



# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

ORG1 DESC : Allen County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
				<b>Open Total 6</b>					
				Indemnity	(306.49)	25,513.20	92,225.88	117,739.08	0.00
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	2,802.49	81,028.22	47,571.78	128,600.00	(3,000.00)
				Legal	0.00	7,903.55	22,146.45	30,050.00	0.00
				Other	40.97	4,219.07	12,295.93	16,515.00	0.00
				<b>Total</b>	<b>2,536.97</b>	<b>118,664.04</b>	<b>174,240.04</b>	<b>292,904.08</b>	<b>(3,000.00)</b>

CLAIMANT STATUS DESC : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

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	0.00	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>0.00</b>	<b>47,955.63</b>	<b>49,384.26</b>	<b>97,339.89</b>	<b>(1,000.00)</b>	

  

Allen County Total 59		Indemnity	(306.49)	64,496.94	113,460.29	177,957.23	(2,000.00)
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	2,802.49	270,574.71	60,159.92	330,734.63	(21,272.78)	
	Legal	0.00	25,586.07	30,015.65	55,601.72	0.00	
	Other	40.97	12,666.07	19,988.44	32,654.51	(12,214.66)	
<b>Total</b>		<b>2,536.97</b>	<b>373,323.79</b>	<b>223,624.30</b>	<b>596,948.09</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 200</b>									
	Indemnity	0.00	670,348.73	0.00	670,348.73	0.00			
	Rehab	0.00	573.00	0.00	573.00	0.00			
	Medical	0.00	807,976.29	0.00	807,976.29	0.00			
	Legal	0.00	13,807.30	0.00	13,807.30	0.00			
	Other	0.00	58,004.18	0.00	58,004.18	(3,864.70)			
<b>Total</b>		<b>0.00</b>	<b>1,550,709.50</b>	<b>0.00</b>	<b>1,550,709.50</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 : 04/01/2023 - 04/30/2023

<b>Open Total 2</b>	<b>Indemnity</b>	0.00	53,266.74	10,008.15	63,274.89	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	283.50	152,347.99	4,756.20	157,104.19	0.00
	<b>Legal</b>	0.00	0.00	600.00	600.00	0.00
	<b>Other</b>	46.14	11,347.96	3,640.90	14,988.86	0.00
	<b>Total</b>	329.64	216,962.69	19,005.25	235,967.94	0.00

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<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	19,733.18	743,348.65	0.00
	<b>Rehab</b>	0.00	573.00	0.00	573.00	0.00
	<b>Medical</b>	283.50	973,060.68	25,869.80	998,930.48	0.00
	<b>Legal</b>	0.00	13,807.30	1,200.00	15,007.30	0.00
	<b>Other</b>	46.14	70,729.46	7,466.08	78,195.54	(3,864.70)
	<b>Total</b>	329.64	1,781,785.91	54,269.06	1,836,054.97	(3,864.70)

**ORG1 DESC** : Barber County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				<b>Open Total 3</b>	<b>Indemnity</b>	35,000.00	41,114.97	0.00	41,114.97	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	(89.77)	32,641.50	11,358.50	44,000.00	0.00
					<b>Legal</b>	244.50	730.05	8,769.95	9,500.00	0.00
					<b>Other</b>	43.48	1,010.23	3,902.27	4,912.50	0.00
					<b>Total</b>	35,198.21	75,496.75	24,030.72	99,527.47	0.00
				<b>Barber County Total 271</b>	<b>Indemnity</b>	35,000.00	263,196.56	0.00	263,196.56	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	(89.77)	389,531.41	11,358.50	400,889.91	0.00
					<b>Legal</b>	244.50	4,334.40	8,769.95	13,104.35	0.00
					<b>Other</b>	43.48	30,894.36	3,902.27	34,796.63	(2,201.73)
					<b>Total</b>	35,198.21	687,956.73	24,030.72	711,987.45	(2,201.73)

**ORG1 DESC** : Bourbon County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<b>Open Total 9</b>	<b>Indemnity</b>	2,175.92	184,078.44	42,794.37	226,872.81	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	1,262.27	213,572.03	97,177.97	310,750.00	(258.82)
	<b>Legal</b>	0.00	8,611.15	27,938.85	36,550.00	0.00
	<b>Other</b>	128.10	65,384.55	13,865.45	79,250.00	(28,149.84)
	<b>Total</b>	3,566.29	471,646.17	181,776.64	653,422.81	(28,408.66)

<b>Bourbon County Total 302</b>	<b>Indemnity</b>	2,175.92	561,412.37	42,794.37	604,206.74	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	1,262.27	938,926.86	97,177.97	1,036,104.83	(14,906.82)
	<b>Legal</b>	0.00	22,968.50	27,938.85	50,907.35	(5,986.67)
	<b>Other</b>	128.10	160,269.12	13,865.45	174,134.57	(152,883.54)
	<b>Total</b>	3,566.29	1,683,576.85	181,776.64	1,865,353.49	(173,777.03)

**ORG1 DESC** : Brown County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<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>	112.21	112.21	3,387.79	3,500.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	38.95	38.95	661.05	700.00	0.00
	<b>Total</b>	151.16	151.16	4,048.84	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>	112.21	364,966.38	3,387.79	368,354.17	0.00
	<b>Legal</b>	0.00	9,293.80	0.00	9,293.80	0.00
	<b>Other</b>	38.95	23,644.50	661.05	24,305.55	(944.56)
	<b>Total</b>	151.16	652,048.37	4,048.84	656,097.21	(944.56)

**ORG1 DESC** : Chase County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<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>	0.00	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>	0.00	1,382.24	4,980.26	6,362.50	0.00
	<b>Total</b>	0.00	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>	0.00	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>	0.00	1,898.46	4,980.26	6,878.72	0.00
	<b>Total</b>	0.00	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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<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>	1,173.95	1,844.66	4,155.34	6,000.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	73.46	128.70	1,071.30	1,200.00	0.00
	<b>Total</b>	1,247.41	1,973.36	5,226.64	7,200.00	0.00

<b>Chautauqua County Total 96</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>	1,173.95	446,013.25	4,155.34	450,168.59	0.00
	<b>Legal</b>	0.00	1,528.00	0.00	1,528.00	0.00
	<b>Other</b>	73.46	43,070.03	1,071.30	44,141.33	(11,977.87)
	<b>Total</b>	1,247.41	727,141.60	5,226.64	732,368.24	(11,977.87)

**ORG1 DESC** : Cherokee County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<b>Open Total 8</b>	<b>Indemnity</b>	800.04	112,731.67	103,575.59	216,307.26	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	7,267.43	227,904.72	80,843.66	308,748.38	0.00
	<b>Legal</b>	0.00	1,211.25	10,038.75	11,250.00	0.00
	<b>Other</b>	164.00	33,697.00	14,952.37	48,649.37	0.00
	<b>Total</b>	8,231.47	375,544.64	209,410.37	584,955.01	0.00

<b>Cherokee County Total 421</b>	<b>Indemnity</b>	800.04	1,067,371.90	103,575.59	1,170,947.49	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	7,267.43	1,400,219.10	80,843.66	1,481,062.76	0.00
	<b>Legal</b>	0.00	51,395.07	10,038.75	61,433.82	0.00
	<b>Other</b>	164.00	133,591.42	14,952.37	148,543.79	(33,794.04)
	<b>Total</b>	8,231.47	2,652,577.49	209,410.37	2,861,987.86	(33,794.04)

**ORG1 DESC** : Cheyenne County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Open Total 2</b>										
					<b>Indemnity</b>	5,000.00	5,000.00	0.00	5,000.00	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	70.29	8,312.43	5,887.57	14,200.00	0.00
					<b>Legal</b>	50.00	992.75	7,507.25	8,500.00	0.00
					<b>Other</b>	9.19	400.47	3,449.53	3,850.00	0.00
					<b>Total</b>	5,129.48	14,705.65	16,844.35	31,550.00	0.00
<b>Cheyenne County Total 36</b>										
					<b>Indemnity</b>	5,000.00	7,617.62	0.00	7,617.62	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	70.29	75,139.13	5,887.57	81,026.70	0.00
					<b>Legal</b>	50.00	1,384.75	7,507.25	8,892.00	0.00
					<b>Other</b>	9.19	1,342.38	3,449.53	4,791.91	0.00
					<b>Total</b>	5,129.48	85,483.88	16,844.35	102,328.23	0.00

**ORG1 DESC** : Clark County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<b>Closed Total 25</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>	(1,515.00)	61,575.67	1,500.00	63,075.67	(3,474.33)
	<b>Legal</b>	0.00	511.50	0.00	511.50	0.00
	<b>Other</b>	0.00	8,197.43	0.00	8,197.43	0.00
	<b>Total</b>	(1,515.00)	82,944.45	1,500.00	84,444.45	(3,474.33)

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<b>Open Total 1</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>	80,676.64	98,768.11	64,731.89	163,500.00	0.00
	<b>Legal</b>	0.00	0.00	600.00	600.00	0.00
	<b>Other</b>	2,583.65	13,607.44	6,392.56	20,000.00	0.00
	<b>Total</b>	83,260.29	112,375.55	111,724.45	224,100.00	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>	79,161.64	160,343.78	66,231.89	226,575.67	(3,474.33)
	<b>Legal</b>	0.00	511.50	600.00	1,111.50	0.00
	<b>Other</b>	2,583.65	21,804.87	6,392.56	28,197.43	0.00
	<b>Total</b>	81,745.29	195,320.00	113,224.45	308,544.45	(3,474.33)

**ORG1 DESC** : Clay County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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>	931.84	113,921.20	164,828.80	278,750.00	(1,000.00)
					<b>Legal</b>	0.00	0.00	1,200.00	1,200.00	0.00
					<b>Other</b>	47.00	13,043.12	20,056.88	33,100.00	0.00
					<b>Total</b>	978.84	132,174.94	247,515.82	379,690.76	(1,000.00)

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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 : 04/01/2023 - 04/30/2023

<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>	931.84	803,404.06	197,531.01	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>	47.00	90,955.63	20,941.90	111,897.53	(25,079.92)
	<b>Total</b>	978.84	1,186,262.14	281,103.05	1,467,365.19	(40,167.18)

ORG1 DESC : Cloud County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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>	(100.40)	364,491.90	0.00	364,491.90	(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>	(100.40)	787,774.72	0.00	787,774.72	(7,780.52)

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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>	499.49	4,120.16	13,879.84	18,000.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	55.27	300.00	3,100.00	3,400.00	0.00
					<b>Total</b>	554.76	4,420.16	16,979.84	21,400.00	0.00



# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<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>	399.09	368,612.06	13,879.84	382,491.90	(4,807.87)
	<b>Legal</b>	0.00	1,376.00	0.00	1,376.00	0.00
	<b>Other</b>	55.27	31,188.14	3,100.00	34,288.14	(2,972.65)
	<b>Total</b>	454.36	792,194.88	16,979.84	809,174.72	(7,780.52)

**ORG1 DESC :** Comanche 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 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>	0.00	185,479.61	0.00	185,479.61	0.00
					<b>Legal</b>	0.00	1,376.00	0.00	1,376.00	0.00
					<b>Other</b>	0.00	26,874.98	0.00	26,874.98	(7,532.69)
					<b>Total</b>	0.00	274,912.34	0.00	274,912.34	(7,532.69)

<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>	0.00	185,479.61	0.00	185,479.61	0.00
					<b>Legal</b>	0.00	1,376.00	0.00	1,376.00	0.00
					<b>Other</b>	0.00	26,874.98	0.00	26,874.98	(7,532.69)
					<b>Total</b>	0.00	274,912.34	0.00	274,912.34	(7,532.69)

**ORG1 DESC :** Comanche Hospital  
**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 : 04/01/2023 - 04/30/2023

<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

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

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

<b>Comanche Hospital Total 38</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	5,000.00	47,082.05	0.00
	<b>Legal</b>	0.00	492.00	0.00	492.00	0.00
	<b>Other</b>	0.00	3,990.88	1,000.00	4,990.88	0.00
	<b>Total</b>	0.00	71,976.76	6,000.00	77,976.76	0.00

**ORG1 DESC** : Cowley County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<b>Closed Total 179</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	226,296.11	0.00	226,296.11	(37,169.77)
	<b>Legal</b>	0.00	10,421.50	0.00	10,421.50	0.00
	<b>Other</b>	0.00	43,506.14	0.00	43,506.14	(15,139.56)
	<b>Total</b>	0.00	423,769.82	0.00	423,769.82	(52,809.33)

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<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>	1,077.57	146,487.39	23,262.61	169,750.00	(1,000.00)
	<b>Legal</b>	0.00	0.00	1,200.00	1,200.00	0.00
	<b>Other</b>	23.08	23,660.52	8,326.98	31,987.50	0.00
	<b>Total</b>	1,100.65	170,147.91	68,519.95	238,667.86	(1,000.00)

<b>Cowley County Total 186</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>	1,077.57	372,783.50	23,262.61	396,046.11	(38,169.77)
	<b>Legal</b>	0.00	10,421.50	1,200.00	11,621.50	0.00
	<b>Other</b>	23.08	67,166.66	8,326.98	75,493.64	(15,139.56)
	<b>Total</b>	1,100.65	593,917.73	68,519.95	662,437.68	(53,809.33)

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

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<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

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
<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>		251.93	275,193.33	0.00	275,193.33	0.00
			<b>Legal</b>		0.00	4,956.45	0.00	4,956.45	0.00
			<b>Other</b>		13.28	32,486.97	0.00	32,486.97	(25,000.00)
			<b>Total</b>		265.21	509,924.37	0.00	509,924.37	(25,000.00)

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

Open Total 2		Indemnity	0.00	1,338.40	28,661.60	30,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	59,246.28	59,707.70	325,492.30	385,200.00	0.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00	0.00
	Other	3,775.27	4,194.15	53,605.85	57,800.00	0.00	0.00
<b>Total</b>		<b>63,021.55</b>	<b>65,240.25</b>	<b>408,359.75</b>	<b>473,600.00</b>		<b>0.00</b>

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Decatur County Total 160		Indemnity	0.00	198,626.02	28,661.60	227,287.62	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	59,498.21	334,901.03	325,492.30	660,393.33	0.00	0.00
	Legal	0.00	4,956.45	600.00	5,556.45	0.00	0.00
	Other	3,788.55	36,681.12	53,605.85	90,286.97	(25,000.00)	0.00
<b>Total</b>		<b>63,286.76</b>	<b>575,164.62</b>	<b>408,359.75</b>	<b>983,524.37</b>		<b>(25,000.00)</b>

**ORG1 DESC :** Decatur Health Systems  
**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 87</b>									
	Indemnity	0.00			58,437.46	0.00	58,437.46	0.00	0.00
	Rehab	0.00			0.00	0.00	0.00	0.00	0.00
	Medical	0.00			121,169.36	0.00	121,169.36	0.00	0.00
	Legal	0.00			0.00	0.00	0.00	0.00	0.00
	Other	0.00			18,224.42	0.00	18,224.42	(601.91)	0.00
<b>Total</b>		<b>0.00</b>			<b>197,831.24</b>	<b>0.00</b>	<b>197,831.24</b>	<b>(601.91)</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 : 04/01/2023 - 04/30/2023

<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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Closed Total 413</b>					<b>Indemnity</b>	0.00	627,740.12	0.00	627,740.12	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	890,454.57	0.00	890,454.57	(3,660.76)
					<b>Legal</b>	0.00	6,329.25	0.00	6,329.25	0.00
					<b>Other</b>	0.00	62,122.55	0.00	62,122.55	(104,198.93)
					<b>Total</b>	0.00	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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<b>Open Total 6</b>		<b>Indemnity</b>	0.00	148,137.41	5,448.60	153,586.01	0.00
		<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
		<b>Medical</b>	(7.00)	190,213.25	48,441.88	238,655.13	0.00
		<b>Legal</b>	0.00	14,697.05	600.00	15,297.05	0.00
		<b>Other</b>	0.00	12,931.85	7,148.15	20,080.00	0.00
		<b>Total</b>	(7.00)	365,979.56	61,638.63	427,618.19	0.00
<b>Dickinson County Total 419</b>		<b>Indemnity</b>	0.00	775,877.53	5,448.60	781,326.13	0.00
		<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
		<b>Medical</b>	(7.00)	1,080,667.82	48,441.88	1,129,109.70	(3,660.76)
		<b>Legal</b>	0.00	21,026.30	600.00	21,626.30	0.00
		<b>Other</b>	0.00	75,054.40	7,148.15	82,202.55	(104,198.93)
		<b>Total</b>	(7.00)	1,952,626.05	61,638.63	2,014,264.68	(107,859.69)

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

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
<b>Closed Total 129</b>									
					0.00	194,480.40	0.00	194,480.40	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	326,397.94	0.00	326,397.94	(7,975.99)
					0.00	790.50	0.00	790.50	0.00
					0.00	21,471.20	0.00	21,471.20	(20,403.94)
					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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<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>	0.00	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>	0.00	152.13	1,247.87	1,400.00	0.00
	<b>Total</b>	0.00	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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<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>	0.00	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>	0.00	21,676.83	3,546.87	25,223.70	(20,403.94)
	<b>Total</b>	0.00	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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<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>	(51.93)	344,538.25	0.00	344,538.25	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>	(51.93)	580,646.29	0.00	580,646.29	(177.82)

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<b>Open Total 1</b>	<b>Indemnity</b>	2,115.30	2,115.30	7,230.60	9,345.90	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	102.76	12,739.38	10,760.62	23,500.00	0.00
	<b>Legal</b>	0.00	0.00	600.00	600.00	0.00
	<b>Other</b>	13.15	598.83	2,676.17	3,275.00	0.00
	<b>Total</b>	2,231.21	15,453.51	21,267.39	36,720.90	0.00

<b>Edwards County Total 98</b>	<b>Indemnity</b>	2,115.30	208,371.01	7,230.60	215,601.61	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	50.83	357,277.63	10,760.62	368,038.25	0.00
	<b>Legal</b>	0.00	0.00	600.00	600.00	0.00
	<b>Other</b>	13.15	30,451.16	2,676.17	33,127.33	(177.82)
	<b>Total</b>	2,179.28	596,099.80	21,267.39	617,367.19	(177.82)

**ORG1 DESC** : Elk County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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>	956.04	240,962.17	99,304.19	340,266.36	(66,600.27)
					<b>Legal</b>	0.00	100.00	9,000.00	9,100.00	0.00
					<b>Other</b>	55.98	16,962.64	12,823.55	29,786.19	0.00
					<b>Total</b>	1,012.02	273,497.60	138,127.74	411,625.34	(66,600.27)



# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<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>	956.04	654,344.22	99,304.19	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>	55.98	61,450.30	12,823.55	74,273.85	0.00
	<b>Total</b>	1,012.02	1,140,818.02	138,127.74	1,278,945.76	(104,433.15)

ORG1 DESC : Ellis County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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>	(215.04)	668,593.46	0.00	668,593.46	0.00
					<b>Legal</b>	0.00	8,014.60	0.00	8,014.60	0.00
					<b>Other</b>	0.00	55,372.34	0.00	55,372.34	(57,317.78)
					<b>Total</b>	(215.04)	1,032,806.98	0.00	1,032,806.98	(57,317.78)

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Open Total 9</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>	306.95	7,278.25	18,367.51	25,645.76	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	23.67	1,139.27	3,802.96	4,942.23	0.00
					<b>Total</b>	330.62	10,101.25	22,170.47	32,271.72	0.00

CLAIMANT STATUS DESC : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties





# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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 332</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>	91.91	678,744.46	18,994.76	697,739.22	0.00
					<b>Legal</b>	0.00	8,014.60	0.00	8,014.60	0.00
					<b>Other</b>	23.67	57,077.63	4,436.94	61,514.57	(57,317.78)
					<b>Total</b>	115.58	1,046,347.00	23,431.70	1,069,778.70	(57,317.78)

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

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

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	52.47	32,897.67	115,802.33	148,700.00	0.00	0.00
	Legal	0.00	930.20	10,669.80	11,600.00	0.00	0.00
	Other	17.16	7,043.42	13,396.58	20,440.00	0.00	0.00
<b>Total</b>		<b>69.63</b>	<b>51,599.85</b>	<b>143,487.67</b>	<b>195,087.52</b>	<b>0.00</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	52.47	705,335.33	115,802.33	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	17.16	63,783.52	13,396.58	77,180.10	0.00	0.00
<b>Total</b>		<b>69.63</b>	<b>1,153,790.27</b>	<b>143,487.67</b>	<b>1,297,277.94</b>	<b>(166,000.00)</b>	<b>0.00</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>	<b>0.00</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>	<b>0.00</b>

**ORG1 DESC :** Finney County

**CLAIMANT STATUS DESC :** Closed



# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Closed Total 24</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>	12.59	1,574.18	0.00	1,574.18	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	0.82	222.71	0.00	222.71	0.00
					<b>Total</b>	13.41	1,796.89	0.00	1,796.89	0.00

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Open Total 16</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>	5,694.88	54,410.51	47,289.49	101,700.00	0.00
					<b>Legal</b>	0.00	0.00	1,200.00	1,200.00	0.00
					<b>Other</b>	362.51	1,959.79	14,890.21	16,850.00	0.00
					<b>Total</b>	6,057.39	62,490.30	103,221.06	165,711.36	0.00
<b>Finney County Total 40</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>	5,707.47	55,984.69	47,289.49	103,274.18	0.00
					<b>Legal</b>	0.00	0.00	1,200.00	1,200.00	0.00
					<b>Other</b>	363.33	2,182.50	14,890.21	17,072.71	0.00
					<b>Total</b>	6,070.80	64,287.19	103,221.06	167,508.25	0.00

**ORG1 DESC :** Ford County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<b>Closed Total 545</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>	133.92	912,455.54	0.00	912,455.54	(3,873.46)
	<b>Legal</b>	0.00	21,514.80	0.00	21,514.80	0.00
	<b>Other</b>	37.78	88,907.67	0.00	88,907.67	(39,155.80)
	<b>Total</b>	171.70	2,058,420.62	0.00	2,058,420.62	(43,029.26)

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Open Total 20</b>					<b>Indemnity</b>	909.40	24,712.70	119,206.75	143,919.45	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	8,547.17	216,831.69	161,814.38	378,646.07	0.00
					<b>Legal</b>	0.00	0.00	18,200.00	18,200.00	0.00
					<b>Other</b>	1,268.20	18,320.79	34,709.76	53,030.55	0.00
					<b>Total</b>	10,724.77	259,865.18	333,930.89	593,796.07	0.00

**CLAIMANT STATUS DESC :** Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Re-Open Total 1</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	188.40	3,000.00	3,188.40	0.00
					<b>Legal</b>	0.00	0.00	2,000.00	2,000.00	0.00
					<b>Other</b>	0.00	19.10	90.50	109.60	0.00
					<b>Total</b>	0.00	207.50	7,090.50	7,298.00	0.00



# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<b>Ford County Total 566</b>	<b>Indemnity</b>	909.40	1,060,255.31	121,206.75	1,181,462.06	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	8,681.09	1,129,475.63	164,814.38	1,294,290.01	(3,873.46)
	<b>Legal</b>	0.00	21,514.80	20,200.00	41,714.80	0.00
	<b>Other</b>	1,305.98	107,247.56	34,800.26	142,047.82	(39,155.80)
	<b>Total</b>	10,896.47	2,318,493.30	341,021.39	2,659,514.69	(43,029.26)

**ORG1 DESC :** Franklin County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Closed Total 712</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	1,359,422.63	0.00	1,359,422.63	(17,114.66)
					<b>Legal</b>	0.00	41,032.45	0.00	41,032.45	0.00
					<b>Other</b>	0.00	147,815.08	0.00	147,815.08	(22,962.95)
					<b>Total</b>	0.00	2,490,053.26	0.00	2,490,053.26	(40,077.61)

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Open Total 18</b>					<b>Indemnity</b>	1,932.28	159,721.55	125,280.45	285,002.00	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	5,393.52	237,310.50	103,589.50	340,900.00	0.00
					<b>Legal</b>	0.00	344.90	17,260.10	17,605.00	0.00
					<b>Other</b>	743.63	37,663.22	31,434.28	69,097.50	0.00
					<b>Total</b>	8,069.43	435,040.17	277,564.33	712,604.50	0.00

**CLAIMANT STATUS DESC :** Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties



# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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>	79.98	31,459.54	20,616.66	52,076.20	0.00
					<b>Legal</b>	0.00	0.00	6,500.00	6,500.00	0.00
					<b>Other</b>	37.16	5,300.06	3,529.96	8,830.02	0.00
					<b>Total</b>	117.14	76,539.60	46,646.62	123,186.22	0.00
<b>Franklin County Total 733</b>					<b>Indemnity</b>	1,932.28	1,141,284.65	141,280.45	1,282,565.10	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	5,473.50	1,628,192.67	124,206.16	1,752,398.83	(17,114.66)
					<b>Legal</b>	0.00	41,377.35	23,760.10	65,137.45	0.00
					<b>Other</b>	780.79	190,778.36	34,964.24	225,742.60	(22,962.95)
					<b>Total</b>	8,186.57	3,001,633.03	324,210.95	3,325,843.98	(40,077.61)

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

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Closed Total 746</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	1,341,100.68	0.00	1,341,100.68	(49,476.59)
					<b>Legal</b>	0.00	32,102.04	0.00	32,102.04	(33.50)
					<b>Other</b>	0.00	186,467.64	0.00	186,467.64	(30,701.97)
					<b>Total</b>	0.00	2,359,641.77	0.00	2,359,641.77	(80,212.06)

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<b>Open Total 22</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>	210.75	30,141.55	52,155.79	82,297.34	0.00
	<b>Legal</b>	0.00	1,301.25	8,198.75	9,500.00	0.00
	<b>Other</b>	421.00	4,540.86	12,916.62	17,457.48	0.00
	<b>Total</b>	631.75	64,665.18	73,271.16	137,936.34	0.00

**CLAIMANT STATUS DESC :** Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<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	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>	0.00	495.23	404.77	900.00	0.00
	<b>Total</b>	0.00	3,066.41	2,333.59	5,400.00	0.00

<b>Geary County Total 769</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>	210.75	1,373,813.41	54,084.61	1,427,898.02	(49,476.59)
	<b>Legal</b>	0.00	33,403.29	8,198.75	41,602.04	(33.50)
	<b>Other</b>	421.00	191,503.73	13,321.39	204,825.12	(30,701.97)
	<b>Total</b>	631.75	2,427,373.36	75,604.75	2,502,978.11	(80,212.06)

**ORG1 DESC :** Gove County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<b>Open Total 3</b>	<b>Indemnity</b>	0.00	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>	1,460.84	259,744.33	40,071.28	299,815.61	0.00
	<b>Legal</b>	0.00	378.80	9,771.20	10,150.00	0.00
	<b>Other</b>	58.46	24,359.65	24,015.35	48,375.00	0.00
	<b>Total</b>	1,519.30	289,988.98	165,859.90	455,848.88	0.00

<b>Gove County Total 89</b>	<b>Indemnity</b>	0.00	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>	1,460.84	587,742.95	40,071.28	627,814.23	0.00
	<b>Legal</b>	0.00	20,883.97	9,771.20	30,655.17	0.00
	<b>Other</b>	58.46	69,297.13	24,015.35	93,312.48	(5,352.49)
	<b>Total</b>	1,519.30	1,148,745.34	165,859.90	1,314,605.24	(5,352.49)

**ORG1 DESC** : Graham County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<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

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<b>Closed 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	0.00	512,393.35	(13,770.43)
	<b>Legal</b>	0.00	392.00	0.00	392.00	0.00
	<b>Other</b>	0.00	19,327.48	0.00	19,327.48	0.00
	<b>Total</b>	0.00	693,597.88	0.00	693,597.88	(13,770.43)

<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	0.00	512,393.35	(13,770.43)
	<b>Legal</b>	0.00	392.00	0.00	392.00	0.00
	<b>Other</b>	0.00	19,327.48	0.00	19,327.48	0.00
	<b>Total</b>	0.00	693,597.88	0.00	693,597.88	(13,770.43)

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

## Insurer: Kansas Workers Risk Cooperative for Counties

Run Date: 05/02/2023 08:05:32

TRISTAR - Confidential

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# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				<b>Open Total 11</b>	<b>Indemnity</b>	1,997.27	121,193.71	83,113.10	204,306.81	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	5,030.80	148,634.89	186,065.11	334,700.00	(118,439.57)
					<b>Legal</b>	137.00	2,152.05	23,547.95	25,700.00	0.00
					<b>Other</b>	954.81	17,573.23	30,189.27	47,762.50	0.00
					<b>Total</b>	8,119.88	289,553.88	322,915.43	612,469.31	(118,439.57)

				<b>Gray County Total 198</b>	<b>Indemnity</b>	1,997.27	358,375.12	83,113.10	441,488.22	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	5,030.80	600,891.01	186,065.11	786,956.12	(118,439.57)
					<b>Legal</b>	137.00	4,628.20	23,547.95	28,176.15	0.00
					<b>Other</b>	954.81	44,291.80	30,189.27	74,481.07	0.00
					<b>Total</b>	8,119.88	1,008,186.13	322,915.43	1,331,101.56	(118,439.57)

**ORG1 DESC :** Greenwood County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<b>Closed Total 185</b>	<b>Indemnity</b>	0.00	575,022.21	0.00	575,022.21	0.00
	<b>Rehab</b>	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
	<b>Legal</b>	0.00	4,593.70	0.00	4,593.70	0.00
	<b>Other</b>	0.00	70,364.47	0.00	70,364.47	(5,183.55)
	<b>Total</b>	0.00	1,269,060.97	0.00	1,269,060.97	(5,183.55)

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<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>	1,139.97	61,656.53	7,726.40	69,382.93	0.00
	<b>Legal</b>	0.00	216.00	0.00	216.00	0.00
	<b>Other</b>	143.73	16,700.13	1,800.83	18,500.96	0.00
	<b>Total</b>	1,283.70	121,617.12	9,527.23	131,144.35	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>	1,139.97	680,737.12	7,726.40	688,463.52	0.00
	<b>Legal</b>	0.00	4,809.70	0.00	4,809.70	0.00
	<b>Other</b>	143.73	87,064.60	1,800.83	88,865.43	(5,183.55)
	<b>Total</b>	1,283.70	1,390,678.09	9,527.23	1,400,205.32	(5,183.55)

**ORG1 DESC :** Hamilton County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<b>Closed Total 244</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>	0.00	366,381.29	0.00	366,381.29	0.00
	<b>Legal</b>	0.00	9,580.00	0.00	9,580.00	0.00
	<b>Other</b>	0.00	24,915.57	0.00	24,915.57	0.00
	<b>Total</b>	0.00	574,025.06	0.00	574,025.06	0.00

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<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>	334.35	1,532.66	6,967.34	8,500.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	26.95	104.49	1,595.51	1,700.00	0.00
	<b>Total</b>	361.30	1,637.15	8,562.85	10,200.00	0.00

<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>	334.35	367,913.95	6,967.34	374,881.29	0.00
	<b>Legal</b>	0.00	9,580.00	0.00	9,580.00	0.00
	<b>Other</b>	26.95	25,020.06	1,595.51	26,615.57	0.00
	<b>Total</b>	361.30	575,662.21	8,562.85	584,225.06	0.00

**ORG1 DESC** : Hamilton Health Systems

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

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

<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

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



# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<b>Closed Total 419</b>	<b>Indemnity</b>	0.00	702,558.18	0.00	702,558.18	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	982,275.20	0.00	982,275.20	0.00
	<b>Legal</b>	0.00	2,742.81	0.00	2,742.81	0.00
	<b>Other</b>	0.00	96,031.50	0.00	96,031.50	(10,299.81)
	<b>Total</b>	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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<b>Open Total 5</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	19,002.84	31,760.00	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	5,621.42	6,102.00	0.00
	<b>Total</b>	0.00	14,554.64	52,063.06	66,617.70	0.00

<b>Harper County Total 424</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	19,002.84	1,014,035.20	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	5,621.42	102,133.50	(10,299.81)
	<b>Total</b>	0.00	1,798,162.33	52,063.06	1,850,225.39	(10,299.81)

**ORG1 DESC** : Harvey County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

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



# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<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	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
				<b>Closed Total 2</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	541.27	0.00	541.27
					<b>Legal</b>	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	15.51	0.00	15.51
					<b>Total</b>	0.00	556.78	0.00	556.78
				<b>Harvey-Marion CDDO Total 2</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	541.27	0.00	541.27
					<b>Legal</b>	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	15.51	0.00	15.51
					<b>Total</b>	0.00	556.78	0.00	556.78

**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





# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<b>Closed Total 84</b>	<b>Indemnity</b>	0.00	117,774.19	0.00	117,774.19	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	209,391.02	0.00	209,391.02	0.00
	<b>Legal</b>	0.00	1,276.00	0.00	1,276.00	0.00
	<b>Other</b>	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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<b>Re-Open Total 3</b>	<b>Indemnity</b>	2,839.44	149,776.56	9,228.14	159,004.70	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	3,506.21	490,757.21	132,793.66	623,550.87	0.00
	<b>Legal</b>	0.00	0.00	600.00	600.00	0.00
	<b>Other</b>	148.19	14,079.25	9,544.26	23,623.51	0.00
	<b>Total</b>	6,493.84	654,613.02	152,166.06	806,779.08	0.00

<b>Haskell County Total 87</b>	<b>Indemnity</b>	2,839.44	267,550.75	9,228.14	276,778.89	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	3,506.21	700,148.23	132,793.66	832,941.89	0.00
	<b>Legal</b>	0.00	1,276.00	600.00	1,876.00	0.00
	<b>Other</b>	148.19	29,167.38	9,544.26	38,711.64	(41,425.31)
	<b>Total</b>	6,493.84	998,142.36	152,166.06	1,150,308.42	(41,425.31)

**ORG1 DESC** : Hodgeman County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<b>Closed Total 26</b>	<b>Indemnity</b>	0.00	18,126.46	0.00	18,126.46	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	55,172.25	0.00	55,172.25	0.00
	<b>Legal</b>	0.00	5,095.77	0.00	5,095.77	0.00
	<b>Other</b>	0.00	3,011.09	0.00	3,011.09	0.00
	<b>Total</b>	0.00	81,405.57	0.00	81,405.57	0.00

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<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	542.42	5,657.58	6,200.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	25.28	1,214.72	1,240.00	0.00
	<b>Total</b>	0.00	567.70	6,872.30	7,440.00	0.00

<b>Hodgeman County Total 28</b>	<b>Indemnity</b>	0.00	18,126.46	0.00	18,126.46	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	55,714.67	5,657.58	61,372.25	0.00
	<b>Legal</b>	0.00	5,095.77	0.00	5,095.77	0.00
	<b>Other</b>	0.00	3,036.37	1,214.72	4,251.09	0.00
	<b>Total</b>	0.00	81,973.27	6,872.30	88,845.57	0.00

**ORG1 DESC** : Jackson County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<b>Closed Total 291</b>	<b>Indemnity</b>	0.00	271,239.92	0.00	271,239.92	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	536,533.89	0.00	536,533.89	(15,550.85)
	<b>Legal</b>	0.00	11,757.73	0.00	11,757.73	0.00
	<b>Other</b>	0.00	66,191.64	0.00	66,191.64	(60,027.53)
	<b>Total</b>	0.00	885,723.18	0.00	885,723.18	(75,578.38)

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Open Total 2</b>					<b>Indemnity</b>	0.00	92,500.00	0.00	92,500.00	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	80,909.24	62,590.76	143,500.00	(319.85)
					<b>Legal</b>	0.00	17,572.00	3,928.00	21,500.00	0.00
					<b>Other</b>	0.00	3,586.36	6,113.64	9,700.00	(500.00)
					<b>Total</b>	0.00	194,567.60	72,632.40	267,200.00	(819.85)

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Re-Open Total 3</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>	248.00	227,681.06	13,839.34	241,520.40	(1,000.00)
					<b>Legal</b>	0.00	0.00	4,500.00	4,500.00	0.00
					<b>Other</b>	0.00	53,821.15	8,277.58	62,098.73	(29,327.84)
					<b>Total</b>	248.00	393,591.25	51,616.92	445,208.17	(30,327.84)



# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<b>Jackson County Total 296</b>	<b>Indemnity</b>	0.00	475,828.96	25,000.00	500,828.96	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	248.00	845,124.19	76,430.10	921,554.29	(16,870.70)
	<b>Legal</b>	0.00	29,329.73	8,428.00	37,757.73	0.00
	<b>Other</b>	0.00	123,599.15	14,391.22	137,990.37	(89,855.37)
	<b>Total</b>	248.00	1,473,882.03	124,249.32	1,598,131.35	(106,726.07)

ORG1 DESC : Jefferson 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 474</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>	(5.60)	1,000,926.56	0.00	1,000,926.56	(461.12)
					<b>Legal</b>	0.00	28,261.84	0.00	28,261.84	0.00
					<b>Other</b>	0.00	116,711.06	0.00	116,711.06	(98,366.06)
					<b>Total</b>	(5.60)	1,845,176.51	0.00	1,845,176.51	(98,827.18)

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	0.00	0.00	0.00	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	574.03	2,229.28	13,970.72	16,200.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	28.13	266.06	3,073.94	3,340.00	0.00
					<b>Total</b>	602.16	2,495.34	17,044.66	19,540.00	0.00

CLAIMANT STATUS DESC : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties



# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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>	3,546.71	22,792.14	32,227.86	55,020.00	0.00
					<b>Legal</b>	0.00	0.00	9,500.00	9,500.00	0.00
					<b>Other</b>	1,407.04	2,570.39	5,982.45	8,552.84	0.00
					<b>Total</b>	4,953.75	53,664.59	72,710.31	126,374.90	0.00
				<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>	4,115.14	1,025,947.98	46,198.58	1,072,146.56	(461.12)
					<b>Legal</b>	0.00	28,261.84	9,500.00	37,761.84	0.00
					<b>Other</b>	1,435.17	119,547.51	9,056.39	128,603.90	(98,366.06)
					<b>Total</b>	5,550.31	1,901,336.44	89,754.97	1,991,091.41	(98,827.18)

ORG1 DESC : Jefferson County RWD 12

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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



# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

**ORG1 DESC :** Jewell County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Closed Total 267</b>					<b>Indemnity</b>	0.00	579,393.30	0.00	579,393.30	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	493,271.12	0.00	493,271.12	0.00
					<b>Legal</b>	10,328.60	19,232.50	0.00	19,232.50	0.00
					<b>Other</b>	0.00	42,790.57	0.00	42,790.57	(1,157.51)
					<b>Total</b>	10,328.60	1,134,687.49	0.00	1,134,687.49	(1,157.51)

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Open Total 4</b>					<b>Indemnity</b>	0.00	144,830.30	20,000.00	164,830.30	0.00
					<b>Rehab</b>	0.00	0.00	2,500.00	2,500.00	0.00
					<b>Medical</b>	(2,500.00)	237,769.07	74,380.93	312,150.00	0.00
					<b>Legal</b>	0.00	16,873.44	8,126.56	25,000.00	0.00
					<b>Other</b>	0.00	11,586.30	3,848.70	15,435.00	0.00
					<b>Total</b>	(2,500.00)	411,059.11	108,856.19	519,915.30	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>	(2,500.00)	731,040.19	74,380.93	805,421.12	0.00
					<b>Legal</b>	10,328.60	36,105.94	8,126.56	44,232.50	0.00
					<b>Other</b>	0.00	54,376.87	3,848.70	58,225.57	(1,157.51)
					<b>Total</b>	7,828.60	1,545,746.60	108,856.19	1,654,602.79	(1,157.51)

**ORG1 DESC :** Kansas Association Of Counties

**CLAIMANT STATUS DESC :** Closed



# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				<b>Closed Total 1</b>	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	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	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>	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	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	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

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				<b>Closed Total 58</b>	Indemnity	0.00	54,462.28	0.00	54,462.28	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	71,978.02	0.00	71,978.02	0.00
					Legal	0.00	1,282.50	0.00	1,282.50	0.00
					Other	0.00	3,076.88	0.00	3,076.88	0.00
					<b>Total</b>	0.00	130,799.68	0.00	130,799.68	0.00

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<b>Open Total 5</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	2,772.44	7,027.56	9,800.00	0.00
		<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
		<b>Other</b>	0.00	197.92	1,752.08	1,950.00	0.00
		<b>Total</b>	0.00	2,970.36	8,779.64	11,750.00	0.00
<b>Kearny County Total 63</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	7,027.56	81,778.02	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	1,752.08	5,026.88	0.00
		<b>Total</b>	0.00	133,770.04	8,779.64	142,549.68	0.00

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

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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	
					(2.39)	11,993.78	0.00	11,993.78	0.00	
					0.00	0.00	0.00	0.00	0.00	
					0.00	942.27	0.00	942.27	0.00	
					<b>Total</b>	(2.39)	14,389.26	0.00	14,389.26	0.00

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<b>Open Total 2</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>	0.00	35,744.46	4,155.54	39,900.00	0.00
		<b>Legal</b>	0.00	0.00	600.00	600.00	0.00
		<b>Other</b>	0.00	945.45	7,154.55	8,100.00	0.00
		<b>Total</b>	0.00	46,783.15	19,871.08	66,654.23	0.00
<b>Kingman County Total 17</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>	(2.39)	47,738.24	4,155.54	51,893.78	0.00
		<b>Legal</b>	0.00	0.00	600.00	600.00	0.00
		<b>Other</b>	0.00	1,887.72	7,154.55	9,042.27	0.00
		<b>Total</b>	(2.39)	61,172.41	19,871.08	81,043.49	0.00

**ORG1 DESC :** Kiowa County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

**ORG1 DESC :** Lane County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties



# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

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

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				<b>Open Total 3</b>	<b>Indemnity</b>	0.00	20,639.29	0.00	20,639.29	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	6,542.93	13,707.07	20,250.00	0.00
					<b>Legal</b>	0.00	444.75	9,555.25	10,000.00	0.00
					<b>Other</b>	0.00	1,080.08	3,833.47	4,913.55	0.00
					<b>Total</b>	0.00	28,707.05	27,095.79	55,802.84	0.00

				<b>Lane County Total 105</b>	<b>Indemnity</b>	0.00	54,872.08	0.00	54,872.08	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	114,311.62	13,707.07	128,018.69	0.00
					<b>Legal</b>	0.00	836.75	9,555.25	10,392.00	0.00
					<b>Other</b>	0.00	12,405.34	3,833.47	16,238.81	0.00
					<b>Total</b>	0.00	182,425.79	27,095.79	209,521.58	0.00

**ORG1 DESC :** Lincoln County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<b>Closed Total 271</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	513,808.47	0.00	513,808.47	0.00
	<b>Legal</b>	0.00	518.00	0.00	518.00	0.00
	<b>Other</b>	0.00	37,198.11	0.00	37,198.11	(756.73)
	<b>Total</b>	0.00	768,436.84	0.00	768,436.84	(756.73)

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<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	1,620.09	3,379.91	5,000.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	93.60	906.40	1,000.00	0.00
	<b>Total</b>	0.00	1,713.69	4,286.31	6,000.00	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>	0.00	515,428.56	3,379.91	518,808.47	0.00
	<b>Legal</b>	0.00	518.00	0.00	518.00	0.00
	<b>Other</b>	0.00	37,291.71	906.40	38,198.11	(756.73)
	<b>Total</b>	0.00	770,150.53	4,286.31	774,436.84	(756.73)

**ORG1 DESC :** Linn County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<b>Closed Total 294</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>	758.81	738,420.68	0.00	738,420.68	(19,661.57)
	<b>Legal</b>	0.00	3,586.50	0.00	3,586.50	0.00
	<b>Other</b>	31.72	61,648.89	0.00	61,648.89	0.00
	<b>Total</b>	790.53	1,283,332.38	0.00	1,283,332.38	(33,675.37)

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Open Total 8</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>	274.85	281,936.43	180,441.40	462,377.83	0.00
					<b>Legal</b>	0.00	9,710.14	9,789.86	19,500.00	0.00
					<b>Other</b>	18.02	15,033.43	53,986.29	69,019.72	0.00
					<b>Total</b>	292.87	352,684.92	714,217.55	1,066,902.47	0.00

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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>	0.00	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>	0.00	2,811.11	5,627.19	8,438.30	0.00
					<b>Total</b>	0.00	29,126.93	33,787.77	62,914.70	0.00



# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<b>Linn County Total 304</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>	1,033.66	1,045,243.45	202,981.46	1,248,224.91	(19,661.57)
	<b>Legal</b>	0.00	13,296.64	10,339.86	23,636.50	0.00
	<b>Other</b>	49.74	79,493.43	59,613.48	139,106.91	0.00
	<b>Total</b>	1,083.40	1,665,144.23	748,005.32	2,413,149.55	(33,675.37)

**ORG1 DESC :** Lyon County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				<b>Closed Total 718</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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				<b>Open Total 10</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>	7,258.98	143,118.13	85,402.28	228,520.41	0.00
					<b>Legal</b>	0.00	498.50	1,851.50	2,350.00	0.00
					<b>Other</b>	195.80	17,468.76	17,502.49	34,971.25	0.00
					<b>Total</b>	7,454.78	194,883.73	196,217.98	391,101.71	0.00

**CLAIMANT STATUS DESC :** Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties



# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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 729</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>	7,258.98	1,470,179.07	110,858.83	1,581,037.90	(1,770.30)
					<b>Legal</b>	0.00	33,735.20	12,521.50	46,256.70	0.00
					<b>Other</b>	195.80	201,871.47	22,955.88	224,827.35	(8,160.28)
					<b>Total</b>	7,454.78	2,663,860.13	266,407.39	2,930,267.52	(9,930.58)

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

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

		Indemnity	Rehab	Medical	Legal	Other	Total
<b>Open Total 5</b>		0.00	0.00	15,000.00	15,000.00	0.00	
		0.00	0.00	0.00	0.00	0.00	
		1,163.49	13,856.74	17,543.26	31,400.00	0.00	
		0.00	373.75	7,626.25	8,000.00	0.00	
		75.40	775.25	4,364.75	5,140.00	0.00	
	<b>Total</b>	1,238.89	15,005.74	44,534.26	59,540.00	0.00	
<hr/>							
<b>Marion County Total 314</b>		0.00	338,071.77	15,000.00	353,071.77	(12,859.30)	
		0.00	0.00	0.00	0.00	0.00	
		1,163.49	679,300.66	17,543.26	696,843.92	(20,844.68)	
		0.00	16,971.91	7,626.25	24,598.16	0.00	
		75.40	64,852.73	4,364.75	69,217.48	(29,697.36)	
	<b>Total</b>	1,238.89	1,099,197.07	44,534.26	1,143,731.33	(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>									
					0.00	172,657.84	0.00	172,657.84	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	337,296.08	0.00	337,296.08	0.00
					0.00	890.50	0.00	890.50	0.00
					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 : 04/01/2023 - 04/30/2023

<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	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>	0.00	62.03	437.97	500.00	0.00
	<b>Total</b>	0.00	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>	0.00	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>	0.00	28,577.26	437.97	29,015.23	(63,662.41)
	<b>Total</b>	0.00	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

<u>Claim Number</u> <u>Claim Type</u>	<u>Claimant Name</u> <u>Claimant Status</u>	<u>InjuryDate</u> <u>Closed</u>	<u>Received</u> <u>Examiner</u>	<u>Lit / Den</u>	<u>Paid</u> <u>this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>	
<b>Closed Total 73</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>	0.00	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>	0.00	62,040.08	0.00	62,040.08	0.00
					<b>Total</b>	0.00	850,925.67	0.00	850,925.67	(15,510.66)

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

<u>Claim Number</u> <u>Claim Type</u>	<u>Claimant Name</u> <u>Claimant Status</u>	<u>InjuryDate</u> <u>Closed</u>	<u>Received</u> <u>Examiner</u>	<u>Lit / Den</u>	<u>Paid</u> <u>this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<b>Open Total 7</b>	<b>Indemnity</b>	1,913.68	11,335.17	64,391.21	75,726.38	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	1,866.11	45,131.14	68,468.86	113,600.00	(1,000.00)
	<b>Legal</b>	687.05	1,305.80	22,094.20	23,400.00	0.00
	<b>Other</b>	485.10	10,590.81	19,799.19	30,390.00	0.00
	<b>Total</b>	4,951.94	68,362.92	174,753.46	243,116.38	(1,000.00)

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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 81</b>										
					<b>Indemnity</b>	1,913.68	251,897.30	69,891.21	321,788.51	(500.00)
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	1,866.11	574,483.50	70,539.91	645,023.41	(16,510.66)
					<b>Legal</b>	687.05	24,105.85	22,094.20	46,200.05	0.00
					<b>Other</b>	485.10	72,957.83	20,652.25	93,610.08	0.00
					<b>Total</b>	4,951.94	923,444.48	183,777.57	1,107,222.05	(17,010.66)

**ORG1 DESC** : Meade County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<b>Closed Total 207</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	659,230.10	0.00	659,230.10	0.00
	<b>Legal</b>	0.00	16,591.01	0.00	16,591.01	0.00
	<b>Other</b>	0.00	44,807.03	0.00	44,807.03	(7,381.97)
	<b>Total</b>	0.00	1,009,196.98	0.00	1,009,196.98	(7,381.97)

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<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>	331.86	7,436.24	10,563.76	18,000.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	48.82	386.25	3,213.75	3,600.00	0.00
	<b>Total</b>	380.68	7,822.49	13,777.51	21,600.00	0.00

<b>Meade County Total 213</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>	331.86	666,666.34	10,563.76	677,230.10	0.00
	<b>Legal</b>	0.00	16,591.01	0.00	16,591.01	0.00
	<b>Other</b>	48.82	45,193.28	3,213.75	48,407.03	(7,381.97)
	<b>Total</b>	380.68	1,017,019.47	13,777.51	1,030,796.98	(7,381.97)

**ORG1 DESC** : Metropolitan Topeka Airport Authority

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<b>Closed Total 77</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	164,096.66	0.00	164,096.66	(382.84)
	<b>Legal</b>	0.00	910.00	0.00	910.00	0.00
	<b>Other</b>	0.00	14,387.31	0.00	14,387.31	(1,376.32)
	<b>Total</b>	0.00	271,938.76	0.00	271,938.76	(1,759.16)

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<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>	0.00	4,015.92	5,984.08	10,000.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	523.00	1,477.00	2,000.00	0.00
	<b>Total</b>	0.00	4,538.92	7,461.08	12,000.00	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	5,984.08	174,096.66	(382.84)
	<b>Legal</b>	0.00	910.00	0.00	910.00	0.00
	<b>Other</b>	0.00	14,910.31	1,477.00	16,387.31	(1,376.32)
	<b>Total</b>	0.00	276,477.68	7,461.08	283,938.76	(1,759.16)

**ORG1 DESC** : Miami County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<b>Closed Total 712</b>	<b>Indemnity</b>	(6.87)	1,316,483.69	0.00	1,316,483.69	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	(36.80)	1,880,393.26	0.00	1,880,393.26	(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>	(43.67)	3,378,171.82	0.00	3,378,171.82	(215,375.54)

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Open Total 7</b>					<b>Indemnity</b>	0.00	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>	3,112.08	107,601.33	100,306.45	207,907.78	0.00
					<b>Legal</b>	0.00	12,985.89	12,614.11	25,600.00	0.00
					<b>Other</b>	364.68	4,426.89	13,735.61	18,162.50	0.00
					<b>Total</b>	3,476.76	169,113.25	148,870.94	317,984.19	0.00

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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 : 04/01/2023 - 04/30/2023

<b>Miami County Total 720</b>	<b>Indemnity</b>	(6.87)	1,360,582.83	67,214.77	1,427,797.60	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	3,075.28	1,992,694.11	116,886.45	2,109,580.56	(2,784.23)
	<b>Legal</b>	0.00	29,032.53	20,768.16	49,800.69	0.00
	<b>Other</b>	364.68	170,598.96	15,755.31	186,354.27	(212,591.31)
	<b>Total</b>	3,433.09	3,552,908.43	220,624.69	3,773,533.12	(215,375.54)

ORG1 DESC : Mitchell County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Open Total 2</b>					<b>Indemnity</b>	0.00	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>	2,368.86	52,684.24	12,815.76	65,500.00	0.00
					<b>Legal</b>	0.00	0.00	1,150.00	1,150.00	0.00
					<b>Other</b>	51.60	7,764.30	6,497.70	14,262.00	0.00
					<b>Total</b>	2,420.46	77,971.83	39,305.57	117,277.40	0.00



# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<b>Mitchell County Total 136</b>	<b>Indemnity</b>	0.00	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>	2,368.86	480,937.00	12,815.76	493,752.76	0.00
	<b>Legal</b>	0.00	984.00	1,150.00	2,134.00	0.00
	<b>Other</b>	51.60	48,054.25	6,497.70	54,551.95	(45,137.43)
	<b>Total</b>	2,420.46	864,631.24	39,305.57	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 32</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>	124.45	23,200.21	0.00	23,200.21	0.00
					<b>Legal</b>	0.00	485.00	0.00	485.00	0.00
					<b>Other</b>	6.40	4,927.45	0.00	4,927.45	0.00
					<b>Total</b>	130.85	46,500.73	0.00	46,500.73	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 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>	21.65	21.65	5,178.35	5,200.00	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>	21.65	21.65	6,178.35	6,200.00	0.00



# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

Montgomery County Total 35		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	146.10	23,221.86	5,178.35	28,400.21	0.00
		Legal	0.00	485.00	0.00	485.00	0.00
		Other	6.40	4,927.45	1,000.00	5,927.45	0.00
		<b>Total</b>	<b>152.50</b>	<b>46,522.38</b>	<b>6,178.35</b>	<b>52,700.73</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 2</b>							
					Indemnity	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	500.00	500.00	900.00	1,400.00
					Legal	0.00	0.00	0.00	0.00
					Other	0.00	0.00	240.00	240.00
					<b>Total</b>	<b>500.00</b>	<b>500.00</b>	<b>1,140.00</b>	<b>1,640.00</b>



# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<b>Morris County Total 120</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>	500.00	184,001.80	900.00	184,901.80	0.00
	<b>Legal</b>	0.00	343.50	0.00	343.50	0.00
	<b>Other</b>	0.00	10,372.36	240.00	10,612.36	(1,485.81)
	<b>Total</b>	500.00	273,785.29	1,140.00	274,925.29	(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>	2,948.00	134,671.75	227,236.25	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>	2,948.00	143,784.49	252,473.51	396,258.00	0.00





# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<b>Morton County Total 151</b>	<b>Indemnity</b>	2,948.00	267,277.72	227,236.25	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>	2,948.00	577,684.96	252,473.51	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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<b>Open Total 4</b>	<b>Indemnity</b>	0.00	90,776.25	10,000.00	100,776.25	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	292.21	385,633.20	107,557.70	493,190.90	(500.00)
	<b>Legal</b>	0.00	2,750.64	22,007.74	24,758.38	0.00
	<b>Other</b>	10.60	35,323.54	10,791.46	46,115.00	(500.00)
	<b>Total</b>	302.81	514,483.63	150,356.90	664,840.53	(1,000.00)

<b>Neosho County Total 333</b>	<b>Indemnity</b>	0.00	478,421.37	10,000.00	488,421.37	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	292.21	959,825.30	107,557.70	1,067,383.00	(89,574.79)
	<b>Legal</b>	0.00	15,167.34	22,007.74	37,175.08	0.00
	<b>Other</b>	10.60	109,130.60	10,791.46	119,922.06	(55,324.28)
	<b>Total</b>	302.81	1,562,544.61	150,356.90	1,712,901.51	(144,899.07)

**ORG1 DESC** : Ness County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<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>	(198.90)	83,870.31	198.90	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>	(198.90)	158,921.67	198.90	159,120.57	(15,000.00)

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Open Total 5</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>	0.00	27,216.64	33,983.36	61,200.00	0.00
					<b>Legal</b>	0.00	991.85	9,158.15	10,150.00	0.00
					<b>Other</b>	0.00	2,468.38	7,906.62	10,375.00	0.00
					<b>Total</b>	0.00	39,435.90	69,091.68	108,527.58	0.00

**CLAIMANT STATUS DESC :** Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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>	14.84	1,678.66	4,321.34	6,000.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	9.21	152.66	1,047.34	1,200.00	0.00
					<b>Total</b>	24.05	1,831.32	5,368.68	7,200.00	0.00



# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<b>Ness County Total 36</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>	(184.06)	112,765.61	38,503.60	151,269.21	0.00
	<b>Legal</b>	0.00	991.85	9,158.15	10,150.00	0.00
	<b>Other</b>	9.21	9,361.66	8,953.96	18,315.62	(15,000.00)
	<b>Total</b>	(174.85)	200,188.89	74,659.26	274,848.15	(15,000.00)

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

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	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	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
<b>Open Total 21</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>	299.62	3,847.74	41,452.26	45,300.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	21.89	853.24	8,206.76	9,060.00	0.00
					<b>Total</b>	321.51	4,700.98	49,659.02	54,360.00	0.00



# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<b>North Central Kansas Regional Juvenile Detention Total 57</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>	299.62	20,700.93	41,452.26	62,153.19	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	21.89	4,240.06	8,206.76	12,446.82	0.00
	<b>Total</b>	321.51	28,081.47	49,659.02	77,740.49	0.00

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

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



# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<b>Closed Total 170</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	415,727.44	0.00	415,727.44	(8,563.77)
	<b>Legal</b>	0.00	511.50	0.00	511.50	0.00
	<b>Other</b>	0.00	41,497.43	0.00	41,497.43	(34,632.43)
	<b>Total</b>	0.00	669,963.23	0.00	669,963.23	(43,196.20)

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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	90.00	3,910.00	4,000.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	9.00	791.00	800.00	0.00
					<b>Total</b>	0.00	99.00	4,701.00	4,800.00	0.00

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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	430.83	0.00	430.83	(472.83)
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	42.00	0.00	42.00	0.00
					<b>Total</b>	0.00	472.83	0.00	472.83	(472.83)



# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<b>Norton County Total 173</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	3,910.00	420,158.27	(9,036.60)
	<b>Legal</b>	0.00	511.50	0.00	511.50	0.00
	<b>Other</b>	0.00	41,548.43	791.00	42,339.43	(34,632.43)
	<b>Total</b>	0.00	670,535.06	4,701.00	675,236.06	(43,669.03)

ORG1 DESC : Osage 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 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	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	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>	381.47	26,133.75	19,184.77	45,318.52	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	11.10	1,157.29	2,842.71	4,000.00	0.00
					<b>Total</b>	392.57	37,212.06	22,027.48	59,239.54	0.00

CLAIMANT STATUS DESC : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Run Date: 05/02/2023 08:05:32

TRISTAR - Confidential

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# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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	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>	0.00	152.41	647.59	800.00	0.00
					<b>Total</b>	0.00	1,841.93	1,958.07	3,800.00	0.00
<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>	381.47	855,230.35	20,495.25	875,725.60	(4,005.96)
					<b>Legal</b>	0.00	9,771.00	0.00	9,771.00	0.00
					<b>Other</b>	11.10	67,951.48	3,490.30	71,441.78	(50,779.03)
					<b>Total</b>	392.57	1,447,505.38	23,985.55	1,471,490.93	(69,445.56)

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

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

Open 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	757.95	4,242.05	5,000.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	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

  

Osborne County Total 233		Indemnity	0.00	89,853.19	0.00	89,853.19	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	183,965.09	4,242.05	188,207.14	0.00
		Legal	0.00	1,508.50	0.00	1,508.50	0.00
		Other	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>					0.00	103,722.72	0.00	103,722.72	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	227,657.61	0.00	227,657.61	0.00
					0.00	5,853.52	0.00	5,853.52	0.00
					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



# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<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	0.00
	<b>Medical</b>	1,249.61	24,328.39	4,771.61	29,100.00	0.00
	<b>Legal</b>	0.00	0.00	600.00	600.00	0.00
	<b>Other</b>	77.40	2,330.45	1,949.55	4,280.00	0.00
	<b>Total</b>	1,327.01	32,444.29	12,246.71	44,691.00	0.00
<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>	1,249.61	251,986.00	4,771.61	256,757.61	0.00
	<b>Legal</b>	0.00	5,853.52	600.00	6,453.52	0.00
	<b>Other</b>	77.40	32,679.08	1,949.55	34,628.63	(31,291.15)
	<b>Total</b>	1,327.01	400,026.77	12,246.71	412,273.48	(31,291.15)

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

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Closed Total 182</b>					<b>Indemnity</b>	0.00	65,554.37	0.00	65,554.37	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	173,616.72	0.00	173,616.72	0.00
					<b>Legal</b>	0.00	505.00	0.00	505.00	0.00
					<b>Other</b>	0.00	9,172.97	0.00	9,172.97	(5,743.63)
					<b>Total</b>	0.00	248,849.06	0.00	248,849.06	(5,743.63)

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

Open Total 3		Indemnity	1,780.80	327,706.77	230,196.73	557,903.50	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		387.77	85,861.51	25,610.49	111,472.00	0.00
	Legal		0.00	1,438.75	12,211.25	13,650.00	0.00
	Other		11.63	13,166.91	4,828.09	17,995.00	0.00
<b>Total</b>			<b>2,180.20</b>	<b>428,173.94</b>	<b>272,846.56</b>	<b>701,020.50</b>	<b>0.00</b>

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Pawnee County Total 185		Indemnity	1,780.80	393,261.14	230,196.73	623,457.87	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		387.77	259,478.23	25,610.49	285,088.72	0.00
	Legal		0.00	1,943.75	12,211.25	14,155.00	0.00
	Other		11.63	22,339.88	4,828.09	27,167.97	(5,743.63)
<b>Total</b>			<b>2,180.20</b>	<b>677,023.00</b>	<b>272,846.56</b>	<b>949,869.56</b>	<b>(5,743.63)</b>

ORG1 DESC : Phillips 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 144</b>					Indemnity	0.00	421,432.14	0.00	421,432.14	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	(282.24)	478,467.69	0.00	478,467.69	(38,473.40)
					Legal	0.00	2,588.10	0.00	2,588.10	0.00
					Other	0.00	114,202.29	0.00	114,202.29	(291.80)
					<b>Total</b>	<b>(282.24)</b>	<b>1,016,690.22</b>	<b>0.00</b>	<b>1,016,690.22</b>	<b>(38,765.20)</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 : 04/01/2023 - 04/30/2023

<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>	674.22	911.06	4,088.94	5,000.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	14.28	72.09	927.91	1,000.00	0.00
	<b>Total</b>	688.50	983.15	5,016.85	6,000.00	0.00
<b>Phillips County Total 147</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>	391.98	479,378.75	4,088.94	483,467.69	(38,473.40)
	<b>Legal</b>	0.00	2,588.10	0.00	2,588.10	0.00
	<b>Other</b>	14.28	114,274.38	927.91	115,202.29	(291.80)
	<b>Total</b>	406.26	1,017,673.37	5,016.85	1,022,690.22	(38,765.20)

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

## Insurer: Kansas Workers Risk Cooperative for Counties

<u>Claim Number</u> <u>Claim Type</u>	<u>Claimant Name</u> <u>Claimant Status</u>	<u>InjuryDate</u> <u>Closed</u>	<u>Received</u> <u>Examiner</u>	<u>Lit / Den</u>	<u>Paid</u> <u>this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>	
<b>Closed Total 570</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>	595.41	833,331.61	250.00	833,581.61	(35,388.82)
					<b>Legal</b>	0.00	16,975.62	0.00	16,975.62	(197.00)
					<b>Other</b>	18.01	78,130.74	0.00	78,130.74	(72,608.23)
					<b>Total</b>	613.42	1,379,196.37	250.00	1,379,446.37	(108,194.05)

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

<u>Claim Number</u> <u>Claim Type</u>	<u>Claimant Name</u> <u>Claimant Status</u>	<u>InjuryDate</u> <u>Closed</u>	<u>Received</u> <u>Examiner</u>	<u>Lit / Den</u>	<u>Paid</u> <u>this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<b>Open Total 8</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>	920.98	186,922.48	50,666.28	237,588.76	(1,069.62)
	<b>Legal</b>	0.00	919.97	8,680.03	9,600.00	0.00
	<b>Other</b>	19.73	27,488.35	13,399.15	40,887.50	(500.00)
	<b>Total</b>	940.71	551,249.75	72,745.46	623,995.21	(1,569.62)

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Re-Open Total 3</b>										
					<b>Indemnity</b>	2,765.72	32,456.65	44,542.85	76,999.50	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	2,222.53	68,824.09	42,175.91	111,000.00	(21.00)
					<b>Legal</b>	0.00	0.00	11,000.00	11,000.00	0.00
					<b>Other</b>	60.58	5,347.55	8,652.45	14,000.00	0.00
					<b>Total</b>	5,048.83	106,628.29	106,371.21	212,999.50	(21.00)
<b>Pottawatomie County Total 581</b>										
					<b>Indemnity</b>	2,765.72	819,134.00	44,542.85	863,676.85	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	3,738.92	1,089,078.18	93,092.19	1,182,170.37	(36,479.44)
					<b>Legal</b>	0.00	17,895.59	19,680.03	37,575.62	(197.00)
					<b>Other</b>	98.32	110,966.64	22,051.60	133,018.24	(73,108.23)
					<b>Total</b>	6,602.96	2,037,074.41	179,366.67	2,216,441.08	(109,784.67)

**ORG1 DESC** : Pratt County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<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

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

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				<b>Closed Total 85</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>	(161.81)	179,019.43	0.00	179,019.43	0.00
					<b>Legal</b>	0.00	1,415.00	0.00	1,415.00	0.00
					<b>Other</b>	0.00	9,080.64	0.00	9,080.64	(825.25)
					<b>Total</b>	(161.81)	223,062.14	0.00	223,062.14	(825.25)

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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	6,601.59	6,998.41	13,600.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	665.37	2,054.63	2,720.00	0.00
					<b>Total</b>	0.00	7,266.96	9,053.04	16,320.00	0.00

### Rawlins County Total 87

<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>	(161.81)	185,621.02	6,998.41	192,619.43	0.00
<b>Legal</b>	0.00	1,415.00	0.00	1,415.00	0.00
<b>Other</b>	0.00	9,746.01	2,054.63	11,800.64	(825.25)
<b>Total</b>	(161.81)	230,329.10	9,053.04	239,382.14	(825.25)

**ORG1 DESC :** Reno County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<b>Closed Total 1726</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	0.00
	<b>Medical</b>	0.00	4,898,731.00	0.00	4,898,731.00	(640.30)
	<b>Legal</b>	0.00	22,511.48	0.00	22,511.48	0.00
	<b>Other</b>	0.00	587,369.05	0.00	587,369.05	(2,326,633.54)
	<b>Total</b>	0.00	8,238,607.05	0.00	8,238,607.05	(2,327,273.84)

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				<b>Open Total 28</b>	<b>Indemnity</b>	(21,896.09)	359,992.79	93,227.39	453,220.18	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	658.41	653,904.65	149,043.83	802,948.48	0.00
					<b>Legal</b>	0.00	6,851.80	25,448.20	32,300.00	0.00
					<b>Other</b>	86.13	60,440.48	31,323.28	91,763.76	0.00
					<b>Total</b>	(21,151.55)	1,081,189.72	299,042.70	1,380,232.42	0.00

CLAIMANT STATUS DESC : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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>	2,720.45	227,947.72	68,051.16	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>	56.92	30,591.03	5,108.97	35,700.00	(21,398.16)
					<b>Total</b>	2,777.37	321,977.86	141,026.84	463,004.70	(46,554.66)





# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<b>Reno County Total 1757</b>	<b>Indemnity</b>	(21,896.09)	3,150,195.82	153,825.70	3,304,021.52	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	3,378.86	5,780,583.37	217,094.99	5,997,678.36	(25,796.80)
	<b>Legal</b>	0.00	32,594.88	32,716.60	65,311.48	0.00
	<b>Other</b>	143.05	678,400.56	36,432.25	714,832.81	(2,348,031.70)
	<b>Total</b>	(18,374.18)	9,641,774.63	440,069.54	10,081,844.17	(2,373,828.50)

**ORG1 DESC :** Republic 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 226</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>	(4.86)	358,043.32	0.00	358,043.32	0.00
					<b>Legal</b>	0.00	2,833.70	0.00	2,833.70	0.00
					<b>Other</b>	0.00	41,485.18	0.00	41,485.18	(10,186.58)
					<b>Total</b>	(4.86)	569,290.87	0.00	569,290.87	(10,186.58)

**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	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	53,969.79	11,887.61	65,857.40	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	2,458.21	5,041.79	7,500.00	0.00
					<b>Total</b>	0.00	76,048.29	16,929.40	92,977.69	0.00

**CLAIMANT STATUS DESC :** Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties



# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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>	3,036.48	20,066.45	10,684.54	30,750.99	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	18.00	430.77	4,843.34	5,274.11	0.00
					<b>Total</b>	3,054.48	22,105.33	23,527.88	45,633.21	0.00
				<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>	3,031.62	432,079.56	22,572.15	454,651.71	0.00
					<b>Legal</b>	0.00	2,833.70	0.00	2,833.70	0.00
					<b>Other</b>	18.00	44,374.16	9,885.13	54,259.29	(10,186.58)
					<b>Total</b>	3,049.62	667,444.49	40,457.28	707,901.77	(10,186.58)

ORG1 DESC : Rice County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				<b>Closed Total 98</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>	347.23	383,865.66	0.00	383,865.66	(20,125.51)
					<b>Legal</b>	0.00	8,210.60	0.00	8,210.60	0.00
					<b>Other</b>	13.93	44,414.57	0.00	44,414.57	(23,763.43)
					<b>Total</b>	361.16	669,935.21	0.00	669,935.21	(44,691.28)

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

Open Total 10		Indemnity	562.70	39,239.29	9,600.49	48,839.78	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	440.32	232,555.01	47,444.99	280,000.00	(2,328.08)	
	Legal	0.00	1,042.50	107.50	1,150.00	0.00	
	Other	50.92	21,819.22	21,325.78	43,145.00	0.00	
<b>Total</b>		<b>1,053.94</b>	<b>294,656.02</b>	<b>78,478.76</b>	<b>373,134.78</b>	<b>(2,328.08)</b>	

  

Rice County Total 108		Indemnity	562.70	272,683.67	9,600.49	282,284.16	(802.34)
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	787.55	616,420.67	47,444.99	663,865.66	(22,453.59)	
	Legal	0.00	9,253.10	107.50	9,360.60	0.00	
	Other	64.85	66,233.79	21,325.78	87,559.57	(23,763.43)	
<b>Total</b>		<b>1,415.10</b>	<b>964,591.23</b>	<b>78,478.76</b>	<b>1,043,069.99</b>	<b>(47,019.36)</b>	

**ORG1 DESC :** Rush 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 111</b>									
	Indemnity	0.00	188,719.97	0.00	188,719.97	0.00			
	Rehab	0.00	0.00	0.00	0.00	0.00			
	Medical	0.00	526,900.39	0.00	526,900.39	0.00			
	Legal	0.00	1,476.00	0.00	1,476.00	0.00			
	Other	0.00	22,555.34	0.00	22,555.34	0.00			
<b>Total</b>		<b>0.00</b>	<b>739,651.70</b>	<b>0.00</b>	<b>739,651.70</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 : 04/01/2023 - 04/30/2023

<b>Open Total 5</b>	<b>Indemnity</b>	1,215.00	4,778.26	45,725.34	50,503.60	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	2,088.45	70,207.74	71,192.26	141,400.00	0.00
	<b>Legal</b>	0.00	0.00	1,800.00	1,800.00	0.00
	<b>Other</b>	361.11	6,603.23	18,396.77	25,000.00	0.00
	<b>Total</b>	3,664.56	81,589.23	137,114.37	218,703.60	0.00
<b>Rush County Total 116</b>	<b>Indemnity</b>	1,215.00	193,498.23	45,725.34	239,223.57	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	2,088.45	597,108.13	71,192.26	668,300.39	0.00
	<b>Legal</b>	0.00	1,476.00	1,800.00	3,276.00	0.00
	<b>Other</b>	361.11	29,158.57	18,396.77	47,555.34	0.00
	<b>Total</b>	3,664.56	821,240.93	137,114.37	958,355.30	0.00

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

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Closed Total 262</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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<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>	170.75	798.01	4,201.99	5,000.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	9.00	48.48	951.52	1,000.00	0.00
	<b>Total</b>	179.75	846.49	5,153.51	6,000.00	0.00
<b>Russell County Total 264</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>	170.75	401,602.41	4,201.99	405,804.40	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	9.00	40,322.48	951.52	41,274.00	(16,491.48)
	<b>Total</b>	179.75	665,079.79	5,153.51	670,233.30	(16,491.48)

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

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Closed Total 1208</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	1,306,044.55	0.00	1,306,044.55	(9,808.31)
					<b>Legal</b>	0.00	24,454.17	0.00	24,454.17	(5,380.82)
					<b>Other</b>	0.00	184,895.60	0.00	184,895.60	(67,682.97)
					<b>Total</b>	0.00	2,382,189.19	0.00	2,382,189.19	(82,872.10)

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<b>Open Total 16</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>	1,335.90	85,793.30	81,486.89	167,280.19	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	90.76	27,309.80	11,895.50	39,205.30	0.00
	<b>Total</b>	1,426.66	119,257.37	101,017.66	220,275.03	0.00

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<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 1225</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>	1,335.90	1,458,750.67	91,986.89	1,550,737.56	(9,808.31)
	<b>Legal</b>	0.00	24,454.17	600.00	25,054.17	(5,380.82)
	<b>Other</b>	90.76	214,759.59	13,395.50	228,155.09	(67,682.97)
	<b>Total</b>	1,426.66	2,613,729.34	115,117.66	2,728,847.00	(82,872.10)

**ORG1 DESC** : Scott County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<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

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

## Insurer: Kansas Workers Risk Cooperative for Counties

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

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

<u>Claim Number</u> <u>Claim Type</u>	<u>Claimant Name</u> <u>Claimant Status</u>	<u>InjuryDate</u> <u>Closed</u>	<u>Received</u> <u>Examiner</u>	<u>Lit / Den</u>	<u>Paid</u> <u>this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<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	1,132.95	8,067.05	9,200.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	101.24	1,698.76	1,800.00	0.00
	<b>Total</b>	0.00	1,234.19	9,765.81	11,000.00	0.00
<b>Sheridan County Total 158</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	446,003.13	8,067.05	454,070.18	0.00
	<b>Legal</b>	0.00	1,663.50	0.00	1,663.50	0.00
	<b>Other</b>	0.00	31,608.37	1,698.76	33,307.13	0.00
	<b>Total</b>	0.00	975,202.96	9,765.81	984,968.77	0.00

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

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Closed Total 138</b>					<b>Indemnity</b>	(618.66)	77,183.48	0.00	77,183.48	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	(303.62)	319,715.01	0.00	319,715.01	0.00
					<b>Legal</b>	1,635.50	16,110.78	0.00	16,110.78	0.00
					<b>Other</b>	0.00	17,989.23	0.00	17,989.23	0.00
					<b>Total</b>	713.22	430,998.50	0.00	430,998.50	0.00

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<b>Open Total 6</b>	<b>Indemnity</b>	0.00	18,092.71	14,176.75	32,269.46	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	(167.92)	28,682.32	47,467.68	76,150.00	0.00
	<b>Legal</b>	400.00	1,668.50	8,381.50	10,050.00	0.00
	<b>Other</b>	38.96	2,478.42	9,311.08	11,789.50	0.00
	<b>Total</b>	271.04	50,921.95	79,337.01	130,258.96	0.00

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

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

<b>Sherman County Total 145</b>	<b>Indemnity</b>	(618.66)	95,276.19	14,176.75	109,452.94	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	(471.54)	348,727.88	49,637.13	398,365.01	0.00
	<b>Legal</b>	2,035.50	17,779.28	8,381.50	26,160.78	0.00
	<b>Other</b>	38.96	20,476.65	9,802.08	30,278.73	0.00
	<b>Total</b>	984.26	482,260.00	81,997.46	564,257.46	0.00

**ORG1 DESC** : Smith County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<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	291.69	2,908.31	3,200.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	22.19	577.81	600.00	0.00
	<b>Total</b>	0.00	313.88	3,486.12	3,800.00	0.00

<b>Smith County Total 98</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	2,908.31	290,839.38	(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	577.81	25,169.97	0.00
	<b>Total</b>	0.00	562,021.63	3,486.12	565,507.75	(12,000.00)

**ORG1 DESC** : Stafford County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<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>	1,479.03	1,479.03	2,020.97	3,500.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	54.62	54.62	645.38	700.00	0.00
	<b>Total</b>	1,533.65	1,533.65	2,666.35	4,200.00	0.00

<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>	1,479.03	140,002.31	2,020.97	142,023.28	0.00
	<b>Legal</b>	0.00	7,061.27	0.00	7,061.27	0.00
	<b>Other</b>	54.62	4,482.06	645.38	5,127.44	0.00
	<b>Total</b>	1,533.65	235,766.78	2,666.35	238,433.13	0.00

**ORG1 DESC** : Stanton County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<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>	541.63	541.63	4,458.37	5,000.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	22.38	22.38	977.62	1,000.00	0.00
	<b>Total</b>	564.01	564.01	5,435.99	6,000.00	0.00

<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>	541.63	394,041.37	4,458.37	398,499.74	0.00
	<b>Legal</b>	0.00	882.00	0.00	882.00	0.00
	<b>Other</b>	22.38	22,685.36	977.62	23,662.98	(5,990.28)
	<b>Total</b>	564.01	626,955.36	5,435.99	632,391.35	(5,990.28)

**ORG1 DESC** : Stevens County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<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>	2,706.86	856,539.64	0.00	856,539.64	(8,276.57)
	<b>Legal</b>	0.00	12,169.92	0.00	12,169.92	0.00
	<b>Other</b>	144.89	61,774.71	0.00	61,774.71	(5,000.00)
	<b>Total</b>	2,851.75	1,380,744.01	0.00	1,380,744.01	(13,845.10)

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<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	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>	0.00	12.05	487.95	500.00	0.00
	<b>Total</b>	0.00	113.74	2,886.26	3,000.00	0.00

<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>	2,706.86	856,641.33	2,398.31	859,039.64	(8,276.57)
	<b>Legal</b>	0.00	12,169.92	0.00	12,169.92	0.00
	<b>Other</b>	144.89	61,786.76	487.95	62,274.71	(5,000.00)
	<b>Total</b>	2,851.75	1,380,857.75	2,886.26	1,383,744.01	(13,845.10)

**ORG1 DESC** : Stevens Health Systems

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<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

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<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**

<u>Claim Number</u> <u>Claim Type</u>	<u>Claimant Name</u> <u>Claimant Status</u>	<u>InjuryDate</u> <u>Closed</u>	<u>Received</u> <u>Examiner</u>	<u>Lit / Den</u>	<u>Paid</u> <u>this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
<b>Closed Total 169</b>									
					0.00	520,087.91	0.00	520,087.91	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	689,735.38	0.00	689,735.38	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	91,032.47	0.00	91,032.47	(511.23)
					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**

<u>Claim Number</u> <u>Claim Type</u>	<u>Claimant Name</u> <u>Claimant Status</u>	<u>InjuryDate</u> <u>Closed</u>	<u>Received</u> <u>Examiner</u>	<u>Lit / Den</u>	<u>Paid</u> <u>this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<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>	498.03	1,355.42	6,144.58	7,500.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	473.54	722.41	1,477.59	2,200.00	0.00
	<b>Total</b>	971.57	2,077.83	7,622.17	9,700.00	0.00

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<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>	199.75	387.05	3,112.95	3,500.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	4.23	486.99	213.01	700.00	0.00
	<b>Total</b>	203.98	874.04	3,325.96	4,200.00	0.00

<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>	697.78	328,581.85	9,257.53	337,839.38	0.00
	<b>Legal</b>	0.00	784.00	0.00	784.00	0.00
	<b>Other</b>	477.77	24,107.94	1,690.60	25,798.54	(2,355.43)
	<b>Total</b>	1,175.55	519,140.65	10,948.13	530,088.78	(2,355.43)

**ORG1 DESC** : Trego County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Open Total 1</b>					<b>Indemnity</b>	0.00	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>	2,019.86	3,043.08	5,656.92	8,700.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	162.49	332.63	1,417.37	1,750.00	0.00
					<b>Total</b>	2,182.35	6,527.66	8,540.78	15,068.44	0.00

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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>	796.29	1,037.27	1,462.73	2,500.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	27.16	88.84	411.16	500.00	0.00
					<b>Total</b>	823.45	1,126.11	1,873.89	3,000.00	0.00



# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

<b>Trego County Total 119</b>	<b>Indemnity</b>	0.00	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>	2,816.15	240,935.68	7,119.65	248,055.33	(2,835.19)
	<b>Legal</b>	0.00	976.00	0.00	976.00	0.00
	<b>Other</b>	189.65	13,924.00	1,828.53	15,752.53	(515.12)
	<b>Total</b>	3,005.80	337,376.80	10,414.67	347,791.47	(4,754.19)

**ORG1 DESC :** Wabaunsee 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 4</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	0.00	0.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	0.00	0.00	0.00
					<b>Total</b>	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
					<b>Rehab</b>	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	0.00	0.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	0.00	0.00	0.00
					<b>Total</b>	0.00	0.00	0.00	0.00

**ORG1 DESC :** Wabaunsee County RWD No 2  
**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 : 04/01/2023 - 04/30/2023

Closed Total 1		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	110.02	0.00	110.02	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	15.53	0.00	15.53	0.00
<b>Total</b>			0.00	125.55	0.00	125.55	0.00

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Wabaunsee County RWD No 2 Total 1		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	110.02	0.00	110.02	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	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	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
		<b>Closed Total 82</b>							
					Indemnity	0.00	34,338.97	0.00	34,338.97
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	150,956.89	0.00	150,956.89
					Legal	0.00	424.50	0.00	424.50
					Other	0.00	5,497.59	0.00	5,497.59
		<b>Total</b>				0.00	191,217.95	0.00	191,217.95

**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 : 04/01/2023 - 04/30/2023

<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	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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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)

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

## Insurer: Kansas Workers Risk Cooperative for Counties



# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				<b>Closed Total 34</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	44,294.78	0.00	44,294.78	0.00
					<b>Legal</b>	0.00	492.00	0.00	492.00	0.00
					<b>Other</b>	0.00	3,053.28	0.00	3,053.28	0.00
					<b>Total</b>	0.00	66,430.40	0.00	66,430.40	0.00

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				<b>Open Total 2</b>	<b>Indemnity</b>	6,494.08	6,494.08	5.92	6,500.00	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	5,451.41	6,798.59	12,250.00	0.00
					<b>Legal</b>	50.00	50.00	550.00	600.00	0.00
					<b>Other</b>	0.00	276.24	2,923.76	3,200.00	0.00
					<b>Total</b>	6,544.08	12,271.73	10,278.27	22,550.00	0.00

				<b>Woodson County Total 36</b>	<b>Indemnity</b>	6,494.08	25,084.42	5.92	25,090.34	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	49,746.19	6,798.59	56,544.78	0.00
					<b>Legal</b>	50.00	542.00	550.00	1,092.00	0.00
					<b>Other</b>	0.00	3,329.52	2,923.76	6,253.28	0.00
					<b>Total</b>	6,544.08	78,702.13	10,278.27	88,980.40	0.00

**ORG1 DESC :**

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 04/01/2023 - 04/30/2023

<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>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 21258</b>	<b>Indemnity</b>	47,621.52	31,774,811.43	2,738,278.89	34,513,090.32	(51,121.92)
	<b>Rehab</b>	0.00	573.00	2,500.00	3,073.00	0.00
	<b>Medical</b>	231,203.79	51,285,722.55	4,005,634.69	55,291,357.24	(922,876.74)
	<b>Legal</b>	13,532.65	868,180.82	459,021.64	1,327,202.46	(11,597.99)
	<b>Other</b>	15,937.22	5,259,726.46	753,080.47	6,012,806.93	(3,956,045.40)
	<b>Total</b>	308,295.18	89,189,014.26	7,959,115.69	97,148,129.95	(4,941,642.05)
<b>Grand Total: 21258</b>	<b>Indemnity</b>	47,621.52	31,774,811.43	2,738,278.89	34,513,090.32	(51,121.92)
	<b>Rehab</b>	0.00	573.00	2,500.00	3,073.00	0.00
	<b>Medical</b>	231,203.79	51,285,722.55	4,005,634.69	55,291,357.24	(922,876.74)
	<b>Legal</b>	13,532.65	868,180.82	459,021.64	1,327,202.46	(11,597.99)
	<b>Other</b>	15,937.22	5,259,726.46	753,080.47	6,012,806.93	(3,956,045.40)
	<b>Total</b>	308,295.18	89,189,014.26	7,959,115.69	97,148,129.95	(4,941,642.05)



# Claim Summary - Workers Compensation

PERIOD : 04/01/2023 - 04/30/2023

## 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)