</b>     | 21,462.19 | 862,210.78 | 41,726.03 | 903,936.81 | (45,137.43) |

**ORG1 DESC :** Montgomery County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number | Claimant Name   | InjuryDate | Received |                        | Paid             |       |             |          |           |      |
|--------------|-----------------|------------|----------|------------------------|------------------|-------|-------------|----------|-----------|------|
| Claim Type   | Claimant Status | Closed     | Examiner | Lit / Den              | this Period      | Paid  | Outstanding | Incurred | Recovery  |      |
|              |                 |            |          | <b>Closed Total 25</b> | <b>Indemnity</b> | 0.00  | 17,888.07   | 0.00     | 17,888.07 | 0.00 |
|              |                 |            |          |                        | <b>Rehab</b>     | 0.00  | 0.00        | 0.00     | 0.00      | 0.00 |
|              |                 |            |          |                        | <b>Medical</b>   | 84.34 | 19,440.21   | 0.00     | 19,440.21 | 0.00 |
|              |                 |            |          |                        | <b>Legal</b>     | 0.00  | 485.00      | 0.00     | 485.00    | 0.00 |
|              |                 |            |          |                        | <b>Other</b>     | 13.34 | 3,710.63    | 0.00     | 3,710.63  | 0.00 |
|              |                 |            |          |                        | <b>Total</b>     | 97.68 | 41,523.91   | 0.00     | 41,523.91 | 0.00 |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number | Claimant Name   | InjuryDate | Received |                     | Paid             |          |             |           |           |      |
|--------------|-----------------|------------|----------|---------------------|------------------|----------|-------------|-----------|-----------|------|
| Claim Type   | Claimant Status | Closed     | Examiner | Lit / Den           | this Period      | Paid     | Outstanding | Incurred  | Recovery  |      |
|              |                 |            |          | <b>Open Total 8</b> | <b>Indemnity</b> | 0.00     | 0.00        | 0.00      | 0.00      | 0.00 |
|              |                 |            |          |                     | <b>Rehab</b>     | 0.00     | 0.00        | 0.00      | 0.00      | 0.00 |
|              |                 |            |          |                     | <b>Medical</b>   | 737.49   | 3,635.55    | 9,064.45  | 12,700.00 | 0.00 |
|              |                 |            |          |                     | <b>Legal</b>     | 0.00     | 0.00        | 0.00      | 0.00      | 0.00 |
|              |                 |            |          |                     | <b>Other</b>     | 551.16   | 1,210.42    | 1,889.58  | 3,100.00  | 0.00 |
|              |                 |            |          |                     | <b>Total</b>     | 1,288.65 | 4,845.97    | 10,954.03 | 15,800.00 | 0.00 |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

| Montgomery County Total 33 |  | Indemnity    | 0.00            | 17,888.07        | 0.00             | 17,888.07        | 0.00        |
|----------------------------|--|--------------|-----------------|------------------|------------------|------------------|-------------|
|                            |  | Rehab        | 0.00            | 0.00             | 0.00             | 0.00             | 0.00        |
|                            |  | Medical      | 821.83          | 23,075.76        | 9,064.45         | 32,140.21        | 0.00        |
|                            |  | Legal        | 0.00            | 485.00           | 0.00             | 485.00           | 0.00        |
|                            |  | Other        | 564.50          | 4,921.05         | 1,889.58         | 6,810.63         | 0.00        |
|                            |  | <b>Total</b> | <b>1,386.33</b> | <b>46,369.88</b> | <b>10,954.03</b> | <b>57,323.91</b> | <b>0.00</b> |

ORG1 DESC : Morris County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number | Claimant Name   | InjuryDate              | Received |           | Paid         |             |                   |             |                   |
|--------------|-----------------|-------------------------|----------|-----------|--------------|-------------|-------------------|-------------|-------------------|
| Claim Type   | Claimant Status | Closed                  | Examiner | Lit / Den | this Period  | Paid        | Outstanding       | Incurred    | Recovery          |
|              |                 | <b>Closed Total 118</b> |          |           |              |             |                   |             |                   |
|              |                 |                         |          |           | Indemnity    | 0.00        | 79,067.63         | 0.00        | 79,067.63         |
|              |                 |                         |          |           | Rehab        | 0.00        | 0.00              | 0.00        | 0.00              |
|              |                 |                         |          |           | Medical      | 0.00        | 183,501.80        | 0.00        | 183,501.80        |
|              |                 |                         |          |           | Legal        | 0.00        | 343.50            | 0.00        | 343.50            |
|              |                 |                         |          |           | Other        | 0.00        | 10,372.36         | 0.00        | 10,372.36         |
|              |                 |                         |          |           | <b>Total</b> | <b>0.00</b> | <b>273,285.29</b> | <b>0.00</b> | <b>273,285.29</b> |

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number | Claimant Name   | InjuryDate          | Received |           | Paid         |             |             |               |               |
|--------------|-----------------|---------------------|----------|-----------|--------------|-------------|-------------|---------------|---------------|
| Claim Type   | Claimant Status | Closed              | Examiner | Lit / Den | this Period  | Paid        | Outstanding | Incurred      | Recovery      |
|              |                 | <b>Open Total 1</b> |          |           |              |             |             |               |               |
|              |                 |                     |          |           | Indemnity    | 0.00        | 0.00        | 0.00          | 0.00          |
|              |                 |                     |          |           | Rehab        | 0.00        | 0.00        | 0.00          | 0.00          |
|              |                 |                     |          |           | Medical      | 0.00        | 0.00        | 700.00        | 700.00        |
|              |                 |                     |          |           | Legal        | 0.00        | 0.00        | 0.00          | 0.00          |
|              |                 |                     |          |           | Other        | 0.00        | 0.00        | 140.00        | 140.00        |
|              |                 |                     |          |           | <b>Total</b> | <b>0.00</b> | <b>0.00</b> | <b>840.00</b> | <b>840.00</b> |





# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                                |                  |      |            |        |            |            |
|--------------------------------|------------------|------|------------|--------|------------|------------|
| <b>Morris County Total 119</b> | <b>Indemnity</b> | 0.00 | 79,067.63  | 0.00   | 79,067.63  | 0.00       |
|                                | <b>Rehab</b>     | 0.00 | 0.00       | 0.00   | 0.00       | 0.00       |
|                                | <b>Medical</b>   | 0.00 | 183,501.80 | 700.00 | 184,201.80 | 0.00       |
|                                | <b>Legal</b>     | 0.00 | 343.50     | 0.00   | 343.50     | 0.00       |
|                                | <b>Other</b>     | 0.00 | 10,372.36  | 140.00 | 10,512.36  | (1,485.81) |
|                                | <b>Total</b>     | 0.00 | 273,285.29 | 840.00 | 274,125.29 | (1,485.81) |

ORG1 DESC : Morton County  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number            | Claimant Name   | InjuryDate | Received |           | Paid             |      |             |          |            |          |
|-------------------------|-----------------|------------|----------|-----------|------------------|------|-------------|----------|------------|----------|
| Claim Type              | Claimant Status | Closed     | Examiner | Lit / Den | this Period      | Paid | Outstanding | Incurred | Recovery   |          |
| <b>Closed Total 150</b> |                 |            |          |           | <b>Indemnity</b> | 0.00 | 132,605.97  | 0.00     | 132,605.97 | 0.00     |
|                         |                 |            |          |           | <b>Rehab</b>     | 0.00 | 0.00        | 0.00     | 0.00       | 0.00     |
|                         |                 |            |          |           | <b>Medical</b>   | 0.00 | 260,594.83  | 0.00     | 260,594.83 | 0.00     |
|                         |                 |            |          |           | <b>Legal</b>     | 0.00 | 9,734.30    | 0.00     | 9,734.30   | 0.00     |
|                         |                 |            |          |           | <b>Other</b>     | 0.00 | 30,965.37   | 0.00     | 30,965.37  | (176.00) |
|                         |                 |            |          |           | <b>Total</b>     | 0.00 | 433,900.47  | 0.00     | 433,900.47 | (176.00) |

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number        | Claimant Name   | InjuryDate | Received |           | Paid             |          |             |            |            |      |
|---------------------|-----------------|------------|----------|-----------|------------------|----------|-------------|------------|------------|------|
| Claim Type          | Claimant Status | Closed     | Examiner | Lit / Den | this Period      | Paid     | Outstanding | Incurred   | Recovery   |      |
| <b>Open Total 1</b> |                 |            |          |           | <b>Indemnity</b> | 1,474.00 | 131,723.75  | 230,184.25 | 361,908.00 | 0.00 |
|                     |                 |            |          |           | <b>Rehab</b>     | 0.00     | 0.00        | 0.00       | 0.00       | 0.00 |
|                     |                 |            |          |           | <b>Medical</b>   | 0.00     | 4,102.03    | 19,897.97  | 24,000.00  | 0.00 |
|                     |                 |            |          |           | <b>Legal</b>     | 0.00     | 4,685.16    | 2,814.84   | 7,500.00   | 0.00 |
|                     |                 |            |          |           | <b>Other</b>     | 0.00     | 325.55      | 2,524.45   | 2,850.00   | 0.00 |
|                     |                 |            |          |           | <b>Total</b>     | 1,474.00 | 140,836.49  | 255,421.51 | 396,258.00 | 0.00 |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                                |                  |          |            |            |            |          |
|--------------------------------|------------------|----------|------------|------------|------------|----------|
| <b>Morton County Total 151</b> | <b>Indemnity</b> | 1,474.00 | 264,329.72 | 230,184.25 | 494,513.97 | 0.00     |
|                                | <b>Rehab</b>     | 0.00     | 0.00       | 0.00       | 0.00       | 0.00     |
|                                | <b>Medical</b>   | 0.00     | 264,696.86 | 19,897.97  | 284,594.83 | 0.00     |
|                                | <b>Legal</b>     | 0.00     | 14,419.46  | 2,814.84   | 17,234.30  | 0.00     |
|                                | <b>Other</b>     | 0.00     | 31,290.92  | 2,524.45   | 33,815.37  | (176.00) |
|                                | <b>Total</b>     | 1,474.00 | 574,736.96 | 255,421.51 | 830,158.47 | (176.00) |

**ORG1 DESC :** Morton County Health Care System

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number            | Claimant Name   | InjuryDate | Received |           | Paid             |      |             |          |            |      |
|-------------------------|-----------------|------------|----------|-----------|------------------|------|-------------|----------|------------|------|
| Claim Type              | Claimant Status | Closed     | Examiner | Lit / Den | this Period      | Paid | Outstanding | Incurred | Recovery   |      |
| <b>Closed Total 279</b> |                 |            |          |           | <b>Indemnity</b> | 0.00 | 133,602.17  | 0.00     | 133,602.17 | 0.00 |
|                         |                 |            |          |           | <b>Rehab</b>     | 0.00 | 0.00        | 0.00     | 0.00       | 0.00 |
|                         |                 |            |          |           | <b>Medical</b>   | 0.00 | 302,536.08  | 0.00     | 302,536.08 | 0.00 |
|                         |                 |            |          |           | <b>Legal</b>     | 0.00 | 0.00        | 0.00     | 0.00       | 0.00 |
|                         |                 |            |          |           | <b>Other</b>     | 0.00 | 35,351.89   | 0.00     | 35,351.89  | 0.00 |
|                         |                 |            |          |           | <b>Total</b>     | 0.00 | 471,490.14  | 0.00     | 471,490.14 | 0.00 |

|   |  |  |  |  |                  |      |            |      |            |      |
|---|--|--|--|--|------------------|------|------------|------|------------|------|
| <b>Morton County Health Care System Total 279</b> |  |  |  |  | <b>Indemnity</b> | 0.00 | 133,602.17 | 0.00 | 133,602.17 | 0.00 |
|   |  |  |  |  | <b>Rehab</b>     | 0.00 | 0.00       | 0.00 | 0.00       | 0.00 |
|   |  |  |  |  | <b>Medical</b>   | 0.00 | 302,536.08 | 0.00 | 302,536.08 | 0.00 |
|   |  |  |  |  | <b>Legal</b>     | 0.00 | 0.00       | 0.00 | 0.00       | 0.00 |
|   |  |  |  |  | <b>Other</b>     | 0.00 | 35,351.89  | 0.00 | 35,351.89  | 0.00 |
|   |  |  |  |  | <b>Total</b>     | 0.00 | 471,490.14 | 0.00 | 471,490.14 | 0.00 |

**ORG1 DESC :** Neosho County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number | Claimant Name   | InjuryDate | Received |           | Paid        |      |             |          |          |  |
|--------------|-----------------|------------|----------|-----------|-------------|------|-------------|----------|----------|--|
| Claim Type   | Claimant Status | Closed     | Examiner | Lit / Den | this Period | Paid | Outstanding | Incurred | Recovery |  |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                         |                  |      |              |      |              |              |
|-------------------------|------------------|------|--------------|------|--------------|--------------|
| <b>Closed Total 329</b> | <b>Indemnity</b> | 0.00 | 387,645.12   | 0.00 | 387,645.12   | 0.00         |
|                         | <b>Rehab</b>     | 0.00 | 0.00         | 0.00 | 0.00         | 0.00         |
|                         | <b>Medical</b>   | 0.00 | 574,192.10   | 0.00 | 574,192.10   | (89,074.79)  |
|                         | <b>Legal</b>     | 0.00 | 12,416.70    | 0.00 | 12,416.70    | 0.00         |
|                         | <b>Other</b>     | 0.00 | 73,807.06    | 0.00 | 73,807.06    | (54,824.28)  |
|                         | <b>Total</b>     | 0.00 | 1,048,060.98 | 0.00 | 1,048,060.98 | (143,899.07) |

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|

|                     |                  |        |            |            |            |            |
|---------------------|------------------|--------|------------|------------|------------|------------|
| <b>Open Total 4</b> | <b>Indemnity</b> | 0.00   | 90,776.25  | 15,000.00  | 105,776.25 | 0.00       |
|                     | <b>Rehab</b>     | 0.00   | 0.00       | 0.00       | 0.00       | 0.00       |
|                     | <b>Medical</b>   | 545.30 | 385,340.99 | 117,849.91 | 503,190.90 | (500.00)   |
|                     | <b>Legal</b>     | 0.00   | 2,750.64   | 22,007.74  | 24,758.38  | 0.00       |
|                     | <b>Other</b>     | 24.50  | 35,312.94  | 10,802.06  | 46,115.00  | (500.00)   |
|                     | <b>Total</b>     | 569.80 | 514,180.82 | 165,659.71 | 679,840.53 | (1,000.00) |

|                                |                  |        |              |            |              |              |
|--------------------------------|------------------|--------|--------------|------------|--------------|--------------|
| <b>Neosho County Total 333</b> | <b>Indemnity</b> | 0.00   | 478,421.37   | 15,000.00  | 493,421.37   | 0.00         |
|                                | <b>Rehab</b>     | 0.00   | 0.00         | 0.00       | 0.00         | 0.00         |
|                                | <b>Medical</b>   | 545.30 | 959,533.09   | 117,849.91 | 1,077,383.00 | (89,574.79)  |
|                                | <b>Legal</b>     | 0.00   | 15,167.34    | 22,007.74  | 37,175.08    | 0.00         |
|                                | <b>Other</b>     | 24.50  | 109,120.00   | 10,802.06  | 119,922.06   | (55,324.28)  |
|                                | <b>Total</b>     | 569.80 | 1,562,241.80 | 165,659.71 | 1,727,901.51 | (144,899.07) |

**ORG1 DESC** : Ness County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                        |                  |      |            |      |            |             |
|------------------------|------------------|------|------------|------|------------|-------------|
| <b>Closed Total 29</b> | <b>Indemnity</b> | 0.00 | 68,310.74  | 0.00 | 68,310.74  | 0.00        |
|                        | <b>Rehab</b>     | 0.00 | 0.00       | 0.00 | 0.00       | 0.00        |
|                        | <b>Medical</b>   | 0.00 | 84,069.21  | 0.00 | 84,069.21  | 0.00        |
|                        | <b>Legal</b>     | 0.00 | 0.00       | 0.00 | 0.00       | 0.00        |
|                        | <b>Other</b>     | 0.00 | 6,740.62   | 0.00 | 6,740.62   | (15,000.00) |
|                        | <b>Total</b>     | 0.00 | 159,120.57 | 0.00 | 159,120.57 | (15,000.00) |

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid     | Outstanding | Incurred  | Recovery   |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|----------|-------------|-----------|------------|------|
| <b>Open Total 4</b>        |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00     | 8,759.03    | 18,043.55 | 26,802.58  | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00     | 0.00        | 0.00      | 0.00       | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 1,235.88 | 27,216.64   | 33,283.36 | 60,500.00  | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00     | 991.85      | 9,158.15  | 10,150.00  | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 200.72   | 2,468.38    | 7,806.62  | 10,275.00  | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 1,436.60 | 39,435.90   | 68,291.68 | 107,727.58 | 0.00 |

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid  | Outstanding | Incurred | Recovery |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|-------|-------------|----------|----------|------|
| <b>Re-Open Total 2</b>     |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00  | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00  | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 54.40 | 1,663.82    | 4,336.18 | 6,000.00 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00  | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 10.63 | 143.45      | 1,056.55 | 1,200.00 | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 65.03 | 1,807.27    | 5,392.73 | 7,200.00 | 0.00 |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                             |                  |          |            |           |            |             |
|-----------------------------|------------------|----------|------------|-----------|------------|-------------|
| <b>Ness County Total 35</b> | <b>Indemnity</b> | 0.00     | 77,069.77  | 18,043.55 | 95,113.32  | 0.00        |
|                             | <b>Rehab</b>     | 0.00     | 0.00       | 0.00      | 0.00       | 0.00        |
|                             | <b>Medical</b>   | 1,290.28 | 112,949.67 | 37,619.54 | 150,569.21 | 0.00        |
|                             | <b>Legal</b>     | 0.00     | 991.85     | 9,158.15  | 10,150.00  | 0.00        |
|                             | <b>Other</b>     | 211.35   | 9,352.45   | 8,863.17  | 18,215.62  | (15,000.00) |
|                             | <b>Total</b>     | 1,501.63 | 200,363.74 | 73,684.41 | 274,048.15 | (15,000.00) |

**ORG1 DESC :** North Central Kansas Regional Juvenile Detention

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery  |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|-----------|------|
| <b>Closed Total 36</b>     |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 3,140.48    | 0.00     | 3,140.48  | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00      | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 16,853.19   | 0.00     | 16,853.19 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 0.00        | 0.00     | 0.00      | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 3,386.82    | 0.00     | 3,386.82  | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 23,380.49   | 0.00     | 23,380.49 | 0.00 |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid    | Outstanding | Incurred  | Recovery  |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|---------|-------------|-----------|-----------|------|
| <b>Open Total 16</b>       |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00    | 0.00        | 0.00      | 0.00      | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00    | 0.00        | 0.00      | 0.00      | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | (13.74) | 3,548.12    | 29,251.88 | 32,800.00 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00    | 0.00        | 0.00      | 0.00      | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 0.00    | 831.35      | 5,728.65  | 6,560.00  | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | (13.74) | 4,379.47    | 34,980.53 | 39,360.00 | 0.00 |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|  |                  |         |           |           |           |      |
|--|------------------|---------|-----------|-----------|-----------|------|
| <b>North Central Kansas Regional Juvenile Detention Total 52</b> | <b>Indemnity</b> | 0.00    | 3,140.48  | 0.00      | 3,140.48  | 0.00 |
|  | <b>Rehab</b>     | 0.00    | 0.00      | 0.00      | 0.00      | 0.00 |
|  | <b>Medical</b>   | (13.74) | 20,401.31 | 29,251.88 | 49,653.19 | 0.00 |
|  | <b>Legal</b>     | 0.00    | 0.00      | 0.00      | 0.00      | 0.00 |
|  | <b>Other</b>     | 0.00    | 4,218.17  | 5,728.65  | 9,946.82  | 0.00 |
|  | <b>Total</b>     | (13.74) | 27,759.96 | 34,980.53 | 62,740.49 | 0.00 |

**ORG1 DESC :** Northwest Kansas Regional Recycling Center

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery  |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|-----------|------|
| <b>Closed Total 13</b>     |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 82.43       | 0.00     | 82.43     | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00      | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 15,902.70   | 0.00     | 15,902.70 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 0.00        | 0.00     | 0.00      | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 883.97      | 0.00     | 883.97    | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 16,869.10   | 0.00     | 16,869.10 | 0.00 |

|  |                  |      |           |      |           |      |
|--|------------------|------|-----------|------|-----------|------|
| <b>Northwest Kansas Regional Recycling Center Total 13</b> | <b>Indemnity</b> | 0.00 | 82.43     | 0.00 | 82.43     | 0.00 |
|  | <b>Rehab</b>     | 0.00 | 0.00      | 0.00 | 0.00      | 0.00 |
|  | <b>Medical</b>   | 0.00 | 15,902.70 | 0.00 | 15,902.70 | 0.00 |
|  | <b>Legal</b>     | 0.00 | 0.00      | 0.00 | 0.00      | 0.00 |
|  | <b>Other</b>     | 0.00 | 883.97    | 0.00 | 883.97    | 0.00 |
|  | <b>Total</b>     | 0.00 | 16,869.10 | 0.00 | 16,869.10 | 0.00 |

**ORG1 DESC :** Norton County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                         |                  |      |            |      |            |             |
|-------------------------|------------------|------|------------|------|------------|-------------|
| <b>Closed Total 171</b> | <b>Indemnity</b> | 0.00 | 212,226.86 | 0.00 | 212,226.86 | 0.00        |
|                         | <b>Rehab</b>     | 0.00 | 0.00       | 0.00 | 0.00       | 0.00        |
|                         | <b>Medical</b>   | 0.00 | 416,158.27 | 0.00 | 416,158.27 | (9,036.60)  |
|                         | <b>Legal</b>     | 0.00 | 511.50     | 0.00 | 511.50     | 0.00        |
|                         | <b>Other</b>     | 0.00 | 41,539.43  | 0.00 | 41,539.43  | (34,632.43) |
|                         | <b>Total</b>     | 0.00 | 670,436.06 | 0.00 | 670,436.06 | (43,669.03) |

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|

|                     |                  |      |       |          |          |      |
|---------------------|------------------|------|-------|----------|----------|------|
| <b>Open Total 1</b> | <b>Indemnity</b> | 0.00 | 0.00  | 0.00     | 0.00     | 0.00 |
|                     | <b>Rehab</b>     | 0.00 | 0.00  | 0.00     | 0.00     | 0.00 |
|                     | <b>Medical</b>   | 0.00 | 90.00 | 1,410.00 | 1,500.00 | 0.00 |
|                     | <b>Legal</b>     | 0.00 | 0.00  | 0.00     | 0.00     | 0.00 |
|                     | <b>Other</b>     | 0.00 | 9.00  | 291.00   | 300.00   | 0.00 |
|                     | <b>Total</b>     | 0.00 | 99.00 | 1,701.00 | 1,800.00 | 0.00 |

|                                |                  |      |            |          |            |             |
|--------------------------------|------------------|------|------------|----------|------------|-------------|
| <b>Norton County Total 172</b> | <b>Indemnity</b> | 0.00 | 212,226.86 | 0.00     | 212,226.86 | 0.00        |
|                                | <b>Rehab</b>     | 0.00 | 0.00       | 0.00     | 0.00       | 0.00        |
|                                | <b>Medical</b>   | 0.00 | 416,248.27 | 1,410.00 | 417,658.27 | (9,036.60)  |
|                                | <b>Legal</b>     | 0.00 | 511.50     | 0.00     | 511.50     | 0.00        |
|                                | <b>Other</b>     | 0.00 | 41,548.43  | 291.00   | 41,839.43  | (34,632.43) |
|                                | <b>Total</b>     | 0.00 | 670,535.06 | 1,701.00 | 672,236.06 | (43,669.03) |

**ORG1 DESC** : Osage County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                         |                  |      |              |      |              |             |
|-------------------------|------------------|------|--------------|------|--------------|-------------|
| <b>Closed Total 335</b> | <b>Indemnity</b> | 0.00 | 504,631.53   | 0.00 | 504,631.53   | (14,660.57) |
|                         | <b>Rehab</b>     | 0.00 | 0.00         | 0.00 | 0.00         | 0.00        |
|                         | <b>Medical</b>   | 0.00 | 827,407.08   | 0.00 | 827,407.08   | (4,005.96)  |
|                         | <b>Legal</b>     | 0.00 | 9,771.00     | 0.00 | 9,771.00     | 0.00        |
|                         | <b>Other</b>     | 0.00 | 66,641.78    | 0.00 | 66,641.78    | (50,779.03) |
|                         | <b>Total</b>     | 0.00 | 1,408,451.39 | 0.00 | 1,408,451.39 | (69,445.56) |

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid   | Outstanding | Incurred  | Recovery  |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|--------|-------------|-----------|-----------|------|
| <b>Open Total 5</b>        |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00   | 9,921.02    | 0.00      | 9,921.02  | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00   | 0.00        | 0.00      | 0.00      | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 148.16 | 25,752.28   | 19,566.24 | 45,318.52 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00   | 0.00        | 0.00      | 0.00      | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 68.90  | 1,146.19    | 2,853.81  | 4,000.00  | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 217.06 | 36,819.49   | 22,420.05 | 59,239.54 | 0.00 |

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid   | Outstanding | Incurred | Recovery |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|--------|-------------|----------|----------|------|
| <b>Re-Open Total 1</b>     |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00   | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00   | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 831.60 | 1,689.52    | 1,310.48 | 3,000.00 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00   | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 63.00  | 152.41      | 647.59   | 800.00   | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 894.60 | 1,841.93    | 1,958.07 | 3,800.00 | 0.00 |





# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                               |                  |          |              |           |              |             |
|-------------------------------|------------------|----------|--------------|-----------|--------------|-------------|
| <b>Osage County Total 341</b> | <b>Indemnity</b> | 0.00     | 514,552.55   | 0.00      | 514,552.55   | (14,660.57) |
|                               | <b>Rehab</b>     | 0.00     | 0.00         | 0.00      | 0.00         | 0.00        |
|                               | <b>Medical</b>   | 979.76   | 854,848.88   | 20,876.72 | 875,725.60   | (4,005.96)  |
|                               | <b>Legal</b>     | 0.00     | 9,771.00     | 0.00      | 9,771.00     | 0.00        |
|                               | <b>Other</b>     | 131.90   | 67,940.38    | 3,501.40  | 71,441.78    | (50,779.03) |
|                               | <b>Total</b>     | 1,111.66 | 1,447,112.81 | 24,378.12 | 1,471,490.93 | (69,445.56) |

**ORG1 DESC :** Osborne County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den               | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery   |      |
|----------------------------|----------------------------------|----------------------|----------------------|-------------------------|---------------------|------|-------------|----------|------------|------|
|                            |                                  |                      |                      | <b>Closed Total 231</b> | <b>Indemnity</b>    | 0.00 | 89,853.19   | 0.00     | 89,853.19  | 0.00 |
|                            |                                  |                      |                      |                         | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00 |
|                            |                                  |                      |                      |                         | <b>Medical</b>      | 0.00 | 183,207.14  | 0.00     | 183,207.14 | 0.00 |
|                            |                                  |                      |                      |                         | <b>Legal</b>        | 0.00 | 1,508.50    | 0.00     | 1,508.50   | 0.00 |
|                            |                                  |                      |                      |                         | <b>Other</b>        | 0.00 | 24,495.00   | 0.00     | 24,495.00  | 0.00 |
|                            |                                  |                      |                      |                         | <b>Total</b>        | 0.00 | 299,063.83  | 0.00     | 299,063.83 | 0.00 |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den           | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |      |
|----------------------------|----------------------------------|----------------------|----------------------|---------------------|---------------------|------|-------------|----------|----------|------|
|                            |                                  |                      |                      | <b>Open Total 2</b> | <b>Indemnity</b>    | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |                     | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |                     | <b>Medical</b>      | 0.00 | 757.95      | 4,242.05 | 5,000.00 | 0.00 |
|                            |                                  |                      |                      |                     | <b>Legal</b>        | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |                     | <b>Other</b>        | 0.00 | 111.46      | 888.54   | 1,000.00 | 0.00 |
|                            |                                  |                      |                      |                     | <b>Total</b>        | 0.00 | 869.41      | 5,130.59 | 6,000.00 | 0.00 |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                                 |                  |      |            |          |            |      |
|---------------------------------|------------------|------|------------|----------|------------|------|
| <b>Osborne County Total 233</b> | <b>Indemnity</b> | 0.00 | 89,853.19  | 0.00     | 89,853.19  | 0.00 |
|                                 | <b>Rehab</b>     | 0.00 | 0.00       | 0.00     | 0.00       | 0.00 |
|                                 | <b>Medical</b>   | 0.00 | 183,965.09 | 4,242.05 | 188,207.14 | 0.00 |
|                                 | <b>Legal</b>     | 0.00 | 1,508.50   | 0.00     | 1,508.50   | 0.00 |
|                                 | <b>Other</b>     | 0.00 | 24,606.46  | 888.54   | 25,495.00  | 0.00 |
|                                 | <b>Total</b>     | 0.00 | 299,933.24 | 5,130.59 | 305,063.83 | 0.00 |

ORG1 DESC : Ottawa County  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number            | Claimant Name   | InjuryDate | Received |           | Paid             |      |             |          |            |             |
|-------------------------|-----------------|------------|----------|-----------|------------------|------|-------------|----------|------------|-------------|
| Claim Type              | Claimant Status | Closed     | Examiner | Lit / Den | this Period      | Paid | Outstanding | Incurred | Recovery   |             |
| <b>Closed Total 211</b> |                 |            |          |           | <b>Indemnity</b> | 0.00 | 103,722.72  | 0.00     | 103,722.72 | 0.00        |
|                         |                 |            |          |           | <b>Rehab</b>     | 0.00 | 0.00        | 0.00     | 0.00       |             |
|                         |                 |            |          |           | <b>Medical</b>   | 0.00 | 227,657.61  | 0.00     | 227,657.61 | 0.00        |
|                         |                 |            |          |           | <b>Legal</b>     | 0.00 | 5,853.52    | 0.00     | 5,853.52   | 0.00        |
|                         |                 |            |          |           | <b>Other</b>     | 0.00 | 30,348.63   | 0.00     | 30,348.63  | (31,291.15) |
|                         |                 |            |          |           | <b>Total</b>     | 0.00 | 367,582.48  | 0.00     | 367,582.48 | (31,291.15) |

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number        | Claimant Name   | InjuryDate | Received |           | Paid             |          |             |           |           |      |
|---------------------|-----------------|------------|----------|-----------|------------------|----------|-------------|-----------|-----------|------|
| Claim Type          | Claimant Status | Closed     | Examiner | Lit / Den | this Period      | Paid     | Outstanding | Incurred  | Recovery  |      |
| <b>Open Total 1</b> |                 |            |          |           | <b>Indemnity</b> | 0.00     | 5,785.45    | 4,925.55  | 10,711.00 | 0.00 |
|                     |                 |            |          |           | <b>Rehab</b>     | 0.00     | 0.00        | 0.00      | 0.00      |      |
|                     |                 |            |          |           | <b>Medical</b>   | 2,264.17 | 23,078.78   | 6,021.22  | 29,100.00 | 0.00 |
|                     |                 |            |          |           | <b>Legal</b>     | 0.00     | 0.00        | 600.00    | 600.00    | 0.00 |
|                     |                 |            |          |           | <b>Other</b>     | 148.56   | 2,253.05    | 2,026.95  | 4,280.00  | 0.00 |
|                     |                 |            |          |           | <b>Total</b>     | 2,412.73 | 31,117.28   | 13,573.72 | 44,691.00 | 0.00 |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                                |                  |          |            |           |            |             |
|--------------------------------|------------------|----------|------------|-----------|------------|-------------|
| <b>Ottawa County Total 212</b> | <b>Indemnity</b> | 0.00     | 109,508.17 | 4,925.55  | 114,433.72 | 0.00        |
|                                | <b>Rehab</b>     | 0.00     | 0.00       | 0.00      | 0.00       | 0.00        |
|                                | <b>Medical</b>   | 2,264.17 | 250,736.39 | 6,021.22  | 256,757.61 | 0.00        |
|                                | <b>Legal</b>     | 0.00     | 5,853.52   | 600.00    | 6,453.52   | 0.00        |
|                                | <b>Other</b>     | 148.56   | 32,601.68  | 2,026.95  | 34,628.63  | (31,291.15) |
|                                | <b>Total</b>     | 2,412.73 | 398,699.76 | 13,573.72 | 412,273.48 | (31,291.15) |

**ORG1 DESC :** Pawnee County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid       | Outstanding | Incurred   | Recovery   |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------------|-------------|------------|------------|
| <b>Closed Total 181</b>    |                                  |                      |                      |           |                     |            |             |            |            |
|                            |                                  |                      | <b>Indemnity</b>     |           | 0.00                | 60,584.70  | 0.00        | 60,584.70  | 0.00       |
|                            |                                  |                      | <b>Rehab</b>         |           | 0.00                | 0.00       | 0.00        | 0.00       | 0.00       |
|                            |                                  |                      | <b>Medical</b>       |           | 0.00                | 167,371.46 | 0.00        | 167,371.46 | 0.00       |
|                            |                                  |                      | <b>Legal</b>         |           | 0.00                | 505.00     | 0.00        | 505.00     | 0.00       |
|                            |                                  |                      | <b>Other</b>         |           | 0.00                | 8,479.63   | 0.00        | 8,479.63   | (5,743.63) |
|                            |                                  |                      | <b>Total</b>         |           | 0.00                | 236,940.79 | 0.00        | 236,940.79 | (5,743.63) |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid       | Outstanding | Incurred   | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------------|-------------|------------|----------|
| <b>Open Total 4</b>        |                                  |                      |                      |           |                     |            |             |            |          |
|                            |                                  |                      | <b>Indemnity</b>     |           | 1,780.80            | 330,895.64 | 235,125.62  | 566,021.26 | 0.00     |
|                            |                                  |                      | <b>Rehab</b>         |           | 0.00                | 0.00       | 0.00        | 0.00       | 0.00     |
|                            |                                  |                      | <b>Medical</b>       |           | 0.00                | 91,719.00  | 30,253.00   | 121,972.00 | 0.00     |
|                            |                                  |                      | <b>Legal</b>         |           | 0.00                | 1,438.75   | 12,211.25   | 13,650.00  | 0.00     |
|                            |                                  |                      | <b>Other</b>         |           | 0.00                | 13,848.62  | 6,346.38    | 20,195.00  | 0.00     |
|                            |                                  |                      | <b>Total</b>         |           | 1,780.80            | 437,902.01 | 283,936.25  | 721,838.26 | 0.00     |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                                |                  |          |            |            |            |            |
|--------------------------------|------------------|----------|------------|------------|------------|------------|
| <b>Pawnee County Total 185</b> | <b>Indemnity</b> | 1,780.80 | 391,480.34 | 235,125.62 | 626,605.96 | 0.00       |
|                                | <b>Rehab</b>     | 0.00     | 0.00       | 0.00       | 0.00       | 0.00       |
|                                | <b>Medical</b>   | 0.00     | 259,090.46 | 30,253.00  | 289,343.46 | 0.00       |
|                                | <b>Legal</b>     | 0.00     | 1,943.75   | 12,211.25  | 14,155.00  | 0.00       |
|                                | <b>Other</b>     | 0.00     | 22,328.25  | 6,346.38   | 28,674.63  | (5,743.63) |
|                                | <b>Total</b>     | 1,780.80 | 674,842.80 | 283,936.25 | 958,779.05 | (5,743.63) |

ORG1 DESC : Phillips County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding  | Incurred | Recovery     |             |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|--------------|----------|--------------|-------------|
| <b>Closed Total 143</b>    |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 421,432.14   | 0.00     | 421,432.14   | 0.00        |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00         | 0.00     | 0.00         | 0.00        |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 478,100.61   | 0.00     | 478,100.61   | (38,473.40) |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 2,588.10     | 0.00     | 2,588.10     | 0.00        |
|                            |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 114,012.87   | 0.00     | 114,012.87   | (291.80)    |
|                            |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 1,016,133.72 | 0.00     | 1,016,133.72 | (38,765.20) |

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid  | Outstanding | Incurred | Recovery |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|-------|-------------|----------|----------|------|
| <b>Open Total 3</b>        |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00  | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00  | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 85.30 | 886.16      | 6,613.84 | 7,500.00 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00  | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 9.00  | 247.23      | 1,252.77 | 1,500.00 | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 94.30 | 1,133.39    | 7,866.61 | 9,000.00 | 0.00 |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                                  |                  |       |              |          |              |             |
|----------------------------------|------------------|-------|--------------|----------|--------------|-------------|
| <b>Phillips County Total 146</b> | <b>Indemnity</b> | 0.00  | 421,432.14   | 0.00     | 421,432.14   | 0.00        |
|                                  | <b>Rehab</b>     | 0.00  | 0.00         | 0.00     | 0.00         | 0.00        |
|                                  | <b>Medical</b>   | 85.30 | 478,986.77   | 6,613.84 | 485,600.61   | (38,473.40) |
|                                  | <b>Legal</b>     | 0.00  | 2,588.10     | 0.00     | 2,588.10     | 0.00        |
|                                  | <b>Other</b>     | 9.00  | 114,260.10   | 1,252.77 | 115,512.87   | (291.80)    |
|                                  | <b>Total</b>     | 94.30 | 1,017,267.11 | 7,866.61 | 1,025,133.72 | (38,765.20) |

**ORG1 DESC :** Pottawatomie County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den               | Paid<br>this Period | Paid   | Outstanding  | Incurred | Recovery     |              |
|----------------------------|----------------------------------|----------------------|----------------------|-------------------------|---------------------|--------|--------------|----------|--------------|--------------|
|                            |                                  |                      |                      | <b>Closed Total 566</b> | <b>Indemnity</b>    | 0.00   | 450,758.40   | 0.00     | 450,758.40   | 0.00         |
|                            |                                  |                      |                      |                         | <b>Rehab</b>        | 0.00   | 0.00         | 0.00     | 0.00         | 0.00         |
|                            |                                  |                      |                      |                         | <b>Medical</b>      | 191.25 | 831,352.92   | 0.00     | 831,352.92   | (34,388.82)  |
|                            |                                  |                      |                      |                         | <b>Legal</b>        | 0.00   | 16,975.62    | 0.00     | 16,975.62    | (197.00)     |
|                            |                                  |                      |                      |                         | <b>Other</b>        | 9.11   | 77,983.07    | 0.00     | 77,983.07    | (72,608.23)  |
|                            |                                  |                      |                      |                         | <b>Total</b>        | 200.36 | 1,377,070.01 | 0.00     | 1,377,070.01 | (107,194.05) |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den            | Paid<br>this Period | Paid   | Outstanding | Incurred  | Recovery   |            |
|----------------------------|----------------------------------|----------------------|----------------------|----------------------|---------------------|--------|-------------|-----------|------------|------------|
|                            |                                  |                      |                      | <b>Open Total 10</b> | <b>Indemnity</b>    | 0.00   | 335,918.95  | 0.00      | 335,918.95 | 0.00       |
|                            |                                  |                      |                      |                      | <b>Rehab</b>        | 0.00   | 0.00        | 0.00      | 0.00       | 0.00       |
|                            |                                  |                      |                      |                      | <b>Medical</b>      | 167.99 | 187,384.78  | 55,503.98 | 242,888.76 | (2,069.62) |
|                            |                                  |                      |                      |                      | <b>Legal</b>        | 142.00 | 919.97      | 8,680.03  | 9,600.00   | 0.00       |
|                            |                                  |                      |                      |                      | <b>Other</b>        | 9.00   | 27,598.28   | 14,389.22 | 41,987.50  | (500.00)   |
|                            |                                  |                      |                      |                      | <b>Total</b>        | 318.99 | 551,821.98  | 78,573.23 | 630,395.21 | (2,569.62) |

**CLAIMANT STATUS DESC :** Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den                            | Paid<br>this Period | Paid      | Outstanding  | Incurred   | Recovery     |              |
|----------------------------|----------------------------------|----------------------|----------------------|--------------------------------------|---------------------|-----------|--------------|------------|--------------|--------------|
|                            |                                  |                      |                      | <b>Re-Open Total 3</b>               | <b>Indemnity</b>    | 2,074.29  | 29,690.93    | 2,308.57   | 31,999.50    | 0.00         |
|                            |                                  |                      |                      |                                      | <b>Rehab</b>        | 0.00      | 0.00         | 0.00       | 0.00         | 0.00         |
|                            |                                  |                      |                      |                                      | <b>Medical</b>      | 4,302.53  | 66,601.56    | 19,898.44  | 86,500.00    | (21.00)      |
|                            |                                  |                      |                      |                                      | <b>Legal</b>        | 0.00      | 0.00         | 0.00       | 0.00         | 0.00         |
|                            |                                  |                      |                      |                                      | <b>Other</b>        | 4,304.44  | 5,286.97     | 5,713.03   | 11,000.00    | 0.00         |
|                            |                                  |                      |                      |                                      | <b>Total</b>        | 10,681.26 | 101,579.46   | 27,920.04  | 129,499.50   | (21.00)      |
|                            |                                  |                      |                      | <b>Pottawatomie County Total 579</b> | <b>Indemnity</b>    | 2,074.29  | 816,368.28   | 2,308.57   | 818,676.85   | 0.00         |
|                            |                                  |                      |                      |                                      | <b>Rehab</b>        | 0.00      | 0.00         | 0.00       | 0.00         | 0.00         |
|                            |                                  |                      |                      |                                      | <b>Medical</b>      | 4,661.77  | 1,085,339.26 | 75,402.42  | 1,160,741.68 | (36,479.44)  |
|                            |                                  |                      |                      |                                      | <b>Legal</b>        | 142.00    | 17,895.59    | 8,680.03   | 26,575.62    | (197.00)     |
|                            |                                  |                      |                      |                                      | <b>Other</b>        | 4,322.55  | 110,868.32   | 20,102.25  | 130,970.57   | (73,108.23)  |
|                            |                                  |                      |                      |                                      | <b>Total</b>        | 11,200.61 | 2,030,471.45 | 106,493.27 | 2,136,964.72 | (109,784.67) |

ORG1 DESC : Pratt County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den                    | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery  |      |
|----------------------------|----------------------------------|----------------------|----------------------|------------------------------|---------------------|------|-------------|----------|-----------|------|
|                            |                                  |                      |                      | <b>Closed Total 12</b>       | <b>Indemnity</b>    | 0.00 | 28,691.50   | 0.00     | 28,691.50 | 0.00 |
|                            |                                  |                      |                      |                              | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00      | 0.00 |
|                            |                                  |                      |                      |                              | <b>Medical</b>      | 0.00 | 43,943.71   | 0.00     | 43,943.71 | 0.00 |
|                            |                                  |                      |                      |                              | <b>Legal</b>        | 0.00 | 1,981.00    | 0.00     | 1,981.00  | 0.00 |
|                            |                                  |                      |                      |                              | <b>Other</b>        | 0.00 | 4,523.11    | 0.00     | 4,523.11  | 0.00 |
|                            |                                  |                      |                      |                              | <b>Total</b>        | 0.00 | 79,139.32   | 0.00     | 79,139.32 | 0.00 |
|                            |                                  |                      |                      | <b>Pratt County Total 12</b> | <b>Indemnity</b>    | 0.00 | 28,691.50   | 0.00     | 28,691.50 | 0.00 |
|                            |                                  |                      |                      |                              | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00      | 0.00 |
|                            |                                  |                      |                      |                              | <b>Medical</b>      | 0.00 | 43,943.71   | 0.00     | 43,943.71 | 0.00 |
|                            |                                  |                      |                      |                              | <b>Legal</b>        | 0.00 | 1,981.00    | 0.00     | 1,981.00  | 0.00 |
|                            |                                  |                      |                      |                              | <b>Other</b>        | 0.00 | 4,523.11    | 0.00     | 4,523.11  | 0.00 |
|                            |                                  |                      |                      |                              | <b>Total</b>        | 0.00 | 79,139.32   | 0.00     | 79,139.32 | 0.00 |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

**ORG1 DESC :** Public Wholesale Water Supply District No 11

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den   | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |      |
|----------------------------|----------------------------------|----------------------|----------------------|---|---------------------|------|-------------|----------|----------|------|
|                            |                                  |                      |                      | <b>Closed Total 1</b>                                       | <b>Indemnity</b>    | 0.00 | 3,712.50    | 0.00     | 3,712.50 | 0.00 |
|                            |                                  |                      |                      |   | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |   | <b>Medical</b>      | 0.00 | 1,473.64    | 0.00     | 1,473.64 | 0.00 |
|                            |                                  |                      |                      |   | <b>Legal</b>        | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |   | <b>Other</b>        | 0.00 | 523.53      | 0.00     | 523.53   | 0.00 |
|                            |                                  |                      |                      |   | <b>Total</b>        | 0.00 | 5,709.67    | 0.00     | 5,709.67 | 0.00 |
|                            |                                  |                      |                      | <b>Public Wholesale Water Supply District No 11 Total 1</b> | <b>Indemnity</b>    | 0.00 | 3,712.50    | 0.00     | 3,712.50 | 0.00 |
|                            |                                  |                      |                      |   | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |   | <b>Medical</b>      | 0.00 | 1,473.64    | 0.00     | 1,473.64 | 0.00 |
|                            |                                  |                      |                      |   | <b>Legal</b>        | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |   | <b>Other</b>        | 0.00 | 523.53      | 0.00     | 523.53   | 0.00 |
|                            |                                  |                      |                      |   | <b>Total</b>        | 0.00 | 5,709.67    | 0.00     | 5,709.67 | 0.00 |

**ORG1 DESC :** Rawlins County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den              | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery   |          |
|----------------------------|----------------------------------|----------------------|----------------------|------------------------|---------------------|------|-------------|----------|------------|----------|
|                            |                                  |                      |                      | <b>Closed Total 84</b> | <b>Indemnity</b>    | 0.00 | 33,547.07   | 0.00     | 33,547.07  | 0.00     |
|                            |                                  |                      |                      |                        | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00     |
|                            |                                  |                      |                      |                        | <b>Medical</b>      | 0.00 | 178,559.49  | 0.00     | 178,559.49 | 0.00     |
|                            |                                  |                      |                      |                        | <b>Legal</b>        | 0.00 | 1,415.00    | 0.00     | 1,415.00   | 0.00     |
|                            |                                  |                      |                      |                        | <b>Other</b>        | 0.00 | 9,049.45    | 0.00     | 9,049.45   | (825.25) |
|                            |                                  |                      |                      |                        | <b>Total</b>        | 0.00 | 222,571.01  | 0.00     | 222,571.01 | (825.25) |

**CLAIMANT STATUS DESC :** Open



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den                      | Paid<br>this Period | Paid     | Outstanding | Incurred  | Recovery   |          |
|----------------------------|----------------------------------|----------------------|----------------------|--------------------------------|---------------------|----------|-------------|-----------|------------|----------|
|                            |                                  |                      |                      | <b>Open Total 3</b>            | <b>Indemnity</b>    | 0.00     | 0.00        | 0.00      | 0.00       |          |
|                            |                                  |                      |                      |                                | <b>Rehab</b>        | 0.00     | 0.00        | 0.00      | 0.00       |          |
|                            |                                  |                      |                      |                                | <b>Medical</b>      | 6,299.90 | 7,223.34    | 8,876.66  | 16,100.00  |          |
|                            |                                  |                      |                      |                                | <b>Legal</b>        | 0.00     | 0.00        | 0.00      | 0.00       |          |
|                            |                                  |                      |                      |                                | <b>Other</b>        | 608.42   | 696.56      | 2,523.44  | 3,220.00   |          |
|                            |                                  |                      |                      |                                | <b>Total</b>        | 6,908.32 | 7,919.90    | 11,400.10 | 19,320.00  |          |
|                            |                                  |                      |                      | <b>Rawlins County Total 87</b> | <b>Indemnity</b>    | 0.00     | 33,547.07   | 0.00      | 33,547.07  | 0.00     |
|                            |                                  |                      |                      |                                | <b>Rehab</b>        | 0.00     | 0.00        | 0.00      | 0.00       |          |
|                            |                                  |                      |                      |                                | <b>Medical</b>      | 6,299.90 | 185,782.83  | 8,876.66  | 194,659.49 | 0.00     |
|                            |                                  |                      |                      |                                | <b>Legal</b>        | 0.00     | 1,415.00    | 0.00      | 1,415.00   | 0.00     |
|                            |                                  |                      |                      |                                | <b>Other</b>        | 608.42   | 9,746.01    | 2,523.44  | 12,269.45  | (825.25) |
|                            |                                  |                      |                      |                                | <b>Total</b>        | 6,908.32 | 230,490.91  | 11,400.10 | 241,891.01 | (825.25) |

ORG1 DESC : Reno County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den                | Paid<br>this Period | Paid  | Outstanding  | Incurred | Recovery     |                |
|----------------------------|----------------------------------|----------------------|----------------------|--------------------------|---------------------|-------|--------------|----------|--------------|----------------|
|                            |                                  |                      |                      | <b>Closed Total 1718</b> | <b>Indemnity</b>    | 0.00  | 2,729,995.52 | 0.00     | 2,729,995.52 | 0.00           |
|                            |                                  |                      |                      |                          | <b>Rehab</b>        | 0.00  | 0.00         | 0.00     | 0.00         |                |
|                            |                                  |                      |                      |                          | <b>Medical</b>      | 82.54 | 4,893,770.13 | 0.00     | 4,893,770.13 | (640.30)       |
|                            |                                  |                      |                      |                          | <b>Legal</b>        | 0.00  | 22,511.48    | 0.00     | 22,511.48    | 0.00           |
|                            |                                  |                      |                      |                          | <b>Other</b>        | 9.00  | 586,953.68   | 0.00     | 586,953.68   | (2,326,633.54) |
|                            |                                  |                      |                      |                          | <b>Total</b>        | 91.54 | 8,233,230.81 | 0.00     | 8,233,230.81 | (2,327,273.84) |

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|





# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                      |                  |          |              |            |              |      |
|----------------------|------------------|----------|--------------|------------|--------------|------|
| <b>Open Total 30</b> | <b>Indemnity</b> | 1,329.78 | 381,888.88   | 91,331.30  | 473,220.18   | 0.00 |
|                      | <b>Rehab</b>     | 0.00     | 0.00         | 0.00       | 0.00         | 0.00 |
|                      | <b>Medical</b>   | 4,352.76 | 658,207.11   | 160,141.37 | 818,348.48   | 0.00 |
|                      | <b>Legal</b>     | 3,125.50 | 6,851.80     | 21,448.20  | 28,300.00    | 0.00 |
|                      | <b>Other</b>     | 94.68    | 60,769.72    | 35,694.04  | 96,463.76    | 0.00 |
|                      | <b>Total</b>     | 8,902.72 | 1,107,717.51 | 308,614.91 | 1,416,332.42 | 0.00 |

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type    | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid     | Outstanding  | Incurred   | Recovery      |                |
|-------------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|----------|--------------|------------|---------------|----------------|
| <b>Re-Open Total 3</b>        |                                  |                      |                      |           |                     |          |              |            |               |                |
|                               |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00     | 60,207.51    | 60,598.31  | 120,805.82    | 0.00           |
|                               |                                  |                      |                      |           | <b>Rehab</b>        | 0.00     | 0.00         | 0.00       | 0.00          | 0.00           |
|                               |                                  |                      |                      |           | <b>Medical</b>      | 245.41   | 225,227.27   | 70,771.61  | 295,998.88    | (25,156.50)    |
|                               |                                  |                      |                      |           | <b>Legal</b>        | 0.00     | 3,231.60     | 7,268.40   | 10,500.00     | 0.00           |
|                               |                                  |                      |                      |           | <b>Other</b>        | 18.00    | 30,534.11    | 5,165.89   | 35,700.00     | (21,398.16)    |
|                               |                                  |                      |                      |           | <b>Total</b>        | 263.41   | 319,200.49   | 143,804.21 | 463,004.70    | (46,554.66)    |
| <b>Reno County Total 1751</b> |                                  |                      |                      |           |                     |          |              |            |               |                |
|                               |                                  |                      |                      |           | <b>Indemnity</b>    | 1,329.78 | 3,172,091.91 | 151,929.61 | 3,324,021.52  | 0.00           |
|                               |                                  |                      |                      |           | <b>Rehab</b>        | 0.00     | 0.00         | 0.00       | 0.00          | 0.00           |
|                               |                                  |                      |                      |           | <b>Medical</b>      | 4,680.71 | 5,777,204.51 | 230,912.98 | 6,008,117.49  | (25,796.80)    |
|                               |                                  |                      |                      |           | <b>Legal</b>        | 3,125.50 | 32,594.88    | 28,716.60  | 61,311.48     | 0.00           |
|                               |                                  |                      |                      |           | <b>Other</b>        | 121.68   | 678,257.51   | 40,859.93  | 719,117.44    | (2,348,031.70) |
|                               |                                  |                      |                      |           | <b>Total</b>        | 9,257.67 | 9,660,148.81 | 452,419.12 | 10,112,567.93 | (2,373,828.50) |

**ORG1 DESC** : Republic County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                         |                  |      |            |      |            |             |
|-------------------------|------------------|------|------------|------|------------|-------------|
| <b>Closed Total 225</b> | <b>Indemnity</b> | 0.00 | 166,928.67 | 0.00 | 166,928.67 | 0.00        |
|                         | <b>Rehab</b>     | 0.00 | 0.00       | 0.00 | 0.00       | 0.00        |
|                         | <b>Medical</b>   | 0.00 | 357,808.95 | 0.00 | 357,808.95 | 0.00        |
|                         | <b>Legal</b>     | 0.00 | 2,833.70   | 0.00 | 2,833.70   | 0.00        |
|                         | <b>Other</b>     | 0.00 | 41,449.02  | 0.00 | 41,449.02  | (10,186.58) |
|                         | <b>Total</b>     | 0.00 | 569,020.34 | 0.00 | 569,020.34 | (10,186.58) |

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred  | Recovery  |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|-----------|-----------|------|
| <b>Open Total 2</b>        |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 19,620.29   | 0.00      | 19,620.29 | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00        | 0.00      | 0.00      | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 54,209.02   | 14,148.38 | 68,357.40 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 0.00        | 0.00      | 0.00      | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 2,494.37    | 5,505.63  | 8,000.00  | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 76,323.68   | 19,654.01 | 95,977.69 | 0.00 |

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid     | Outstanding | Incurred  | Recovery  |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|----------|-------------|-----------|-----------|------|
| <b>Re-Open Total 1</b>     |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00     | 1,608.11    | 8,000.00  | 9,608.11  | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00     | 0.00        | 0.00      | 0.00      | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 2,519.55 | 17,029.97   | 13,721.02 | 30,750.99 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00     | 0.00        | 0.00      | 0.00      | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 27.00    | 412.77      | 4,861.34  | 5,274.11  | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 2,546.55 | 19,050.85   | 26,582.36 | 45,633.21 | 0.00 |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                                  |                  |          |            |           |            |             |
|----------------------------------|------------------|----------|------------|-----------|------------|-------------|
| <b>Republic County Total 228</b> | <b>Indemnity</b> | 0.00     | 188,157.07 | 8,000.00  | 196,157.07 | 0.00        |
|                                  | <b>Rehab</b>     | 0.00     | 0.00       | 0.00      | 0.00       | 0.00        |
|                                  | <b>Medical</b>   | 2,519.55 | 429,047.94 | 27,869.40 | 456,917.34 | 0.00        |
|                                  | <b>Legal</b>     | 0.00     | 2,833.70   | 0.00      | 2,833.70   | 0.00        |
|                                  | <b>Other</b>     | 27.00    | 44,356.16  | 10,366.97 | 54,723.13  | (10,186.58) |
|                                  | <b>Total</b>     | 2,546.55 | 664,394.87 | 46,236.37 | 710,631.24 | (10,186.58) |

ORG1 DESC : Rice County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den              | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery   |             |
|----------------------------|----------------------------------|----------------------|----------------------|------------------------|---------------------|------|-------------|----------|------------|-------------|
|                            |                                  |                      |                      | <b>Closed Total 96</b> | <b>Indemnity</b>    | 0.00 | 233,444.38  | 0.00     | 233,444.38 | (802.34)    |
|                            |                                  |                      |                      |                        | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00        |
|                            |                                  |                      |                      |                        | <b>Medical</b>      | 0.00 | 375,513.73  | 0.00     | 375,513.73 | (19,023.05) |
|                            |                                  |                      |                      |                        | <b>Legal</b>        | 0.00 | 8,210.60    | 0.00     | 8,210.60   | 0.00        |
|                            |                                  |                      |                      |                        | <b>Other</b>        | 0.00 | 44,141.86   | 0.00     | 44,141.86  | (23,763.43) |
|                            |                                  |                      |                      |                        | <b>Total</b>        | 0.00 | 661,310.57  | 0.00     | 661,310.57 | (43,588.82) |

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den            | Paid<br>this Period | Paid   | Outstanding | Incurred  | Recovery   |            |
|----------------------------|----------------------------------|----------------------|----------------------|----------------------|---------------------|--------|-------------|-----------|------------|------------|
|                            |                                  |                      |                      | <b>Open Total 11</b> | <b>Indemnity</b>    | 562.20 | 38,676.59   | 10,163.19 | 48,839.78  | 0.00       |
|                            |                                  |                      |                      |                      | <b>Rehab</b>        | 0.00   | 0.00        | 0.00      | 0.00       | 0.00       |
|                            |                                  |                      |                      |                      | <b>Medical</b>      | 269.06 | 240,119.39  | 49,080.61 | 289,200.00 | (3,430.54) |
|                            |                                  |                      |                      |                      | <b>Legal</b>        | 0.00   | 1,042.50    | 107.50    | 1,150.00   | 0.00       |
|                            |                                  |                      |                      |                      | <b>Other</b>        | 10.35  | 22,027.08   | 22,957.92 | 44,985.00  | 0.00       |
|                            |                                  |                      |                      |                      | <b>Total</b>        | 841.61 | 301,865.56  | 82,309.22 | 384,174.78 | (3,430.54) |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                              |                  |        |            |           |              |             |
|------------------------------|------------------|--------|------------|-----------|--------------|-------------|
| <b>Rice County Total 107</b> | <b>Indemnity</b> | 562.20 | 272,120.97 | 10,163.19 | 282,284.16   | (802.34)    |
|                              | <b>Rehab</b>     | 0.00   | 0.00       | 0.00      | 0.00         | 0.00        |
|                              | <b>Medical</b>   | 269.06 | 615,633.12 | 49,080.61 | 664,713.73   | (22,453.59) |
|                              | <b>Legal</b>     | 0.00   | 9,253.10   | 107.50    | 9,360.60     | 0.00        |
|                              | <b>Other</b>     | 10.35  | 66,168.94  | 22,957.92 | 89,126.86    | (23,763.43) |
|                              | <b>Total</b>     | 841.61 | 963,176.13 | 82,309.22 | 1,045,485.35 | (47,019.36) |

ORG1 DESC : Rush County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery   |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|------------|------|
| <b>Closed Total 111</b>    |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 188,719.97  | 0.00     | 188,719.97 | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 526,900.39  | 0.00     | 526,900.39 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 1,476.00    | 0.00     | 1,476.00   | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 22,555.34   | 0.00     | 22,555.34  | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 739,651.70  | 0.00     | 739,651.70 | 0.00 |

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid     | Outstanding | Incurred   | Recovery   |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|----------|-------------|------------|------------|------|
| <b>Open Total 5</b>        |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00     | 3,563.26    | 46,940.34  | 50,503.60  | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00     | 0.00        | 0.00       | 0.00       | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 1,243.82 | 68,119.29   | 73,280.71  | 141,400.00 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00     | 0.00        | 1,800.00   | 1,800.00   | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 319.49   | 6,242.12    | 18,757.88  | 25,000.00  | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 1,563.31 | 77,924.67   | 140,778.93 | 218,703.60 | 0.00 |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                              |                  |          |            |            |            |      |
|------------------------------|------------------|----------|------------|------------|------------|------|
| <b>Rush County Total 116</b> | <b>Indemnity</b> | 0.00     | 192,283.23 | 46,940.34  | 239,223.57 | 0.00 |
|                              | <b>Rehab</b>     | 0.00     | 0.00       | 0.00       | 0.00       | 0.00 |
|                              | <b>Medical</b>   | 1,243.82 | 595,019.68 | 73,280.71  | 668,300.39 | 0.00 |
|                              | <b>Legal</b>     | 0.00     | 1,476.00   | 1,800.00   | 3,276.00   | 0.00 |
|                              | <b>Other</b>     | 319.49   | 28,797.46  | 18,757.88  | 47,555.34  | 0.00 |
|                              | <b>Total</b>     | 1,563.31 | 817,576.37 | 140,778.93 | 958,355.30 | 0.00 |

**ORG1 DESC :** Russell County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery   |             |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|------------|-------------|
| <b>Closed Total 261</b>    |                                  |                      |                      |           |                     |      |             |          |            |             |
|                            |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 223,154.90  | 0.00     | 223,154.90 | 0.00        |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00        |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 400,804.40  | 0.00     | 400,804.40 | 0.00        |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00        |
|                            |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 40,274.00   | 0.00     | 40,274.00  | (16,491.48) |
|                            |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 664,233.30  | 0.00     | 664,233.30 | (16,491.48) |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|------|
| <b>Open Total 2</b>        |                                  |                      |                      |           |                     |      |             |          |          |      |
|                            |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 627.26      | 4,372.74 | 5,000.00 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 39.48       | 960.52   | 1,000.00 | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 666.74      | 5,333.26 | 6,000.00 | 0.00 |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                                 |                  |      |            |          |            |             |
|---------------------------------|------------------|------|------------|----------|------------|-------------|
| <b>Russell County Total 263</b> | <b>Indemnity</b> | 0.00 | 223,154.90 | 0.00     | 223,154.90 | 0.00        |
|                                 | <b>Rehab</b>     | 0.00 | 0.00       | 0.00     | 0.00       | 0.00        |
|                                 | <b>Medical</b>   | 0.00 | 401,431.66 | 4,372.74 | 405,804.40 | 0.00        |
|                                 | <b>Legal</b>     | 0.00 | 0.00       | 0.00     | 0.00       | 0.00        |
|                                 | <b>Other</b>     | 0.00 | 40,313.48  | 960.52   | 41,274.00  | (16,491.48) |
|                                 | <b>Total</b>     | 0.00 | 664,900.04 | 5,333.26 | 670,233.30 | (16,491.48) |

ORG1 DESC : Saline County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number             | Claimant Name   | InjuryDate | Received |           | Paid             |      |              |          |              |             |
|--------------------------|-----------------|------------|----------|-----------|------------------|------|--------------|----------|--------------|-------------|
| Claim Type               | Claimant Status | Closed     | Examiner | Lit / Den | this Period      | Paid | Outstanding  | Incurred | Recovery     |             |
| <b>Closed Total 1206</b> |                 |            |          |           | <b>Indemnity</b> | 0.00 | 866,794.87   | 0.00     | 866,794.87   | 0.00        |
|                          |                 |            |          |           | <b>Rehab</b>     | 0.00 | 0.00         | 0.00     | 0.00         | 0.00        |
|                          |                 |            |          |           | <b>Medical</b>   | 0.00 | 1,304,419.95 | 0.00     | 1,304,419.95 | (9,808.31)  |
|                          |                 |            |          |           | <b>Legal</b>     | 0.00 | 24,454.17    | 0.00     | 24,454.17    | (5,380.82)  |
|                          |                 |            |          |           | <b>Other</b>     | 0.00 | 184,760.59   | 0.00     | 184,760.59   | (67,682.97) |
|                          |                 |            |          |           | <b>Total</b>     | 0.00 | 2,380,429.58 | 0.00     | 2,380,429.58 | (82,872.10) |

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number         | Claimant Name   | InjuryDate | Received |           | Paid             |        |             |            |            |      |
|----------------------|-----------------|------------|----------|-----------|------------------|--------|-------------|------------|------------|------|
| Claim Type           | Claimant Status | Closed     | Examiner | Lit / Den | this Period      | Paid   | Outstanding | Incurred   | Recovery   |      |
| <b>Open Total 15</b> |                 |            |          |           | <b>Indemnity</b> | 0.00   | 6,154.27    | 7,635.27   | 13,789.54  | 0.00 |
|                      |                 |            |          |           | <b>Rehab</b>     | 0.00   | 0.00        | 0.00       | 0.00       | 0.00 |
|                      |                 |            |          |           | <b>Medical</b>   | 451.86 | 86,082.00   | 83,598.19  | 169,680.19 | 0.00 |
|                      |                 |            |          |           | <b>Legal</b>     | 0.00   | 0.00        | 0.00       | 0.00       | 0.00 |
|                      |                 |            |          |           | <b>Other</b>     | 36.00  | 27,354.05   | 12,331.25  | 39,685.30  | 0.00 |
|                      |                 |            |          |           | <b>Total</b>     | 487.86 | 119,590.32  | 103,564.71 | 223,155.03 | 0.00 |

CLAIMANT STATUS DESC : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den                       | Paid<br>this Period | Paid   | Outstanding  | Incurred   | Recovery     |             |
|----------------------------|----------------------------------|----------------------|----------------------|---------------------------------|---------------------|--------|--------------|------------|--------------|-------------|
|                            |                                  |                      |                      | <b>Re-Open Total 1</b>          | <b>Indemnity</b>    | 0.00   | 42,815.77    | 1,500.00   | 44,315.77    | 0.00        |
|                            |                                  |                      |                      |                                 | <b>Rehab</b>        | 0.00   | 0.00         | 0.00       | 0.00         | 0.00        |
|                            |                                  |                      |                      |                                 | <b>Medical</b>      | 0.00   | 66,912.82    | 10,500.00  | 77,412.82    | 0.00        |
|                            |                                  |                      |                      |                                 | <b>Legal</b>        | 0.00   | 0.00         | 600.00     | 600.00       | 0.00        |
|                            |                                  |                      |                      |                                 | <b>Other</b>        | 0.00   | 2,554.19     | 1,500.00   | 4,054.19     | 0.00        |
|                            |                                  |                      |                      |                                 | <b>Total</b>        | 0.00   | 112,282.78   | 14,100.00  | 126,382.78   | 0.00        |
|                            |                                  |                      |                      | <b>Saline County Total 1222</b> | <b>Indemnity</b>    | 0.00   | 915,764.91   | 9,135.27   | 924,900.18   | 0.00        |
|                            |                                  |                      |                      |                                 | <b>Rehab</b>        | 0.00   | 0.00         | 0.00       | 0.00         | 0.00        |
|                            |                                  |                      |                      |                                 | <b>Medical</b>      | 451.86 | 1,457,414.77 | 94,098.19  | 1,551,512.96 | (9,808.31)  |
|                            |                                  |                      |                      |                                 | <b>Legal</b>        | 0.00   | 24,454.17    | 600.00     | 25,054.17    | (5,380.82)  |
|                            |                                  |                      |                      |                                 | <b>Other</b>        | 36.00  | 214,668.83   | 13,831.25  | 228,500.08   | (67,682.97) |
|                            |                                  |                      |                      |                                 | <b>Total</b>        | 487.86 | 2,612,302.68 | 117,664.71 | 2,729,967.39 | (82,872.10) |

ORG1 DESC : Scott County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den                    | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery   |      |
|----------------------------|----------------------------------|----------------------|----------------------|------------------------------|---------------------|------|-------------|----------|------------|------|
|                            |                                  |                      |                      | <b>Closed Total 48</b>       | <b>Indemnity</b>    | 0.00 | 18,808.47   | 0.00     | 18,808.47  | 0.00 |
|                            |                                  |                      |                      |                              | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00 |
|                            |                                  |                      |                      |                              | <b>Medical</b>      | 0.00 | 83,657.32   | 0.00     | 83,657.32  | 0.00 |
|                            |                                  |                      |                      |                              | <b>Legal</b>        | 0.00 | 4,727.60    | 0.00     | 4,727.60   | 0.00 |
|                            |                                  |                      |                      |                              | <b>Other</b>        | 0.00 | 8,895.43    | 0.00     | 8,895.43   | 0.00 |
|                            |                                  |                      |                      |                              | <b>Total</b>        | 0.00 | 116,088.82  | 0.00     | 116,088.82 | 0.00 |
|                            |                                  |                      |                      | <b>Scott County Total 48</b> | <b>Indemnity</b>    | 0.00 | 18,808.47   | 0.00     | 18,808.47  | 0.00 |
|                            |                                  |                      |                      |                              | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00 |
|                            |                                  |                      |                      |                              | <b>Medical</b>      | 0.00 | 83,657.32   | 0.00     | 83,657.32  | 0.00 |
|                            |                                  |                      |                      |                              | <b>Legal</b>        | 0.00 | 4,727.60    | 0.00     | 4,727.60   | 0.00 |
|                            |                                  |                      |                      |                              | <b>Other</b>        | 0.00 | 8,895.43    | 0.00     | 8,895.43   | 0.00 |
|                            |                                  |                      |                      |                              | <b>Total</b>        | 0.00 | 116,088.82  | 0.00     | 116,088.82 | 0.00 |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

**ORG1 DESC :** Sheridan County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den               | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery   |      |
|----------------------------|----------------------------------|----------------------|----------------------|-------------------------|---------------------|------|-------------|----------|------------|------|
|                            |                                  |                      |                      | <b>Closed Total 154</b> | <b>Indemnity</b>    | 0.00 | 495,927.96  | 0.00     | 495,927.96 | 0.00 |
|                            |                                  |                      |                      |                         | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00 |
|                            |                                  |                      |                      |                         | <b>Medical</b>      | 0.00 | 444,870.18  | 0.00     | 444,870.18 | 0.00 |
|                            |                                  |                      |                      |                         | <b>Legal</b>        | 0.00 | 1,663.50    | 0.00     | 1,663.50   | 0.00 |
|                            |                                  |                      |                      |                         | <b>Other</b>        | 0.00 | 31,507.13   | 0.00     | 31,507.13  | 0.00 |
|                            |                                  |                      |                      |                         | <b>Total</b>        | 0.00 | 973,968.77  | 0.00     | 973,968.77 | 0.00 |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den                        | Paid<br>this Period | Paid   | Outstanding | Incurred | Recovery   |      |
|----------------------------|----------------------------------|----------------------|----------------------|----------------------------------|---------------------|--------|-------------|----------|------------|------|
|                            |                                  |                      |                      | <b>Open Total 3</b>              | <b>Indemnity</b>    | 0.00   | 0.00        | 0.00     | 0.00       | 0.00 |
|                            |                                  |                      |                      |                                  | <b>Rehab</b>        | 0.00   | 0.00        | 0.00     | 0.00       | 0.00 |
|                            |                                  |                      |                      |                                  | <b>Medical</b>      | 100.58 | 1,132.95    | 7,367.05 | 8,500.00   | 0.00 |
|                            |                                  |                      |                      |                                  | <b>Legal</b>        | 0.00   | 0.00        | 0.00     | 0.00       | 0.00 |
|                            |                                  |                      |                      |                                  | <b>Other</b>        | 13.79  | 101.24      | 1,598.76 | 1,700.00   | 0.00 |
|                            |                                  |                      |                      |                                  | <b>Total</b>        | 114.37 | 1,234.19    | 8,965.81 | 10,200.00  | 0.00 |
|                            |                                  |                      |                      | <b>Sheridan County Total 157</b> | <b>Indemnity</b>    | 0.00   | 495,927.96  | 0.00     | 495,927.96 | 0.00 |
|                            |                                  |                      |                      |                                  | <b>Rehab</b>        | 0.00   | 0.00        | 0.00     | 0.00       | 0.00 |
|                            |                                  |                      |                      |                                  | <b>Medical</b>      | 100.58 | 446,003.13  | 7,367.05 | 453,370.18 | 0.00 |
|                            |                                  |                      |                      |                                  | <b>Legal</b>        | 0.00   | 1,663.50    | 0.00     | 1,663.50   | 0.00 |
|                            |                                  |                      |                      |                                  | <b>Other</b>        | 13.79  | 31,608.37   | 1,598.76 | 33,207.13  | 0.00 |
|                            |                                  |                      |                      |                                  | <b>Total</b>        | 114.37 | 975,202.96  | 8,965.81 | 984,168.77 | 0.00 |

**ORG1 DESC :** Sherman County

**CLAIMANT STATUS DESC :** Closed





# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den               | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery   |      |
|----------------------------|----------------------------------|----------------------|----------------------|-------------------------|---------------------|------|-------------|----------|------------|------|
|                            |                                  |                      |                      | <b>Closed Total 135</b> | <b>Indemnity</b>    | 0.00 | 69,541.46   | 0.00     | 69,541.46  | 0.00 |
|                            |                                  |                      |                      |                         | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00 |
|                            |                                  |                      |                      |                         | <b>Medical</b>      | 0.00 | 278,913.78  | 0.00     | 278,913.78 | 0.00 |
|                            |                                  |                      |                      |                         | <b>Legal</b>        | 0.00 | 14,425.28   | 0.00     | 14,425.28  | 0.00 |
|                            |                                  |                      |                      |                         | <b>Other</b>        | 0.00 | 17,117.93   | 0.00     | 17,117.93  | 0.00 |
|                            |                                  |                      |                      |                         | <b>Total</b>        | 0.00 | 379,998.45  | 0.00     | 379,998.45 | 0.00 |

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den           | Paid<br>this Period | Paid      | Outstanding | Incurred  | Recovery   |      |
|----------------------------|----------------------------------|----------------------|----------------------|---------------------|---------------------|-----------|-------------|-----------|------------|------|
|                            |                                  |                      |                      | <b>Open Total 9</b> | <b>Indemnity</b>    | 14,863.71 | 26,353.39   | 15,330.82 | 41,684.21  | 0.00 |
|                            |                                  |                      |                      |                     | <b>Rehab</b>        | 0.00      | 0.00        | 0.00      | 0.00       | 0.00 |
|                            |                                  |                      |                      |                     | <b>Medical</b>      | 2,300.00  | 69,955.09   | 49,044.91 | 119,000.00 | 0.00 |
|                            |                                  |                      |                      |                     | <b>Legal</b>        | 192.00    | 1,318.50    | 9,331.50  | 10,650.00  | 0.00 |
|                            |                                  |                      |                      |                     | <b>Other</b>        | 0.00      | 3,310.76    | 11,051.24 | 14,362.00  | 0.00 |
|                            |                                  |                      |                      |                     | <b>Total</b>        | 17,355.71 | 100,937.74  | 84,758.47 | 185,696.21 | 0.00 |

CLAIMANT STATUS DESC : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den              | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |      |
|----------------------------|----------------------------------|----------------------|----------------------|------------------------|---------------------|------|-------------|----------|----------|------|
|                            |                                  |                      |                      | <b>Re-Open Total 1</b> | <b>Indemnity</b>    | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |                        | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |                        | <b>Medical</b>      | 0.00 | 330.55      | 2,169.45 | 2,500.00 | 0.00 |
|                            |                                  |                      |                      |                        | <b>Legal</b>        | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |                        | <b>Other</b>        | 0.00 | 9.00        | 491.00   | 500.00   | 0.00 |
|                            |                                  |                      |                      |                        | <b>Total</b>        | 0.00 | 339.55      | 2,660.45 | 3,000.00 | 0.00 |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                                 |                  |           |            |           |            |      |
|---------------------------------|------------------|-----------|------------|-----------|------------|------|
| <b>Sherman County Total 145</b> | <b>Indemnity</b> | 14,863.71 | 95,894.85  | 15,330.82 | 111,225.67 | 0.00 |
|                                 | <b>Rehab</b>     | 0.00      | 0.00       | 0.00      | 0.00       | 0.00 |
|                                 | <b>Medical</b>   | 2,300.00  | 349,199.42 | 51,214.36 | 400,413.78 | 0.00 |
|                                 | <b>Legal</b>     | 192.00    | 15,743.78  | 9,331.50  | 25,075.28  | 0.00 |
|                                 | <b>Other</b>     | 0.00      | 20,437.69  | 11,542.24 | 31,979.93  | 0.00 |
|                                 | <b>Total</b>     | 17,355.71 | 481,275.74 | 87,418.92 | 568,694.66 | 0.00 |

**ORG1 DESC :** Smith County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery   |             |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|------------|-------------|
| <b>Closed Total 96</b>     |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 234,045.69  | 0.00     | 234,045.69 | (3,813.50)  |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00        |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 287,639.38  | 0.00     | 287,639.38 | (8,186.50)  |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 15,452.71   | 0.00     | 15,452.71  | 0.00        |
|                            |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 24,569.97   | 0.00     | 24,569.97  | 0.00        |
|                            |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 561,707.75  | 0.00     | 561,707.75 | (12,000.00) |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|------|
| <b>Open Total 1</b>        |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 291.69      | 2,208.31 | 2,500.00 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 22.19       | 477.81   | 500.00   | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 313.88      | 2,686.12 | 3,000.00 | 0.00 |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                              |                  |      |            |          |            |             |
|------------------------------|------------------|------|------------|----------|------------|-------------|
| <b>Smith County Total 97</b> | <b>Indemnity</b> | 0.00 | 234,045.69 | 0.00     | 234,045.69 | (3,813.50)  |
|                              | <b>Rehab</b>     | 0.00 | 0.00       | 0.00     | 0.00       | 0.00        |
|                              | <b>Medical</b>   | 0.00 | 287,931.07 | 2,208.31 | 290,139.38 | (8,186.50)  |
|                              | <b>Legal</b>     | 0.00 | 15,452.71  | 0.00     | 15,452.71  | 0.00        |
|                              | <b>Other</b>     | 0.00 | 24,592.16  | 477.81   | 25,069.97  | 0.00        |
|                              | <b>Total</b>     | 0.00 | 562,021.63 | 2,686.12 | 564,707.75 | (12,000.00) |

ORG1 DESC : Stafford County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den              | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery   |      |
|----------------------------|----------------------------------|----------------------|----------------------|------------------------|---------------------|------|-------------|----------|------------|------|
|                            |                                  |                      |                      | <b>Closed Total 25</b> | <b>Indemnity</b>    | 0.00 | 84,221.14   | 0.00     | 84,221.14  | 0.00 |
|                            |                                  |                      |                      |                        | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00 |
|                            |                                  |                      |                      |                        | <b>Medical</b>      | 0.00 | 138,523.28  | 0.00     | 138,523.28 | 0.00 |
|                            |                                  |                      |                      |                        | <b>Legal</b>        | 0.00 | 7,061.27    | 0.00     | 7,061.27   | 0.00 |
|                            |                                  |                      |                      |                        | <b>Other</b>        | 0.00 | 4,427.44    | 0.00     | 4,427.44   | 0.00 |
|                            |                                  |                      |                      |                        | <b>Total</b>        | 0.00 | 234,233.13  | 0.00     | 234,233.13 | 0.00 |

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den           | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |      |
|----------------------------|----------------------------------|----------------------|----------------------|---------------------|---------------------|------|-------------|----------|----------|------|
|                            |                                  |                      |                      | <b>Open Total 1</b> | <b>Indemnity</b>    | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |                     | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |                     | <b>Medical</b>      | 0.00 | 0.00        | 3,500.00 | 3,500.00 | 0.00 |
|                            |                                  |                      |                      |                     | <b>Legal</b>        | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |                     | <b>Other</b>        | 0.00 | 0.00        | 700.00   | 700.00   | 0.00 |
|                            |                                  |                      |                      |                     | <b>Total</b>        | 0.00 | 0.00        | 4,200.00 | 4,200.00 | 0.00 |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                                 |                  |      |            |          |            |      |
|---------------------------------|------------------|------|------------|----------|------------|------|
| <b>Stafford County Total 26</b> | <b>Indemnity</b> | 0.00 | 84,221.14  | 0.00     | 84,221.14  | 0.00 |
|                                 | <b>Rehab</b>     | 0.00 | 0.00       | 0.00     | 0.00       | 0.00 |
|                                 | <b>Medical</b>   | 0.00 | 138,523.28 | 3,500.00 | 142,023.28 | 0.00 |
|                                 | <b>Legal</b>     | 0.00 | 7,061.27   | 0.00     | 7,061.27   | 0.00 |
|                                 | <b>Other</b>     | 0.00 | 4,427.44   | 700.00   | 5,127.44   | 0.00 |
|                                 | <b>Total</b>     | 0.00 | 234,233.13 | 4,200.00 | 238,433.13 | 0.00 |

**ORG1 DESC :** Stanton County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den              | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery   |            |
|----------------------------|----------------------------------|----------------------|----------------------|------------------------|---------------------|------|-------------|----------|------------|------------|
|                            |                                  |                      |                      | <b>Closed Total 99</b> | <b>Indemnity</b>    | 0.00 | 209,346.63  | 0.00     | 209,346.63 | 0.00       |
|                            |                                  |                      |                      |                        | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00       |
|                            |                                  |                      |                      |                        | <b>Medical</b>      | 0.00 | 393,499.74  | 0.00     | 393,499.74 | 0.00       |
|                            |                                  |                      |                      |                        | <b>Legal</b>        | 0.00 | 882.00      | 0.00     | 882.00     | 0.00       |
|                            |                                  |                      |                      |                        | <b>Other</b>        | 0.00 | 22,662.98   | 0.00     | 22,662.98  | (5,990.28) |
|                            |                                  |                      |                      |                        | <b>Total</b>        | 0.00 | 626,391.35  | 0.00     | 626,391.35 | (5,990.28) |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den           | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |      |
|----------------------------|----------------------------------|----------------------|----------------------|---------------------|---------------------|------|-------------|----------|----------|------|
|                            |                                  |                      |                      | <b>Open Total 2</b> | <b>Indemnity</b>    | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |                     | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |                     | <b>Medical</b>      | 0.00 | 0.00        | 5,000.00 | 5,000.00 | 0.00 |
|                            |                                  |                      |                      |                     | <b>Legal</b>        | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |                     | <b>Other</b>        | 0.00 | 0.00        | 1,000.00 | 1,000.00 | 0.00 |
|                            |                                  |                      |                      |                     | <b>Total</b>        | 0.00 | 0.00        | 6,000.00 | 6,000.00 | 0.00 |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                                 |                  |      |            |          |            |            |
|---------------------------------|------------------|------|------------|----------|------------|------------|
| <b>Stanton County Total 101</b> | <b>Indemnity</b> | 0.00 | 209,346.63 | 0.00     | 209,346.63 | 0.00       |
|                                 | <b>Rehab</b>     | 0.00 | 0.00       | 0.00     | 0.00       | 0.00       |
|                                 | <b>Medical</b>   | 0.00 | 393,499.74 | 5,000.00 | 398,499.74 | 0.00       |
|                                 | <b>Legal</b>     | 0.00 | 882.00     | 0.00     | 882.00     | 0.00       |
|                                 | <b>Other</b>     | 0.00 | 22,662.98  | 1,000.00 | 23,662.98  | (5,990.28) |
|                                 | <b>Total</b>     | 0.00 | 626,391.35 | 6,000.00 | 632,391.35 | (5,990.28) |

ORG1 DESC : Stevens County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number            | Claimant Name   | InjuryDate | Received |           | Paid             |        |              |          |              |             |
|-------------------------|-----------------|------------|----------|-----------|------------------|--------|--------------|----------|--------------|-------------|
| Claim Type              | Claimant Status | Closed     | Examiner | Lit / Den | this Period      | Paid   | Outstanding  | Incurred | Recovery     |             |
| <b>Closed Total 442</b> |                 |            |          |           | <b>Indemnity</b> | 0.00   | 450,259.74   | 0.00     | 450,259.74   | (568.53)    |
|                         |                 |            |          |           | <b>Rehab</b>     | 0.00   | 0.00         | 0.00     | 0.00         | 0.00        |
|                         |                 |            |          |           | <b>Medical</b>   | 502.58 | 853,832.78   | 0.00     | 853,832.78   | (8,276.57)  |
|                         |                 |            |          |           | <b>Legal</b>     | 0.00   | 12,169.92    | 0.00     | 12,169.92    | 0.00        |
|                         |                 |            |          |           | <b>Other</b>     | 32.65  | 61,629.82    | 0.00     | 61,629.82    | (5,000.00)  |
|                         |                 |            |          |           | <b>Total</b>     | 535.23 | 1,377,892.26 | 0.00     | 1,377,892.26 | (13,845.10) |

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number        | Claimant Name   | InjuryDate | Received |           | Paid             |        |             |          |          |      |
|---------------------|-----------------|------------|----------|-----------|------------------|--------|-------------|----------|----------|------|
| Claim Type          | Claimant Status | Closed     | Examiner | Lit / Den | this Period      | Paid   | Outstanding | Incurred | Recovery |      |
| <b>Open Total 1</b> |                 |            |          |           | <b>Indemnity</b> | 0.00   | 0.00        | 0.00     | 0.00     | 0.00 |
|                     |                 |            |          |           | <b>Rehab</b>     | 0.00   | 0.00        | 0.00     | 0.00     | 0.00 |
|                     |                 |            |          |           | <b>Medical</b>   | 101.69 | 101.69      | 2,398.31 | 2,500.00 | 0.00 |
|                     |                 |            |          |           | <b>Legal</b>     | 0.00   | 0.00        | 0.00     | 0.00     | 0.00 |
|                     |                 |            |          |           | <b>Other</b>     | 12.05  | 12.05       | 487.95   | 500.00   | 0.00 |
|                     |                 |            |          |           | <b>Total</b>     | 113.74 | 113.74      | 2,886.26 | 3,000.00 | 0.00 |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                                 |                  |        |              |          |              |             |
|---------------------------------|------------------|--------|--------------|----------|--------------|-------------|
| <b>Stevens County Total 443</b> | <b>Indemnity</b> | 0.00   | 450,259.74   | 0.00     | 450,259.74   | (568.53)    |
|                                 | <b>Rehab</b>     | 0.00   | 0.00         | 0.00     | 0.00         | 0.00        |
|                                 | <b>Medical</b>   | 604.27 | 853,934.47   | 2,398.31 | 856,332.78   | (8,276.57)  |
|                                 | <b>Legal</b>     | 0.00   | 12,169.92    | 0.00     | 12,169.92    | 0.00        |
|                                 | <b>Other</b>     | 44.70  | 61,641.87    | 487.95   | 62,129.82    | (5,000.00)  |
|                                 | <b>Total</b>     | 648.97 | 1,378,006.00 | 2,886.26 | 1,380,892.26 | (13,845.10) |

**ORG1 DESC :** Stevens Health Systems  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid       | Outstanding | Incurred   | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------------|-------------|------------|----------|
| <b>Closed Total 208</b>    |                                  |                      |                      |           |                     |            |             |            |          |
|                            |                                  |                      | <b>Indemnity</b>     |           | 0.00                | 199,916.95 | 0.00        | 199,916.95 | 0.00     |
|                            |                                  |                      | <b>Rehab</b>         |           | 0.00                | 0.00       | 0.00        | 0.00       | 0.00     |
|                            |                                  |                      | <b>Medical</b>       |           | 0.00                | 418,457.40 | 0.00        | 418,457.40 | 0.00     |
|                            |                                  |                      | <b>Legal</b>         |           | 0.00                | 4,036.84   | 0.00        | 4,036.84   | 0.00     |
|                            |                                  |                      | <b>Other</b>         |           | 0.00                | 35,084.74  | 0.00        | 35,084.74  | 0.00     |
|                            |                                  |                      | <b>Total</b>         |           | 0.00                | 657,495.93 | 0.00        | 657,495.93 | 0.00     |

|   |  |  |                  |  |      |            |      |            |      |
|---|--|--|------------------|--|------|------------|------|------------|------|
| <b>Stevens Health Systems Total 208</b> |  |  |                  |  |      |            |      |            |      |
|   |  |  | <b>Indemnity</b> |  | 0.00 | 199,916.95 | 0.00 | 199,916.95 | 0.00 |
|   |  |  | <b>Rehab</b>     |  | 0.00 | 0.00       | 0.00 | 0.00       | 0.00 |
|   |  |  | <b>Medical</b>   |  | 0.00 | 418,457.40 | 0.00 | 418,457.40 | 0.00 |
|   |  |  | <b>Legal</b>     |  | 0.00 | 4,036.84   | 0.00 | 4,036.84   | 0.00 |
|   |  |  | <b>Other</b>     |  | 0.00 | 35,084.74  | 0.00 | 35,084.74  | 0.00 |
|   |  |  | <b>Total</b>     |  | 0.00 | 657,495.93 | 0.00 | 657,495.93 | 0.00 |

**ORG1 DESC :** Sumner County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                         |                  |      |              |      |              |          |
|-------------------------|------------------|------|--------------|------|--------------|----------|
| <b>Closed Total 169</b> | <b>Indemnity</b> | 0.00 | 520,087.91   | 0.00 | 520,087.91   | 0.00     |
|                         | <b>Rehab</b>     | 0.00 | 0.00         | 0.00 | 0.00         | 0.00     |
|                         | <b>Medical</b>   | 0.00 | 689,735.38   | 0.00 | 689,735.38   | 0.00     |
|                         | <b>Legal</b>     | 0.00 | 0.00         | 0.00 | 0.00         | 0.00     |
|                         | <b>Other</b>     | 0.00 | 91,032.47    | 0.00 | 91,032.47    | (511.23) |
|                         | <b>Total</b>     | 0.00 | 1,300,855.76 | 0.00 | 1,300,855.76 | (511.23) |

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|

|                     |                  |      |           |      |           |      |
|---------------------|------------------|------|-----------|------|-----------|------|
| <b>Open Total 1</b> | <b>Indemnity</b> | 0.00 | 22,877.92 | 0.00 | 22,877.92 | 0.00 |
|                     | <b>Rehab</b>     | 0.00 | 0.00      | 0.00 | 0.00      | 0.00 |
|                     | <b>Medical</b>   | 0.00 | 26,684.33 | 0.00 | 26,684.33 | 0.00 |
|                     | <b>Legal</b>     | 0.00 | 0.00      | 0.00 | 0.00      | 0.00 |
|                     | <b>Other</b>     | 0.00 | 929.05    | 0.00 | 929.05    | 0.00 |
|                     | <b>Total</b>     | 0.00 | 50,491.30 | 0.00 | 50,491.30 | 0.00 |

|                                |                  |      |              |      |              |          |
|--------------------------------|------------------|------|--------------|------|--------------|----------|
| <b>Sumner County Total 170</b> | <b>Indemnity</b> | 0.00 | 542,965.83   | 0.00 | 542,965.83   | 0.00     |
|                                | <b>Rehab</b>     | 0.00 | 0.00         | 0.00 | 0.00         | 0.00     |
|                                | <b>Medical</b>   | 0.00 | 716,419.71   | 0.00 | 716,419.71   | 0.00     |
|                                | <b>Legal</b>     | 0.00 | 0.00         | 0.00 | 0.00         | 0.00     |
|                                | <b>Other</b>     | 0.00 | 91,961.52    | 0.00 | 91,961.52    | (511.23) |
|                                | <b>Total</b>     | 0.00 | 1,351,347.06 | 0.00 | 1,351,347.06 | (511.23) |

**ORG1 DESC** : Thomas County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                         |                  |      |            |      |            |            |
|-------------------------|------------------|------|------------|------|------------|------------|
| <b>Closed Total 233</b> | <b>Indemnity</b> | 0.00 | 165,666.86 | 0.00 | 165,666.86 | 0.00       |
|                         | <b>Rehab</b>     | 0.00 | 0.00       | 0.00 | 0.00       | 0.00       |
|                         | <b>Medical</b>   | 0.00 | 326,839.38 | 0.00 | 326,839.38 | 0.00       |
|                         | <b>Legal</b>     | 0.00 | 784.00     | 0.00 | 784.00     | 0.00       |
|                         | <b>Other</b>     | 0.00 | 22,898.54  | 0.00 | 22,898.54  | (2,355.43) |
|                         | <b>Total</b>     | 0.00 | 516,188.78 | 0.00 | 516,188.78 | (2,355.43) |

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid  | Outstanding | Incurred | Recovery |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|-------|-------------|----------|----------|------|
| <b>Open Total 2</b>        |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00  | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00  | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 0.00  | 857.39      | 6,642.61 | 7,500.00 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00  | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 29.95 | 248.87      | 1,951.13 | 2,200.00 | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 29.95 | 1,106.26    | 8,593.74 | 9,700.00 | 0.00 |

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid   | Outstanding | Incurred | Recovery |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|--------|-------------|----------|----------|------|
| <b>Re-Open Total 1</b>     |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00   | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00   | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 0.00   | 187.30      | 3,312.70 | 3,500.00 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00   | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 309.60 | 482.76      | 217.24   | 700.00   | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 309.60 | 670.06      | 3,529.94 | 4,200.00 | 0.00 |





# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

|                                |                  |        |            |           |            |            |
|--------------------------------|------------------|--------|------------|-----------|------------|------------|
| <b>Thomas County Total 236</b> | <b>Indemnity</b> | 0.00   | 165,666.86 | 0.00      | 165,666.86 | 0.00       |
|                                | <b>Rehab</b>     | 0.00   | 0.00       | 0.00      | 0.00       | 0.00       |
|                                | <b>Medical</b>   | 0.00   | 327,884.07 | 9,955.31  | 337,839.38 | 0.00       |
|                                | <b>Legal</b>     | 0.00   | 784.00     | 0.00      | 784.00     | 0.00       |
|                                | <b>Other</b>     | 339.55 | 23,630.17  | 2,168.37  | 25,798.54  | (2,355.43) |
|                                | <b>Total</b>     | 339.55 | 517,965.10 | 12,123.68 | 530,088.78 | (2,355.43) |

ORG1 DESC : Trego County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery   |            |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|------------|------------|
| <b>Closed Total 117</b>    |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 78,389.17   | 0.00     | 78,389.17  | (1,403.88) |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00       |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 236,855.33  | 0.00     | 236,855.33 | (2,835.19) |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 976.00      | 0.00     | 976.00     | 0.00       |
|                            |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 13,502.53   | 0.00     | 13,502.53  | (515.12)   |
|                            |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 329,723.03  | 0.00     | 329,723.03 | (4,754.19) |

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid     | Outstanding | Incurred  | Recovery  |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|----------|-------------|-----------|-----------|------|
| <b>Open Total 1</b>        |                                  |                      |                      |           | <b>Indemnity</b>    | 803.25   | 3,151.95    | 1,466.49  | 4,618.44  | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00     | 0.00        | 0.00      | 0.00      | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 1,023.22 | 1,023.22    | 7,676.78  | 8,700.00  | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00     | 0.00        | 0.00      | 0.00      | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 170.14   | 170.14      | 1,579.86  | 1,750.00  | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 1,996.61 | 4,345.31    | 10,723.13 | 15,068.44 | 0.00 |

CLAIMANT STATUS DESC : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

| Claim Number<br>Claim Type    | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid     | Outstanding | Incurred  | Recovery   |            |
|-------------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|----------|-------------|-----------|------------|------------|
| <b>Re-Open Total 1</b>        |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00     | 0.00        | 0.00      | 0.00       | 0.00       |
|                               |                                  |                      |                      |           | <b>Rehab</b>        | 0.00     | 0.00        | 0.00      | 0.00       | 0.00       |
|                               |                                  |                      |                      |           | <b>Medical</b>      | 240.98   | 240.98      | 2,259.02  | 2,500.00   | 0.00       |
|                               |                                  |                      |                      |           | <b>Legal</b>        | 0.00     | 0.00        | 0.00      | 0.00       | 0.00       |
|                               |                                  |                      |                      |           | <b>Other</b>        | 61.68    | 61.68       | 438.32    | 500.00     | 0.00       |
|                               |                                  |                      |                      |           | <b>Total</b>        | 302.66   | 302.66      | 2,697.34  | 3,000.00   | 0.00       |
| <b>Trego County Total 119</b> |                                  |                      |                      |           | <b>Indemnity</b>    | 803.25   | 81,541.12   | 1,466.49  | 83,007.61  | (1,403.88) |
|                               |                                  |                      |                      |           | <b>Rehab</b>        | 0.00     | 0.00        | 0.00      | 0.00       | 0.00       |
|                               |                                  |                      |                      |           | <b>Medical</b>      | 1,264.20 | 238,119.53  | 9,935.80  | 248,055.33 | (2,835.19) |
|                               |                                  |                      |                      |           | <b>Legal</b>        | 0.00     | 976.00      | 0.00      | 976.00     | 0.00       |
|                               |                                  |                      |                      |           | <b>Other</b>        | 231.82   | 13,734.35   | 2,018.18  | 15,752.53  | (515.12)   |
|                               |                                  |                      |                      |           | <b>Total</b>        | 2,299.27 | 334,371.00  | 13,420.47 | 347,791.47 | (4,754.19) |

**ORG1 DESC :** Wabaunsee County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type      | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |      |
|---------------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|----------|------|
| <b>Closed Total 4</b>           |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                                 |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                                 |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                                 |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                                 |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                                 |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
| <b>Wabaunsee County Total 4</b> |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                                 |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                                 |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                                 |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                                 |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                                 |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

**ORG1 DESC :** Wabaunsee County RWD No 2

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den                                | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery |      |
|----------------------------|----------------------------------|----------------------|----------------------|--|---------------------|------|-------------|----------|----------|------|
|                            |                                  |                      |                      | <b>Closed Total 1</b>                    | <b>Indemnity</b>    | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |  | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |  | <b>Medical</b>      | 0.00 | 110.02      | 0.00     | 110.02   | 0.00 |
|                            |                                  |                      |                      |  | <b>Legal</b>        | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |  | <b>Other</b>        | 0.00 | 15.53       | 0.00     | 15.53    | 0.00 |
|                            |                                  |                      |                      |  | <b>Total</b>        | 0.00 | 125.55      | 0.00     | 125.55   | 0.00 |
|                            |                                  |                      |                      | <b>Wabaunsee County RWD No 2 Total 1</b> | <b>Indemnity</b>    | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |  | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |  | <b>Medical</b>      | 0.00 | 110.02      | 0.00     | 110.02   | 0.00 |
|                            |                                  |                      |                      |  | <b>Legal</b>        | 0.00 | 0.00        | 0.00     | 0.00     | 0.00 |
|                            |                                  |                      |                      |  | <b>Other</b>        | 0.00 | 15.53       | 0.00     | 15.53    | 0.00 |
|                            |                                  |                      |                      |  | <b>Total</b>        | 0.00 | 125.55      | 0.00     | 125.55   | 0.00 |

**ORG1 DESC :** Wallace County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den              | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery   |      |
|----------------------------|----------------------------------|----------------------|----------------------|------------------------|---------------------|------|-------------|----------|------------|------|
|                            |                                  |                      |                      | <b>Closed Total 82</b> | <b>Indemnity</b>    | 0.00 | 34,338.97   | 0.00     | 34,338.97  | 0.00 |
|                            |                                  |                      |                      |                        | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00 |
|                            |                                  |                      |                      |                        | <b>Medical</b>      | 0.00 | 150,956.89  | 0.00     | 150,956.89 | 0.00 |
|                            |                                  |                      |                      |                        | <b>Legal</b>        | 0.00 | 424.50      | 0.00     | 424.50     | 0.00 |
|                            |                                  |                      |                      |                        | <b>Other</b>        | 0.00 | 5,497.59    | 0.00     | 5,497.59   | 0.00 |
|                            |                                  |                      |                      |                        | <b>Total</b>        | 0.00 | 191,217.95  | 0.00     | 191,217.95 | 0.00 |

**CLAIMANT STATUS DESC :** Open



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den                      | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery   |      |
|----------------------------|----------------------------------|----------------------|----------------------|--------------------------------|---------------------|------|-------------|----------|------------|------|
|                            |                                  |                      |                      | <b>Open Total 1</b>            | <b>Indemnity</b>    | 0.00 | 0.00        | 0.00     | 0.00       | 0.00 |
|                            |                                  |                      |                      |                                | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00 |
|                            |                                  |                      |                      |                                | <b>Medical</b>      | 0.00 | 783.97      | 2,716.03 | 3,500.00   | 0.00 |
|                            |                                  |                      |                      |                                | <b>Legal</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00 |
|                            |                                  |                      |                      |                                | <b>Other</b>        | 0.00 | 117.55      | 582.45   | 700.00     | 0.00 |
|                            |                                  |                      |                      |                                | <b>Total</b>        | 0.00 | 901.52      | 3,298.48 | 4,200.00   | 0.00 |
|                            |                                  |                      |                      | <b>Wallace County Total 83</b> | <b>Indemnity</b>    | 0.00 | 34,338.97   | 0.00     | 34,338.97  | 0.00 |
|                            |                                  |                      |                      |                                | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00 |
|                            |                                  |                      |                      |                                | <b>Medical</b>      | 0.00 | 151,740.86  | 2,716.03 | 154,456.89 | 0.00 |
|                            |                                  |                      |                      |                                | <b>Legal</b>        | 0.00 | 424.50      | 0.00     | 424.50     | 0.00 |
|                            |                                  |                      |                      |                                | <b>Other</b>        | 0.00 | 5,615.14    | 582.45   | 6,197.59   | 0.00 |
|                            |                                  |                      |                      |                                | <b>Total</b>        | 0.00 | 192,119.47  | 3,298.48 | 195,417.95 | 0.00 |

ORG1 DESC : Wichita County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den                      | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery   |             |
|----------------------------|----------------------------------|----------------------|----------------------|--------------------------------|---------------------|------|-------------|----------|------------|-------------|
|                            |                                  |                      |                      | <b>Closed Total 78</b>         | <b>Indemnity</b>    | 0.00 | 389,769.08  | 0.00     | 389,769.08 | 0.00        |
|                            |                                  |                      |                      |                                | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00        |
|                            |                                  |                      |                      |                                | <b>Medical</b>      | 0.00 | 90,812.55   | 0.00     | 90,812.55  | 0.00        |
|                            |                                  |                      |                      |                                | <b>Legal</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00        |
|                            |                                  |                      |                      |                                | <b>Other</b>        | 0.00 | 32,951.61   | 0.00     | 32,951.61  | (12,500.00) |
|                            |                                  |                      |                      |                                | <b>Total</b>        | 0.00 | 513,533.24  | 0.00     | 513,533.24 | (12,500.00) |
|                            |                                  |                      |                      | <b>Wichita County Total 78</b> | <b>Indemnity</b>    | 0.00 | 389,769.08  | 0.00     | 389,769.08 | 0.00        |
|                            |                                  |                      |                      |                                | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00        |
|                            |                                  |                      |                      |                                | <b>Medical</b>      | 0.00 | 90,812.55   | 0.00     | 90,812.55  | 0.00        |
|                            |                                  |                      |                      |                                | <b>Legal</b>        | 0.00 | 0.00        | 0.00     | 0.00       | 0.00        |
|                            |                                  |                      |                      |                                | <b>Other</b>        | 0.00 | 32,951.61   | 0.00     | 32,951.61  | (12,500.00) |
|                            |                                  |                      |                      |                                | <b>Total</b>        | 0.00 | 513,533.24  | 0.00     | 513,533.24 | (12,500.00) |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

**ORG1 DESC :** Woodson County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid | Outstanding | Incurred | Recovery  |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|------|-------------|----------|-----------|------|
| <b>Closed Total 32</b>     |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00 | 18,590.34   | 0.00     | 18,590.34 | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00 | 0.00        | 0.00     | 0.00      | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 0.00 | 40,564.73   | 0.00     | 40,564.73 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00 | 492.00      | 0.00     | 492.00    | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 0.00 | 2,925.79    | 0.00     | 2,925.79  | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 0.00 | 62,572.86   | 0.00     | 62,572.86 | 0.00 |

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den | Paid<br>this Period | Paid   | Outstanding | Incurred  | Recovery  |      |
|----------------------------|----------------------------------|----------------------|----------------------|-----------|---------------------|--------|-------------|-----------|-----------|------|
| <b>Open Total 4</b>        |                                  |                      |                      |           | <b>Indemnity</b>    | 0.00   | 0.00        | 6,500.00  | 6,500.00  | 0.00 |
|                            |                                  |                      |                      |           | <b>Rehab</b>        | 0.00   | 0.00        | 0.00      | 0.00      | 0.00 |
|                            |                                  |                      |                      |           | <b>Medical</b>      | 534.91 | 9,181.46    | 18,068.54 | 27,250.00 | 0.00 |
|                            |                                  |                      |                      |           | <b>Legal</b>        | 0.00   | 0.00        | 600.00    | 600.00    | 0.00 |
|                            |                                  |                      |                      |           | <b>Other</b>        | 22.89  | 403.73      | 4,796.27  | 5,200.00  | 0.00 |
|                            |                                  |                      |                      |           | <b>Total</b>        | 557.80 | 9,585.19    | 29,964.81 | 39,550.00 | 0.00 |

|                                |  |  |  |  |                  |        |           |           |            |      |
|--------------------------------|--|--|--|--|------------------|--------|-----------|-----------|------------|------|
| <b>Woodson County Total 36</b> |  |  |  |  | <b>Indemnity</b> | 0.00   | 18,590.34 | 6,500.00  | 25,090.34  | 0.00 |
|                                |  |  |  |  | <b>Rehab</b>     | 0.00   | 0.00      | 0.00      | 0.00       | 0.00 |
|                                |  |  |  |  | <b>Medical</b>   | 534.91 | 49,746.19 | 18,068.54 | 67,814.73  | 0.00 |
|                                |  |  |  |  | <b>Legal</b>     | 0.00   | 492.00    | 600.00    | 1,092.00   | 0.00 |
|                                |  |  |  |  | <b>Other</b>     | 22.89  | 3,329.52  | 4,796.27  | 8,125.79   | 0.00 |
|                                |  |  |  |  | <b>Total</b>     | 557.80 | 72,158.05 | 29,964.81 | 102,122.86 | 0.00 |

**ORG1 DESC :**  
**CLAIMANT STATUS DESC :** Closed



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

## Insurer: Kansas Workers Risk Cooperative for Counties

| Claim Number<br>Claim Type | Claimant Name<br>Claimant Status | InjuryDate<br>Closed | Received<br>Examiner | Lit / Den   | Paid<br>this Period | Paid       | Outstanding   | Incurred     | Recovery      |                |
|----------------------------|----------------------------------|----------------------|----------------------|---|---------------------|------------|---------------|--------------|---------------|----------------|
|                            |                                  |                      |                      | <b>Closed Total 1</b>   | <b>Indemnity</b>    | 0.00       | 0.00          | 0.00         | 0.00          | 0.00           |
|                            |                                  |                      |                      |   | <b>Rehab</b>        | 0.00       | 0.00          | 0.00         | 0.00          | 0.00           |
|                            |                                  |                      |                      |   | <b>Medical</b>      | 0.00       | 0.00          | 0.00         | 0.00          | 0.00           |
|                            |                                  |                      |                      |   | <b>Legal</b>        | 0.00       | 0.00          | 0.00         | 0.00          | 0.00           |
|                            |                                  |                      |                      |   | <b>Other</b>        | 0.00       | 0.00          | 0.00         | 0.00          | 0.00           |
|                            |                                  |                      |                      |   | <b>Total</b>        | 0.00       | 0.00          | 0.00         | 0.00          | 0.00           |
|                            |                                  |                      |                      | <b>Total 1</b>  | <b>Indemnity</b>    | 0.00       | 0.00          | 0.00         | 0.00          | 0.00           |
|                            |                                  |                      |                      |   | <b>Rehab</b>        | 0.00       | 0.00          | 0.00         | 0.00          | 0.00           |
|                            |                                  |                      |                      |   | <b>Medical</b>      | 0.00       | 0.00          | 0.00         | 0.00          | 0.00           |
|                            |                                  |                      |                      |   | <b>Legal</b>        | 0.00       | 0.00          | 0.00         | 0.00          | 0.00           |
|                            |                                  |                      |                      |   | <b>Other</b>        | 0.00       | 0.00          | 0.00         | 0.00          | 0.00           |
|                            |                                  |                      |                      |   | <b>Total</b>        | 0.00       | 0.00          | 0.00         | 0.00          | 0.00           |
|                            |                                  |                      |                      | <b>Kansas Workers Risk Cooperative for Counties Total 21194</b> | <b>Indemnity</b>    | 31,086.12  | 31,727,189.91 | 2,788,774.03 | 34,515,963.94 | (51,121.92)    |
|                            |                                  |                      |                      |   | <b>Rehab</b>        | 0.00       | 573.00        | 2,500.00     | 3,073.00      | 0.00           |
|                            |                                  |                      |                      |   | <b>Medical</b>      | 361,004.60 | 51,054,518.76 | 4,210,654.04 | 55,265,172.80 | (922,876.74)   |
|                            |                                  |                      |                      |   | <b>Legal</b>        | 4,610.00   | 854,648.17    | 453,077.29   | 1,307,725.46  | (11,597.99)    |
|                            |                                  |                      |                      |   | <b>Other</b>        | 46,912.82  | 5,243,789.24  | 779,634.89   | 6,023,424.13  | (3,956,045.40) |
|                            |                                  |                      |                      |   | <b>Total</b>        | 443,613.54 | 88,880,719.08 | 8,235,240.25 | 97,115,959.33 | (4,941,642.05) |
|                            |                                  |                      |                      | <b>Grand Total: 21194</b>                                       | <b>Indemnity</b>    | 31,086.12  | 31,727,189.91 | 2,788,774.03 | 34,515,963.94 | (51,121.92)    |
|                            |                                  |                      |                      |   | <b>Rehab</b>        | 0.00       | 573.00        | 2,500.00     | 3,073.00      | 0.00           |
|                            |                                  |                      |                      |   | <b>Medical</b>      | 361,004.60 | 51,054,518.76 | 4,210,654.04 | 55,265,172.80 | (922,876.74)   |
|                            |                                  |                      |                      |   | <b>Legal</b>        | 4,610.00   | 854,648.17    | 453,077.29   | 1,307,725.46  | (11,597.99)    |
|                            |                                  |                      |                      |   | <b>Other</b>        | 46,912.82  | 5,243,789.24  | 779,634.89   | 6,023,424.13  | (3,956,045.40) |
|                            |                                  |                      |                      |   | <b>Total</b>        | 443,613.54 | 88,880,719.08 | 8,235,240.25 | 97,115,959.33 | (4,941,642.05) |



# Claim Summary - Workers Compensation

PERIOD : 03/01/2023 - 03/31/2023

## Report Fields

Paid this Period: amount paid between the dates listed in the report header

Paid: amount paid inception to ending date listed in the report header

Outstanding: total outstanding reserves remaining

Incurred: amount incurred inception to ending date listed in report header

Recovery: amount recovery inception to ending date listed in the report header

Received: this is the date the claim was received by Tristar

| Report Parameters |                      |
|-------------------|----------------------|
| Insurer           | KWORCC               |
| Insured           | -1                   |
| Insurance Type    | ORG1 DESC            |
| Claim Status      | CLAIMANT STATUS DESC |
| Claimant Type     |                      |

| Additional Report Parameters |                 |
|------------------------------|-----------------|
| Additional Parameter         | (1=1) AND (1=1) |