



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

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 7</b>					
				Indemnity	0.00	25,513.20	87,225.88	112,739.08	0.00
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	3,711.89	84,740.11	46,359.89	131,100.00	(3,000.00)
				Legal	0.00	7,903.55	22,146.45	30,050.00	0.00
				Other	25.78	4,244.85	12,770.15	17,015.00	0.00
				<b>Total</b>	<b>3,737.67</b>	<b>122,401.71</b>	<b>168,502.37</b>	<b>290,904.08</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 : 05/01/2023 - 05/31/2023

Re-Open Total 1		Indemnity	0.00	6,675.48	21,234.41	27,909.89	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	281.08	39,142.94	12,307.06	51,450.00	(1,000.00)	
	Legal	0.00	1,230.80	7,869.20	9,100.00	0.00	
	Other	12.99	1,200.48	7,679.52	8,880.00	0.00	
<b>Total</b>		<b>294.07</b>	<b>48,249.70</b>	<b>49,090.19</b>	<b>97,339.89</b>	<b>(1,000.00)</b>	

  

Allen County Total 60		Indemnity	0.00	64,496.94	108,460.29	172,957.23	(2,000.00)
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	3,992.97	274,567.68	58,666.95	333,234.63	(21,272.78)	
	Legal	0.00	25,586.07	30,015.65	55,601.72	0.00	
	Other	38.77	12,704.84	20,449.67	33,154.51	(12,214.66)	
<b>Total</b>		<b>4,031.74</b>	<b>377,355.53</b>	<b>217,592.56</b>	<b>594,948.09</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>					0.00	670,348.73	0.00	670,348.73	0.00
	Rehab	0.00			0.00	573.00	0.00	573.00	0.00
	Medical	11.00			807,987.29	0.00	807,987.29	0.00	0.00
	Legal	0.00			13,807.30	0.00	13,807.30	0.00	0.00
	Other	11.03			58,015.21	0.00	58,015.21	(3,864.70)	
<b>Total</b>		<b>22.03</b>			<b>1,550,731.53</b>	<b>0.00</b>	<b>1,550,731.53</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 : 05/01/2023 - 05/31/2023

<b>Open Total 2</b>	<b>Indemnity</b>	0.00	53,266.74	15,008.15	68,274.89	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	369.80	152,717.79	5,886.40	158,604.19	0.00
	<b>Legal</b>	0.00	0.00	4,100.00	4,100.00	0.00
	<b>Other</b>	576.54	11,924.50	3,564.36	15,488.86	0.00
	<b>Total</b>	946.34	217,909.03	28,558.91	246,467.94	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	24,733.18	748,348.65	0.00
	<b>Rehab</b>	0.00	573.00	0.00	573.00	0.00
	<b>Medical</b>	380.80	973,441.48	27,000.00	1,000,441.48	0.00
	<b>Legal</b>	0.00	13,807.30	4,700.00	18,507.30	0.00
	<b>Other</b>	587.57	71,317.03	7,389.54	78,706.57	(3,864.70)
	<b>Total</b>	968.37	1,782,754.28	63,822.72	1,846,577.00	(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 : 05/01/2023 - 05/31/2023

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

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number 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	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>	509.46	33,150.96	10,849.04	44,000.00	0.00
	<b>Legal</b>	92.00	822.05	8,677.95	9,500.00	0.00
	<b>Other</b>	164.22	1,174.45	3,738.05	4,912.50	0.00
	<b>Total</b>	765.68	76,262.43	23,265.04	99,527.47	0.00

<b>Barber County Total 271</b>	<b>Indemnity</b>	0.00	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>	509.46	390,040.87	10,849.04	400,889.91	0.00
	<b>Legal</b>	92.00	4,426.40	8,677.95	13,104.35	0.00
	<b>Other</b>	164.22	31,058.58	3,738.05	34,796.63	(2,201.73)
	<b>Total</b>	765.68	688,722.41	23,265.04	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 : 05/01/2023 - 05/31/2023

<b>Closed Total 294</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	726,332.59	0.00	726,332.59	(14,648.00)
	<b>Legal</b>	0.00	14,357.35	0.00	14,357.35	(5,986.67)
	<b>Other</b>	0.00	94,995.62	0.00	94,995.62	(124,733.70)
	<b>Total</b>	0.00	1,213,019.49	0.00	1,213,019.49	(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 8</b>	<b>Indemnity</b>	0.00	184,078.44	51,294.37	235,372.81	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	192.83	212,787.10	119,962.90	332,750.00	(258.82)
	<b>Legal</b>	492.00	9,103.15	27,446.85	36,550.00	0.00
	<b>Other</b>	15.29	65,288.79	16,836.21	82,125.00	(28,149.84)
	<b>Total</b>	700.12	471,257.48	215,540.33	686,797.81	(28,408.66)

<b>Bourbon County Total 302</b>	<b>Indemnity</b>	0.00	561,412.37	51,294.37	612,706.74	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	192.83	939,119.69	119,962.90	1,059,082.59	(14,906.82)
	<b>Legal</b>	492.00	23,460.50	27,446.85	50,907.35	(5,986.67)
	<b>Other</b>	15.29	160,284.41	16,836.21	177,120.62	(152,883.54)
	<b>Total</b>	700.12	1,684,276.97	215,540.33	1,899,817.30	(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 : 05/01/2023 - 05/31/2023

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

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number 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>	2,375.09	2,487.30	7,012.70	9,500.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	107.12	146.07	1,753.93	1,900.00	0.00
	<b>Total</b>	2,482.21	2,633.37	8,766.63	11,400.00	0.00

<b>Brown County Total 89</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>	2,375.09	367,341.47	7,012.70	374,354.17	0.00
	<b>Legal</b>	0.00	9,293.80	0.00	9,293.80	0.00
	<b>Other</b>	107.12	23,751.62	1,753.93	25,505.55	(944.56)
	<b>Total</b>	2,482.21	654,530.58	8,766.63	663,297.21	(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 : 05/01/2023 - 05/31/2023

<b>Closed Total 19</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 4</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>	2,647.30	26,235.71	17,714.29	43,950.00	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	5,580.26	6,962.50	0.00
	<b>Total</b>	2,647.30	29,429.41	55,059.61	84,489.02	0.00

<b>Chase County Total 23</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>	2,647.30	37,310.93	17,714.29	55,025.22	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	5,580.26	7,478.72	0.00
	<b>Total</b>	2,647.30	41,020.85	55,059.61	96,080.46	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 : 05/01/2023 - 05/31/2023

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

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number 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>	471.68	2,316.34	3,683.66	6,000.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	46.62	175.32	1,024.68	1,200.00	0.00
	<b>Total</b>	518.30	2,491.66	4,708.34	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>	471.68	446,484.93	3,683.66	450,168.59	0.00
	<b>Legal</b>	0.00	1,528.00	0.00	1,528.00	0.00
	<b>Other</b>	46.62	43,116.65	1,024.68	44,141.33	(11,977.87)
	<b>Total</b>	518.30	727,659.90	4,708.34	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 : 05/01/2023 - 05/31/2023

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

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number 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>	0.00	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>	26,562.45	254,467.17	54,981.21	309,448.38	0.00
	<b>Legal</b>	1,129.69	2,340.94	8,909.06	11,250.00	0.00
	<b>Other</b>	2,665.76	36,362.76	12,386.61	48,749.37	0.00
	<b>Total</b>	30,357.90	405,902.54	179,852.47	585,755.01	0.00

<b>Cherokee County Total 422</b>	<b>Indemnity</b>	0.00	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>	26,562.45	1,426,781.55	54,981.21	1,481,762.76	0.00
	<b>Legal</b>	1,129.69	52,524.76	8,909.06	61,433.82	0.00
	<b>Other</b>	2,665.76	136,257.18	12,386.61	148,643.79	(33,794.04)
	<b>Total</b>	30,357.90	2,682,935.39	179,852.47	2,862,787.86	(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 : 05/01/2023 - 05/31/2023

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

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number 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	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>	0.00	8,312.43	5,887.57	14,200.00	0.00
	<b>Legal</b>	111.50	1,104.25	7,395.75	8,500.00	0.00
	<b>Other</b>	0.00	400.47	3,449.53	3,850.00	0.00
	<b>Total</b>	111.50	14,817.15	16,732.85	31,550.00	0.00

<b>Cheyenne County Total 36</b>	<b>Indemnity</b>	0.00	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>	0.00	75,139.13	5,887.57	81,026.70	0.00
	<b>Legal</b>	111.50	1,496.25	7,395.75	8,892.00	0.00
	<b>Other</b>	0.00	1,342.38	3,449.53	4,791.91	0.00
	<b>Total</b>	111.50	85,595.38	16,732.85	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 : 05/01/2023 - 05/31/2023

<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>	0.00	61,575.67	0.00	61,575.67	(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>	0.00	82,944.45	0.00	82,944.45	(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 2</b>	<b>Indemnity</b>	0.00	0.00	40,000.00	40,000.00	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	4,194.73	102,962.84	61,237.16	164,200.00	0.00
	<b>Legal</b>	0.00	0.00	600.00	600.00	0.00
	<b>Other</b>	981.02	14,588.46	5,511.54	20,100.00	0.00
	<b>Total</b>	5,175.75	117,551.30	107,348.70	224,900.00	0.00

<b>Clark County Total 27</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>	4,194.73	164,538.51	61,237.16	225,775.67	(3,474.33)
	<b>Legal</b>	0.00	511.50	600.00	1,111.50	0.00
	<b>Other</b>	981.02	22,785.89	5,511.54	28,297.43	0.00
	<b>Total</b>	5,175.75	200,495.75	107,348.70	307,844.45	(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 : 05/01/2023 - 05/31/2023

<b>Closed Total 271</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	505,177.26	0.00	505,177.26	(14,587.26)
	<b>Legal</b>	0.00	6,952.00	0.00	6,952.00	0.00
	<b>Other</b>	0.00	59,356.03	0.00	59,356.03	(25,079.92)
	<b>Total</b>	0.00	755,948.82	0.00	755,948.82	(39,667.18)

**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 5</b>					<b>Indemnity</b>	3,754.74	8,965.36	49,675.40	58,640.76	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	5,439.36	114,166.20	142,583.80	256,750.00	(500.00)
					<b>Legal</b>	0.00	0.00	1,200.00	1,200.00	0.00
					<b>Other</b>	79.92	12,564.54	17,135.46	29,700.00	0.00
					<b>Total</b>	9,274.02	135,696.10	210,594.66	346,290.76	(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	
<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 : 05/01/2023 - 05/31/2023

<b>Clay County Total 277</b>	<b>Indemnity</b>	3,754.74	288,705.19	49,675.40	338,380.59	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	5,439.36	808,843.42	175,286.01	984,129.43	(15,087.26)
	<b>Legal</b>	0.00	6,952.00	1,200.00	8,152.00	0.00
	<b>Other</b>	79.92	91,035.55	18,020.48	109,056.03	(25,079.92)
	<b>Total</b>	9,274.02	1,195,536.16	244,181.89	1,439,718.05	(40,167.18)

ORG1 DESC : Cloud 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 403</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>	33.92	368,151.87	0.00	368,151.87	(4,807.87)
					<b>Legal</b>	0.00	1,376.00	0.00	1,376.00	0.00
					<b>Other</b>	1.24	31,110.05	0.00	31,110.05	(2,972.65)
					<b>Total</b>	35.16	791,656.60	0.00	791,656.60	(7,780.52)

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 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>	11,177.83	11,671.94	9,328.06	21,000.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	906.39	985.72	3,214.28	4,200.00	0.00
					<b>Total</b>	12,084.22	12,657.66	12,542.34	25,200.00	0.00



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

<b>Cloud County Total 407</b>	<b>Indemnity</b>	0.00	391,018.68	0.00	391,018.68	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	11,211.75	379,823.81	9,328.06	389,151.87	(4,807.87)
	<b>Legal</b>	0.00	1,376.00	0.00	1,376.00	0.00
	<b>Other</b>	907.63	32,095.77	3,214.28	35,310.05	(2,972.65)
	<b>Total</b>	12,119.38	804,314.26	12,542.34	816,856.60	(7,780.52)

**ORG1 DESC :** Comanche 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 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 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 : 05/01/2023 - 05/31/2023

<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>	72.45	42,154.50	0.00	42,154.50	0.00
	<b>Legal</b>	0.00	492.00	0.00	492.00	0.00
	<b>Other</b>	16.55	4,007.43	0.00	4,007.43	0.00
	<b>Total</b>	89.00	72,065.76	0.00	72,065.76	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>	29.95	29.95	970.05	1,000.00	0.00
	<b>Total</b>	29.95	29.95	5,970.05	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>	72.45	42,154.50	5,000.00	47,154.50	0.00
	<b>Legal</b>	0.00	492.00	0.00	492.00	0.00
	<b>Other</b>	46.50	4,037.38	970.05	5,007.43	0.00
	<b>Total</b>	118.95	72,095.71	5,970.05	78,065.76	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 : 05/01/2023 - 05/31/2023

<b>Closed Total 181</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	226,428.35	0.00	226,428.35	(37,169.77)
	<b>Legal</b>	0.00	10,421.50	0.00	10,421.50	0.00
	<b>Other</b>	0.00	43,540.71	0.00	43,540.71	(15,139.56)
	<b>Total</b>	0.00	423,936.63	0.00	423,936.63	(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 6</b>	<b>Indemnity</b>	0.00	0.00	75,476.20	75,476.20	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	258.78	146,613.93	41,336.07	187,950.00	(1,000.00)
	<b>Legal</b>	0.00	0.00	11,200.00	11,200.00	0.00
	<b>Other</b>	96.27	23,722.22	11,865.28	35,587.50	0.00
	<b>Total</b>	355.05	170,336.15	139,877.55	310,213.70	(1,000.00)

<b>Cowley County Total 187</b>	<b>Indemnity</b>	0.00	143,546.07	75,476.20	219,022.27	(500.00)
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	258.78	373,042.28	41,336.07	414,378.35	(38,169.77)
	<b>Legal</b>	0.00	10,421.50	11,200.00	21,621.50	0.00
	<b>Other</b>	96.27	67,262.93	11,865.28	79,128.21	(15,139.56)
	<b>Total</b>	355.05	594,272.78	139,877.55	734,150.33	(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 : 05/01/2023 - 05/31/2023

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

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

## Insurer: Kansas Workers Risk Cooperative for Counties

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>									
					0.00	197,287.62	0.00	197,287.62	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	275,193.33	0.00	275,193.33	0.00
					0.00	4,956.45	0.00	4,956.45	0.00
					0.00	32,486.97	0.00	32,486.97	(25,000.00)
					0.00	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 : 05/01/2023 - 05/31/2023

<b>Open Total 3</b>	<b>Indemnity</b>	0.00	1,338.40	28,661.60	30,000.00	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	5,344.03	65,051.73	323,648.27	388,700.00	0.00
	<b>Legal</b>	0.00	0.00	600.00	600.00	0.00
	<b>Other</b>	338.81	4,532.96	53,967.04	58,500.00	0.00
	<b>Total</b>	5,682.84	70,923.09	406,876.91	477,800.00	0.00
<b>Decatur County Total 161</b>	<b>Indemnity</b>	0.00	198,626.02	28,661.60	227,287.62	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	5,344.03	340,245.06	323,648.27	663,893.33	0.00
	<b>Legal</b>	0.00	4,956.45	600.00	5,556.45	0.00
	<b>Other</b>	338.81	37,019.93	53,967.04	90,986.97	(25,000.00)
	<b>Total</b>	5,682.84	580,847.46	406,876.91	987,724.37	(25,000.00)

**ORG1 DESC :** Decatur 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	
<b>Closed Total 87</b>					<b>Indemnity</b>	0.00	58,437.46	0.00	58,437.46	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	121,169.36	0.00	121,169.36	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	18,224.42	0.00	18,224.42	(601.91)
					<b>Total</b>	0.00	197,831.24	0.00	197,831.24	(601.91)

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number 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 : 05/01/2023 - 05/31/2023

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

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

## Insurer: Kansas Workers Risk Cooperative for Counties

<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>Closed Total 414</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

<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 : 05/01/2023 - 05/31/2023

<b>Open Total 5</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>	2,114.94	192,328.19	46,326.94	238,655.13	0.00
		<b>Legal</b>	0.00	14,697.05	600.00	15,297.05	0.00
		<b>Other</b>	147.89	13,079.74	7,000.26	20,080.00	0.00
		<b>Total</b>	2,262.83	368,242.39	59,375.80	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>	2,114.94	1,082,782.76	46,326.94	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>	147.89	75,202.29	7,000.26	82,202.55	(104,198.93)
		<b>Total</b>	2,262.83	1,954,888.88	59,375.80	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 130</b>									
		<b>Indemnity</b>	0.00	194,480.40	0.00	194,480.40	0.00	0.00	0.00
		<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		<b>Medical</b>	0.00	327,448.18	0.00	327,448.18	(8,475.99)	0.00	0.00
		<b>Legal</b>	0.00	790.50	0.00	790.50	0.00	0.00	0.00
		<b>Other</b>	0.00	21,533.35	0.00	21,533.35	(20,403.94)	0.00	0.00
		<b>Total</b>	0.00	544,252.43	0.00	544,252.43	(28,879.93)	0.00	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 : 05/01/2023 - 05/31/2023

<b>Open Total 1</b>	<b>Indemnity</b>	0.00	0.00	0.00	0.00	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	1,154.12	2,345.88	3,500.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	89.98	610.02	700.00	0.00
	<b>Total</b>	0.00	1,244.10	2,955.90	4,200.00	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	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	17,795.88	346,398.18	(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	2,909.02	24,585.85	(20,403.94)
	<b>Total</b>	0.00	545,899.93	36,355.00	582,254.93	(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 : 05/01/2023 - 05/31/2023

<b>Closed Total 97</b>	<b>Indemnity</b>	0.00	206,255.71	0.00	206,255.71	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	344,538.25	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>	0.00	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>	0.00	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>	1,547.27	14,286.65	9,213.35	23,500.00	0.00
	<b>Legal</b>	492.00	492.00	108.00	600.00	0.00
	<b>Other</b>	64.07	662.90	2,612.10	3,275.00	0.00
	<b>Total</b>	2,103.34	17,556.85	19,164.05	36,720.90	0.00

<b>Edwards County Total 98</b>	<b>Indemnity</b>	0.00	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>	1,547.27	358,824.90	9,213.35	368,038.25	0.00
	<b>Legal</b>	492.00	492.00	108.00	600.00	0.00
	<b>Other</b>	64.07	30,515.23	2,612.10	33,127.33	(177.82)
	<b>Total</b>	2,103.34	598,203.14	19,164.05	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 : 05/01/2023 - 05/31/2023

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

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number 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>	1,705.06	242,667.23	97,599.13	340,266.36	(66,600.27)
					<b>Legal</b>	0.00	100.00	9,000.00	9,100.00	0.00
					<b>Other</b>	339.47	17,302.11	12,484.08	29,786.19	0.00
					<b>Total</b>	2,044.53	275,542.13	136,083.21	411,625.34	(66,600.27)



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

<b>Elk County Total 130</b>	<b>Indemnity</b>	0.00	418,964.15	17,000.00	435,964.15	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	1,705.06	656,049.28	97,599.13	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>	339.47	61,789.77	12,484.08	74,273.85	0.00
	<b>Total</b>	2,044.53	1,142,862.55	136,083.21	1,278,945.76	(104,433.15)

**ORG1 DESC :** Ellis County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
<b>Closed Total 325</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>	2,124.62	672,374.37	0.00	672,374.37	0.00
					<b>Legal</b>	0.00	8,014.60	0.00	8,014.60	0.00
					<b>Other</b>	0.00	55,527.12	0.00	55,527.12	(57,317.78)
					<b>Total</b>	2,124.62	1,036,742.67	0.00	1,036,742.67	(57,317.78)

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
<b>Open Total 8</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>	960.75	6,582.71	16,363.05	22,945.76	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	101.31	1,085.80	3,356.43	4,442.23	0.00
					<b>Total</b>	1,062.06	9,352.24	19,719.48	29,071.72	0.00

**CLAIMANT STATUS DESC :** Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties





# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

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	2,872.75	627.25	3,500.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	566.02	633.98	1,200.00	0.00
					<b>Total</b>	0.00	3,438.77	1,261.23	4,700.00	0.00
<b>Ellis County Total 334</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	0.00
					<b>Medical</b>	3,085.37	681,829.83	16,990.30	698,820.13	0.00
					<b>Legal</b>	0.00	8,014.60	0.00	8,014.60	0.00
					<b>Other</b>	101.31	57,178.94	3,990.41	61,169.35	(57,317.78)
					<b>Total</b>	3,186.68	1,049,533.68	20,980.71	1,070,514.39	(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 : 05/01/2023 - 05/31/2023

		Indemnity	Rehab	Medical	Legal	Other	Total
<b>Open Total 3</b>		0.00	10,728.56	0.00	10,728.56	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	1,035.51	33,933.18	24,766.82	58,700.00	0.00	0.00
	Legal	0.00	930.20	10,669.80	11,600.00	0.00	0.00
	Other	520.52	7,563.94	8,226.06	15,790.00	0.00	0.00
<b>Total</b>		1,556.03	53,155.88	43,662.68	96,818.56	0.00	0.00
<b>Ellsworth County Total 263</b>		0.00	350,074.01	0.00	350,074.01	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	1,035.51	706,370.84	24,766.82	731,137.66	(166,000.00)	0.00
	Legal	0.00	34,597.41	10,669.80	45,267.21	0.00	0.00
	Other	520.52	64,304.04	8,226.06	72,530.10	0.00	0.00
<b>Total</b>		1,556.03	1,155,346.30	43,662.68	1,199,008.98	(166,000.00)	0.00

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

**ORG1 DESC :** Finney County

**CLAIMANT STATUS DESC :** Closed



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

## 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 30</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	2,131.88	0.00	2,131.88	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	249.78	0.00	249.78	0.00
					<b>Total</b>	0.00	2,381.66	0.00	2,381.66	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 15</b>					<b>Indemnity</b>	0.00	6,120.00	50,179.66	56,299.66	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	8,786.45	62,639.26	61,110.74	123,750.00	0.00
					<b>Legal</b>	0.00	0.00	1,800.00	1,800.00	0.00
					<b>Other</b>	914.20	2,846.92	17,363.08	20,210.00	0.00
					<b>Total</b>	9,700.65	71,606.18	130,453.48	202,059.66	0.00
<b>Finney County Total 45</b>					<b>Indemnity</b>	0.00	6,120.00	50,179.66	56,299.66	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	8,786.45	64,771.14	61,110.74	125,881.88	0.00
					<b>Legal</b>	0.00	0.00	1,800.00	1,800.00	0.00
					<b>Other</b>	914.20	3,096.70	17,363.08	20,459.78	0.00
					<b>Total</b>	9,700.65	73,987.84	130,453.48	204,441.32	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 : 05/01/2023 - 05/31/2023

<b>Closed Total 547</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>	180.85	914,587.59	0.00	914,587.59	(3,873.46)
	<b>Legal</b>	0.00	21,514.80	0.00	21,514.80	0.00
	<b>Other</b>	11.57	89,642.91	0.00	89,642.91	(39,155.80)
	<b>Total</b>	192.42	2,061,287.91	0.00	2,061,287.91	(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 19</b>					<b>Indemnity</b>	1,927.73	26,640.43	117,279.02	143,919.45	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	25,174.08	240,054.57	131,291.50	371,346.07	0.00
					<b>Legal</b>	0.00	0.00	18,200.00	18,200.00	0.00
					<b>Other</b>	2,085.14	19,682.26	31,808.29	51,490.55	0.00
					<b>Total</b>	29,186.95	286,377.26	298,578.81	584,956.07	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 2</b>					<b>Indemnity</b>	0.00	0.00	2,000.00	2,000.00	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	324.50	512.90	5,175.50	5,688.40	0.00
					<b>Legal</b>	0.00	0.00	2,000.00	2,000.00	0.00
					<b>Other</b>	13.61	32.71	826.89	859.60	0.00
					<b>Total</b>	338.11	545.61	10,002.39	10,548.00	0.00



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

<b>Ford County Total 568</b>	<b>Indemnity</b>	1,927.73	1,062,183.04	119,279.02	1,181,462.06	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	25,679.43	1,155,155.06	136,467.00	1,291,622.06	(3,873.46)
	<b>Legal</b>	0.00	21,514.80	20,200.00	41,714.80	0.00
	<b>Other</b>	2,110.32	109,357.88	32,635.18	141,993.06	(39,155.80)
	<b>Total</b>	29,717.48	2,348,210.78	308,581.20	2,656,791.98	(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 716</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	1,363,837.24	0.00	1,363,837.24	(17,114.66)
					<b>Legal</b>	0.00	41,032.45	0.00	41,032.45	0.00
					<b>Other</b>	0.00	148,286.12	0.00	148,286.12	(22,962.95)
					<b>Total</b>	0.00	2,494,938.91	0.00	2,494,938.91	(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>	1,321.31	161,042.86	125,873.42	286,916.28	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	3,929.05	237,120.04	97,379.96	334,500.00	0.00
					<b>Legal</b>	0.00	344.90	17,260.10	17,605.00	0.00
					<b>Other</b>	747.23	38,030.45	29,667.05	67,697.50	0.00
					<b>Total</b>	5,997.59	436,538.25	270,180.53	706,718.78	0.00

**CLAIMANT STATUS DESC :** Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

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# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

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	39,780.00	13,000.00	52,780.00	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	31,164.44	9,411.76	40,576.20	0.00
					<b>Legal</b>	0.00	0.00	6,500.00	6,500.00	0.00
					<b>Other</b>	0.00	5,209.02	3,321.00	8,530.02	0.00
					<b>Total</b>	0.00	76,153.46	32,232.76	108,386.22	0.00
				<b>Franklin County Total 736</b>	<b>Indemnity</b>	1,321.31	1,142,605.96	138,873.42	1,281,479.38	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	3,929.05	1,632,121.72	106,791.72	1,738,913.44	(17,114.66)
					<b>Legal</b>	0.00	41,377.35	23,760.10	65,137.45	0.00
					<b>Other</b>	747.23	191,525.59	32,988.05	224,513.64	(22,962.95)
					<b>Total</b>	5,997.59	3,007,630.62	302,413.29	3,310,043.91	(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 752</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>	85.34	1,344,291.47	0.00	1,344,291.47	(49,476.59)
					<b>Legal</b>	0.00	32,102.04	0.00	32,102.04	(33.50)
					<b>Other</b>	13.07	187,069.14	0.00	187,069.14	(30,701.97)
					<b>Total</b>	98.41	2,363,434.06	0.00	2,363,434.06	(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 : 05/01/2023 - 05/31/2023

Open Total 18		Indemnity	0.00	28,681.52	0.00	28,681.52	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	2,840.30	32,447.58	41,649.76	74,097.34	0.00
		Legal	0.00	1,301.25	8,198.75	9,500.00	0.00
		Other	315.02	4,762.68	11,054.80	15,817.48	0.00
<b>Total</b>			<b>3,155.32</b>	<b>67,193.03</b>	<b>60,903.31</b>	<b>128,096.34</b>	<b>0.00</b>

  

Geary County Total 770		Indemnity	0.00	828,652.93	0.00	828,652.93	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	2,925.64	1,376,739.05	41,649.76	1,418,388.81	(49,476.59)
		Legal	0.00	33,403.29	8,198.75	41,602.04	(33.50)
		Other	328.09	191,831.82	11,054.80	202,886.62	(30,701.97)
<b>Total</b>			<b>3,253.73</b>	<b>2,430,627.09</b>	<b>60,903.31</b>	<b>2,491,530.40</b>	<b>(80,212.06)</b>

**ORG1 DESC :** Gove 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 87</b>									
					0.00	465,315.09	0.00	465,315.09	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	328,103.62	0.00	328,103.62	0.00
					0.00	20,505.17	0.00	20,505.17	0.00
					0.00	44,988.58	0.00	44,988.58	(5,352.49)
<b>Total</b>					<b>0.00</b>	<b>858,912.46</b>	<b>0.00</b>	<b>858,912.46</b>	<b>(5,352.49)</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 : 05/01/2023 - 05/31/2023

<b>Open Total 3</b>		<b>Indemnity</b>	544.73	6,050.93	93,091.53	99,142.46	0.00
		<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
		<b>Medical</b>	11,780.95	271,420.28	31,895.33	303,315.61	0.00
		<b>Legal</b>	0.00	378.80	9,771.20	10,150.00	0.00
		<b>Other</b>	896.90	25,205.45	24,869.55	50,075.00	0.00
		<b>Total</b>	13,222.58	303,055.46	159,627.61	462,683.07	0.00
<b>Gove County Total 90</b>		<b>Indemnity</b>	544.73	471,366.02	93,091.53	564,457.55	0.00
		<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
		<b>Medical</b>	11,780.95	599,523.90	31,895.33	631,419.23	0.00
		<b>Legal</b>	0.00	20,883.97	9,771.20	30,655.17	0.00
		<b>Other</b>	896.90	70,194.03	24,869.55	95,063.58	(5,352.49)
		<b>Total</b>	13,222.58	1,161,967.92	159,627.61	1,321,595.53	(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
<b>Closed Total 40</b>									
		<b>Indemnity</b>	0.00	79,939.18	0.00	79,939.18	0.00	0.00	
		<b>Rehab</b>	0.00	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	0.00	
		<b>Legal</b>	0.00	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	0.00	
		<b>Total</b>	0.00	236,989.03	0.00	236,989.03	0.00	0.00	
<b>Graham County Total 40</b>									
		<b>Indemnity</b>	0.00	79,939.18	0.00	79,939.18	0.00	0.00	
		<b>Rehab</b>	0.00	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	0.00	
		<b>Legal</b>	0.00	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	0.00	
		<b>Total</b>	0.00	236,989.03	0.00	236,989.03	0.00	0.00	

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

## Insurer: Kansas Workers Risk Cooperative for Counties

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# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				<b>Closed Total 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>	55.89	512,449.24	0.00	512,449.24	(13,770.43)
					<b>Legal</b>	0.00	392.00	0.00	392.00	0.00
					<b>Other</b>	9.31	19,336.79	0.00	19,336.79	0.00
					<b>Total</b>	65.20	693,663.08	0.00	693,663.08	(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>	55.89	512,449.24	0.00	512,449.24	(13,770.43)
					<b>Legal</b>	0.00	392.00	0.00	392.00	0.00
					<b>Other</b>	9.31	19,336.79	0.00	19,336.79	0.00
					<b>Total</b>	65.20	693,663.08	0.00	693,663.08	(13,770.43)

ORG1 DESC : Gray 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 189</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
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# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

	Open Total 9	Indemnity	2,948.00	124,141.71	69,499.10	193,640.81	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	5,032.44	153,667.33	130,032.67	283,700.00	(118,439.57)
		Legal	20,389.52	22,541.57	10,158.43	32,700.00	0.00
		Other	221.91	17,795.14	25,967.36	43,762.50	0.00
		<b>Total</b>	<b>28,591.87</b>	<b>318,145.75</b>	<b>235,657.56</b>	<b>553,803.31</b>	<b>(118,439.57)</b>
<hr/>							
	Gray County Total 198	Indemnity	2,948.00	361,323.12	69,499.10	430,822.22	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	5,032.44	605,923.45	130,032.67	735,956.12	(118,439.57)
		Legal	20,389.52	25,017.72	10,158.43	35,176.15	0.00
		Other	221.91	44,513.71	25,967.36	70,481.07	0.00
		<b>Total</b>	<b>28,591.87</b>	<b>1,036,778.00</b>	<b>235,657.56</b>	<b>1,272,435.56</b>	<b>(118,439.57)</b>

**ORG1 DESC :** Greenwood 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 186</b>									
					0.00	575,022.21	0.00	575,022.21	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	619,080.59	0.00	619,080.59	0.00
					0.00	4,593.70	0.00	4,593.70	0.00
					0.00	70,364.47	0.00	70,364.47	(5,183.55)
					<b>0.00</b>	<b>1,269,060.97</b>	<b>0.00</b>	<b>1,269,060.97</b>	<b>(5,183.55)</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 : 05/01/2023 - 05/31/2023

<b>Open Total 4</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>	146.68	61,803.21	6,879.72	68,682.93	0.00
		<b>Legal</b>	0.00	216.00	0.00	216.00	0.00
		<b>Other</b>	13.09	16,713.22	1,647.74	18,360.96	0.00
		<b>Total</b>	159.77	121,776.89	8,527.46	130,304.35	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>	146.68	680,883.80	6,879.72	687,763.52	0.00
		<b>Legal</b>	0.00	4,809.70	0.00	4,809.70	0.00
		<b>Other</b>	13.09	87,077.69	1,647.74	88,725.43	(5,183.55)
		<b>Total</b>	159.77	1,390,837.86	8,527.46	1,399,365.32	(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
<b>Closed Total 244</b>									
		<b>Indemnity</b>	0.00	173,148.20	0.00	173,148.20	0.00	0.00	0.00
		<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		<b>Medical</b>	0.00	366,381.29	0.00	366,381.29	0.00	0.00	0.00
		<b>Legal</b>	0.00	9,580.00	0.00	9,580.00	0.00	0.00	0.00
		<b>Other</b>	0.00	24,915.57	0.00	24,915.57	0.00	0.00	0.00
		<b>Total</b>	0.00	574,025.06	0.00	574,025.06	0.00	0.00	0.00

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number 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 : 05/01/2023 - 05/31/2023

<b>Open Total 3</b>	<b>Indemnity</b>	0.00	0.00	0.00	0.00	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	592.15	2,124.81	6,375.19	8,500.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	39.82	144.31	1,555.69	1,700.00	0.00
	<b>Total</b>	631.97	2,269.12	7,930.88	10,200.00	0.00
<hr/>						
<b>Hamilton County Total 247</b>	<b>Indemnity</b>	0.00	173,148.20	0.00	173,148.20	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	592.15	368,506.10	6,375.19	374,881.29	0.00
	<b>Legal</b>	0.00	9,580.00	0.00	9,580.00	0.00
	<b>Other</b>	39.82	25,059.88	1,555.69	26,615.57	0.00
	<b>Total</b>	631.97	576,294.18	7,930.88	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	
<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

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 : 05/01/2023 - 05/31/2023

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

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

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Closed Total 422</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	982,365.20	0.00	982,365.20	0.00
					<b>Legal</b>	0.00	2,742.81	0.00	2,742.81	0.00
					<b>Other</b>	0.00	96,103.10	0.00	96,103.10	(10,299.81)
					<b>Total</b>	0.00	1,783,769.29	0.00	1,783,769.29	(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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# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

<b>Open Total 3</b>	<b>Indemnity</b>	0.00	0.00	26,420.66	26,420.66	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	245.31	12,912.47	26,047.53	38,960.00	0.00
	<b>Legal</b>	0.00	1,316.90	3,683.10	5,000.00	0.00
	<b>Other</b>	19.72	428.70	7,383.30	7,812.00	0.00
	<b>Total</b>	265.03	14,658.07	63,534.59	78,192.66	0.00
<b>Harper County Total 425</b>	<b>Indemnity</b>	0.00	702,558.18	26,420.66	728,978.84	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	245.31	995,277.67	26,047.53	1,021,325.20	0.00
	<b>Legal</b>	0.00	4,059.71	3,683.10	7,742.81	0.00
	<b>Other</b>	19.72	96,531.80	7,383.30	103,915.10	(10,299.81)
	<b>Total</b>	265.03	1,798,427.36	63,534.59	1,861,961.95	(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	
<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
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# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

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

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

<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>Re-Open Total 1</b>	<b>Indemnity</b>	0.00	4,604.04	0.00	4,604.04	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	63,274.74	6,225.26	69,500.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	2,611.77	388.23	3,000.00	0.00
	<b>Total</b>	0.00	70,490.55	6,613.49	77,104.04	0.00

<b>Harvey County Total 282</b>	<b>Indemnity</b>	0.00	699,816.00	70,482.20	770,298.20	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	713,208.62	242,534.36	955,742.98	(3,296.65)
	<b>Legal</b>	0.00	47,495.95	11,621.50	59,117.45	0.00
	<b>Other</b>	0.00	76,948.05	4,343.65	81,291.70	(4,524.15)
	<b>Total</b>	0.00	1,537,468.62	328,981.71	1,866,450.33	(7,820.80)

**ORG1 DESC** : Harvey-Marion CDDO

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

<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 : 05/01/2023 - 05/31/2023

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

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

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

## Insurer: Kansas Workers Risk Cooperative for Counties

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

**CLAIMANT STATUS DESC :** Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

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





# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

Re-Open Total 3		Indemnity	709.86	150,486.42	8,518.28	159,004.70	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		15,356.44	506,113.65	117,437.22	623,550.87	0.00
	Legal		0.00	0.00	600.00	600.00	0.00
	Other		254.45	14,333.70	9,289.81	23,623.51	0.00
<b>Total</b>			<b>16,320.75</b>	<b>670,933.77</b>	<b>135,845.31</b>	<b>806,779.08</b>	<b>0.00</b>

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Haskell County Total 87		Indemnity	709.86	268,260.61	8,518.28	276,778.89	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		15,356.44	715,504.67	117,437.22	832,941.89	0.00
	Legal		0.00	1,276.00	600.00	1,876.00	0.00
	Other		254.45	29,421.83	9,289.81	38,711.64	(41,425.31)
<b>Total</b>			<b>16,320.75</b>	<b>1,014,463.11</b>	<b>135,845.31</b>	<b>1,150,308.42</b>	<b>(41,425.31)</b>

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

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
<b>Closed Total 27</b>									
					0.00	18,126.46	0.00	18,126.46	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	55,714.67	0.00	55,714.67	0.00
					0.00	5,095.77	0.00	5,095.77	0.00
					0.00	3,036.37	0.00	3,036.37	0.00
<b>Total</b>					<b>0.00</b>	<b>81,973.27</b>	<b>0.00</b>	<b>81,973.27</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 : 05/01/2023 - 05/31/2023

<b>Open Total 2</b>	<b>Indemnity</b>	0.00	0.00	0.00	0.00	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	286.53	286.53	2,913.47	3,200.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	17.16	17.16	582.84	600.00	0.00
	<b>Total</b>	303.69	303.69	3,496.31	3,800.00	0.00
<hr/>						
<b>Hodgeman County Total 29</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>	286.53	56,001.20	2,913.47	58,914.67	0.00
	<b>Legal</b>	0.00	5,095.77	0.00	5,095.77	0.00
	<b>Other</b>	17.16	3,053.53	582.84	3,636.37	0.00
	<b>Total</b>	303.69	82,276.96	3,496.31	85,773.27	0.00

**ORG1 DESC :** Jackson 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>				
<b>Closed Total 294</b>										
					0.00	271,239.92	0.00	271,239.92	0.00	
					0.00	0.00	0.00	0.00	0.00	
					142.98	543,040.23	0.00	543,040.23	(16,870.70)	
					0.00	11,757.73	0.00	11,757.73	0.00	
					9.00	66,546.74	0.00	66,546.74	(60,027.53)	
					<b>Total</b>	151.98	892,584.62	0.00	892,584.62	(76,898.23)

**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>			



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

<b>Open Total 1</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	80,651.34	59,348.66	140,000.00	0.00
	<b>Legal</b>	0.00	17,572.00	3,928.00	21,500.00	0.00
	<b>Other</b>	0.00	3,524.41	5,475.59	9,000.00	(500.00)
	<b>Total</b>	0.00	194,247.75	68,752.25	263,000.00	(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	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>	12,800.64	234,376.24	122,944.16	357,320.40	0.00
	<b>Legal</b>	0.00	0.00	4,500.00	4,500.00	0.00
	<b>Other</b>	72.00	53,609.00	31,891.00	85,500.00	(29,327.84)
	<b>Total</b>	12,872.64	400,074.28	184,335.16	584,409.44	(29,327.84)

<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>	12,943.62	858,067.81	182,292.82	1,040,360.63	(16,870.70)
	<b>Legal</b>	0.00	29,329.73	8,428.00	37,757.73	0.00
	<b>Other</b>	81.00	123,680.15	37,366.59	161,046.74	(89,855.37)
	<b>Total</b>	13,024.62	1,486,906.65	253,087.41	1,739,994.06	(106,726.07)

**ORG1 DESC** : Jefferson 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 : 05/01/2023 - 05/31/2023

<b>Closed Total 475</b>	<b>Indemnity</b>	0.00	699,277.05	0.00	699,277.05	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	1,000,926.56	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	116,741.01	0.00	116,741.01	(98,366.06)
	<b>Total</b>	0.00	1,845,206.46	0.00	1,845,206.46	(98,827.18)

**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 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>	2,936.71	5,165.99	11,034.01	16,200.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	665.92	902.03	2,397.97	3,300.00	0.00
					<b>Total</b>	3,602.63	6,068.02	13,431.98	19,500.00	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 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>	2,028.00	24,820.14	30,199.86	55,020.00	0.00
					<b>Legal</b>	0.00	0.00	9,500.00	9,500.00	0.00
					<b>Other</b>	54.81	2,625.20	5,927.64	8,552.84	0.00
					<b>Total</b>	2,082.81	55,747.40	70,627.50	126,374.90	0.00



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

<b>Jefferson County Total 484</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>	4,964.71	1,030,912.69	41,233.87	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>	720.73	120,268.24	8,325.61	128,593.85	(98,366.06)
	<b>Total</b>	5,685.44	1,907,021.88	84,059.48	1,991,081.36	(98,827.18)

**ORG1 DESC :** Jefferson County RWD 12

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

**ORG1 DESC :** Jewell County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

<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>	0.00	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>	0.00	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
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<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>	0.00	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>	0.00	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>	0.00	731,040.19	74,380.93	805,421.12	0.00
	<b>Legal</b>	0.00	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>	0.00	1,545,746.60	108,856.19	1,654,602.79	(1,157.51)

**ORG1 DESC** : Kansas Association Of Counties

**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 : 05/01/2023 - 05/31/2023

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

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

## Insurer: Kansas Workers Risk Cooperative for Counties

<u>Claim Number</u> <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 58</b>									
		<b>Indemnity</b>	0.00		54,462.28	0.00	54,462.28	0.00	0.00
		<b>Rehab</b>	0.00		0.00	0.00	0.00	0.00	0.00
		<b>Medical</b>	0.00		71,978.02	0.00	71,978.02	0.00	0.00
		<b>Legal</b>	0.00		1,282.50	0.00	1,282.50	0.00	0.00
		<b>Other</b>	0.00		3,076.88	0.00	3,076.88	0.00	0.00
		<b>Total</b>	0.00		130,799.68	0.00	130,799.68	0.00	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 : 05/01/2023 - 05/31/2023

<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>	75.68	2,848.12	8,751.88	11,600.00	0.00
		<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
		<b>Other</b>	15.57	213.49	2,136.51	2,350.00	0.00
		<b>Total</b>	91.25	3,061.61	10,888.39	13,950.00	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>	75.68	74,826.14	8,751.88	83,578.02	0.00
		<b>Legal</b>	0.00	1,282.50	0.00	1,282.50	0.00
		<b>Other</b>	15.57	3,290.37	2,136.51	5,426.88	0.00
		<b>Total</b>	91.25	133,861.29	10,888.39	144,749.68	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	
					0.00	11,993.78	0.00	11,993.78	0.00	
					0.00	0.00	0.00	0.00	0.00	
					180.00	1,122.27	0.00	1,122.27	0.00	
					<b>Total</b>	180.00	14,569.26	0.00	14,569.26	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 : 05/01/2023 - 05/31/2023

<b>Open Total 2</b>		<b>Indemnity</b>	0.00	10,093.24	15,960.99	26,054.23	0.00
		<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
		<b>Medical</b>	6,406.08	42,150.54	13,049.46	55,200.00	0.00
		<b>Legal</b>	0.00	0.00	600.00	600.00	0.00
		<b>Other</b>	350.72	1,296.17	4,503.83	5,800.00	0.00
		<b>Total</b>	6,756.80	53,539.95	34,114.28	87,654.23	0.00
<b>Kingman County Total 17</b>		<b>Indemnity</b>	0.00	11,546.45	15,960.99	27,507.44	0.00
		<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
		<b>Medical</b>	6,406.08	54,144.32	13,049.46	67,193.78	0.00
		<b>Legal</b>	0.00	0.00	600.00	600.00	0.00
		<b>Other</b>	530.72	2,418.44	4,503.83	6,922.27	0.00
		<b>Total</b>	6,936.80	68,109.21	34,114.28	102,223.49	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 : 05/01/2023 - 05/31/2023

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>	68.37	107,837.06	0.00	107,837.06	0.00
					<b>Legal</b>	0.00	392.00	0.00	392.00	0.00
					<b>Other</b>	14.57	11,339.83	0.00	11,339.83	0.00
					<b>Total</b>	82.94	153,801.68	0.00	153,801.68	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	
				<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>	4,347.00	4,791.75	5,208.25	10,000.00	0.00
					<b>Other</b>	0.00	1,080.08	3,833.47	4,913.55	0.00
					<b>Total</b>	4,347.00	33,054.05	22,748.79	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>	68.37	114,379.99	13,707.07	128,087.06	0.00
					<b>Legal</b>	4,347.00	5,183.75	5,208.25	10,392.00	0.00
					<b>Other</b>	14.57	12,419.91	3,833.47	16,253.38	0.00
					<b>Total</b>	4,429.94	186,855.73	22,748.79	209,604.52	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 : 05/01/2023 - 05/31/2023

<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 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	1,620.09	6,879.91	8,500.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	93.60	1,606.40	1,700.00	0.00
	<b>Total</b>	0.00	1,713.69	8,486.31	10,200.00	0.00

<b>Lincoln County Total 274</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	6,879.91	522,308.47	0.00
	<b>Legal</b>	0.00	518.00	0.00	518.00	0.00
	<b>Other</b>	0.00	37,291.71	1,606.40	38,898.11	(756.73)
	<b>Total</b>	0.00	770,150.53	8,486.31	778,636.84	(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 : 05/01/2023 - 05/31/2023

<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>	0.00	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>	0.00	61,648.89	0.00	61,648.89	0.00
	<b>Total</b>	0.00	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 9</b>					<b>Indemnity</b>	0.00	46,004.92	470,000.00	516,004.92	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	944.62	282,881.05	181,996.78	464,877.83	0.00
					<b>Legal</b>	0.00	9,710.14	9,789.86	19,500.00	0.00
					<b>Other</b>	428.73	15,462.16	54,057.56	69,519.72	0.00
					<b>Total</b>	1,373.35	354,058.27	715,844.20	1,069,902.47	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	12,540.06	37,426.40	0.00
					<b>Legal</b>	0.00	0.00	550.00	550.00	0.00
					<b>Other</b>	0.00	2,811.11	4,127.19	6,938.30	0.00
					<b>Total</b>	0.00	29,126.93	22,287.77	51,414.70	0.00



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

<b>Linn County Total 305</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>	944.62	1,046,188.07	194,536.84	1,240,724.91	(19,661.57)
	<b>Legal</b>	0.00	13,296.64	10,339.86	23,636.50	0.00
	<b>Other</b>	428.73	79,922.16	58,184.75	138,106.91	0.00
	<b>Total</b>	1,373.35	1,666,517.58	738,131.97	2,404,649.55	(33,675.37)

**ORG1 DESC :** Lyon 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 721</b>					<b>Indemnity</b>	0.00	929,049.96	0.00	929,049.96	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	1,324,033.95	0.00	1,324,033.95	(1,770.30)
					<b>Legal</b>	0.00	33,355.20	0.00	33,355.20	0.00
					<b>Other</b>	0.00	185,543.82	0.00	185,543.82	(8,160.28)
					<b>Total</b>	0.00	2,471,982.93	0.00	2,471,982.93	(9,930.58)

**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 9</b>					<b>Indemnity</b>	0.00	25,692.48	87,393.55	113,086.03	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	3,033.90	127,635.57	77,534.84	205,170.41	0.00
					<b>Legal</b>	0.00	0.00	1,750.00	1,750.00	0.00
					<b>Other</b>	432.90	14,913.94	14,729.81	29,643.75	0.00
					<b>Total</b>	3,466.80	168,241.99	181,408.20	349,650.19	0.00

**CLAIMANT STATUS DESC :** Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

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>	2,446.13	23,989.58	23,010.42	47,000.00	0.00
					<b>Legal</b>	0.00	380.00	10,670.00	11,050.00	0.00
					<b>Other</b>	19.41	1,866.02	5,433.98	7,300.00	0.00
					<b>Total</b>	2,465.54	29,567.55	67,723.87	97,291.42	0.00
				<b>Lyon County Total 731</b>	<b>Indemnity</b>	0.00	958,074.39	116,003.02	1,074,077.41	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	5,480.03	1,475,659.10	100,545.26	1,576,204.36	(1,770.30)
					<b>Legal</b>	0.00	33,735.20	12,420.00	46,155.20	0.00
					<b>Other</b>	452.31	202,323.78	20,163.79	222,487.57	(8,160.28)
					<b>Total</b>	5,932.34	2,669,792.47	249,132.07	2,918,924.54	(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 : 05/01/2023 - 05/31/2023

<b>Open Total 5</b>	<b>Indemnity</b>	0.00	0.00	15,000.00	15,000.00	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	1,070.56	14,927.30	16,472.70	31,400.00	0.00
	<b>Legal</b>	0.00	373.75	7,626.25	8,000.00	0.00
	<b>Other</b>	95.11	870.36	4,269.64	5,140.00	0.00
	<b>Total</b>	1,165.67	16,171.41	43,368.59	59,540.00	0.00
<b>Marion County Total 314</b>	<b>Indemnity</b>	0.00	338,071.77	15,000.00	353,071.77	(12,859.30)
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	1,070.56	680,371.22	16,472.70	696,843.92	(20,844.68)
	<b>Legal</b>	0.00	16,971.91	7,626.25	24,598.16	0.00
	<b>Other</b>	95.11	64,947.84	4,269.64	69,217.48	(29,697.36)
	<b>Total</b>	1,165.67	1,100,362.74	43,368.59	1,143,731.33	(63,401.34)

**ORG1 DESC :** Marshall 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 218</b>					<b>Indemnity</b>	0.00	172,657.84	0.00	172,657.84	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	337,296.08	0.00	337,296.08	0.00
					<b>Legal</b>	0.00	890.50	0.00	890.50	0.00
					<b>Other</b>	0.00	28,515.23	0.00	28,515.23	(63,662.41)
					<b>Total</b>	0.00	539,359.65	0.00	539,359.65	(63,662.41)

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number 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 : 05/01/2023 - 05/31/2023

<b>Open Total 1</b>	<b>Indemnity</b>	0.00	0.00	0.00	0.00	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	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 74</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	526,064.85	0.00	526,064.85	(15,010.66)
					<b>Legal</b>	0.00	22,800.05	0.00	22,800.05	0.00
					<b>Other</b>	0.00	62,074.37	0.00	62,074.37	0.00
					<b>Total</b>	0.00	851,501.40	0.00	851,501.40	(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 : 05/01/2023 - 05/31/2023

<b>Open Total 7</b>	<b>Indemnity</b>	2,392.10	13,727.27	75,912.79	89,640.06	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	1,524.10	46,113.80	69,286.20	115,400.00	(1,000.00)
	<b>Legal</b>	184.50	1,490.30	22,509.70	24,000.00	0.00
	<b>Other</b>	246.04	10,802.56	19,987.44	30,790.00	0.00
	<b>Total</b>	4,346.74	72,133.93	187,696.13	259,830.06	(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 82</b>										
					<b>Indemnity</b>	2,392.10	254,289.40	81,412.79	335,702.19	(500.00)
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	1,524.10	576,007.60	71,357.25	647,364.85	(16,510.66)
					<b>Legal</b>	184.50	24,290.35	22,509.70	46,800.05	0.00
					<b>Other</b>	246.04	73,203.87	20,840.50	94,044.37	0.00
					<b>Total</b>	4,346.74	927,791.22	196,720.24	1,124,511.46	(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 : 05/01/2023 - 05/31/2023

<b>Closed Total 210</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	663,408.71	0.00	663,408.71	0.00
	<b>Legal</b>	0.00	16,591.01	0.00	16,591.01	0.00
	<b>Other</b>	0.00	44,881.73	0.00	44,881.73	(7,381.97)
	<b>Total</b>	0.00	1,013,450.29	0.00	1,013,450.29	(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 3</b>	<b>Indemnity</b>	0.00	0.00	0.00	0.00	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	1,225.68	4,483.31	6,016.69	10,500.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	70.11	381.66	1,718.34	2,100.00	0.00
	<b>Total</b>	1,295.79	4,864.97	7,735.03	12,600.00	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>	1,225.68	667,892.02	6,016.69	673,908.71	0.00
	<b>Legal</b>	0.00	16,591.01	0.00	16,591.01	0.00
	<b>Other</b>	70.11	45,263.39	1,718.34	46,981.73	(7,381.97)
	<b>Total</b>	1,295.79	1,018,315.26	7,735.03	1,026,050.29	(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 : 05/01/2023 - 05/31/2023

<b>Closed Total 79</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>	100.35	165,765.04	0.00	165,765.04	(382.84)
	<b>Legal</b>	0.00	910.00	0.00	910.00	0.00
	<b>Other</b>	9.00	14,586.59	0.00	14,586.59	(1,376.32)
	<b>Total</b>	109.35	273,806.42	0.00	273,806.42	(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 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>	190.37	2,638.26	2,361.74	5,000.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	9.00	341.72	658.28	1,000.00	0.00
	<b>Total</b>	199.37	2,979.98	3,020.02	6,000.00	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>	290.72	168,403.30	2,361.74	170,765.04	(382.84)
	<b>Legal</b>	0.00	910.00	0.00	910.00	0.00
	<b>Other</b>	18.00	14,928.31	658.28	15,586.59	(1,376.32)
	<b>Total</b>	308.72	276,786.40	3,020.02	279,806.42	(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 : 05/01/2023 - 05/31/2023

<b>Closed Total 714</b>	<b>Indemnity</b>	0.00	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>	0.00	1,882,108.70	0.00	1,882,108.70	(2,784.23)
	<b>Legal</b>	0.00	15,600.69	0.00	15,600.69	0.00
	<b>Other</b>	0.00	165,824.34	0.00	165,824.34	(212,591.31)
	<b>Total</b>	0.00	3,380,017.42	0.00	3,380,017.42	(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 6</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>	11,579.88	117,465.77	86,142.01	203,607.78	0.00
					<b>Legal</b>	0.00	12,985.89	12,614.11	25,600.00	0.00
					<b>Other</b>	2,931.48	7,228.21	10,034.29	17,262.50	0.00
					<b>Total</b>	14,511.36	181,779.01	131,005.18	312,784.19	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>	482.50	928.45	7,671.55	8,600.00	0.00
					<b>Other</b>	325.00	802.89	1,694.70	2,497.59	0.00
					<b>Total</b>	807.50	6,430.86	70,946.25	77,377.11	0.00



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

<b>Miami County Total 721</b>	<b>Indemnity</b>	0.00	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>	11,579.88	2,004,273.99	102,722.01	2,106,996.00	(2,784.23)
	<b>Legal</b>	482.50	29,515.03	20,285.66	49,800.69	0.00
	<b>Other</b>	3,256.48	173,855.44	11,728.99	185,584.43	(212,591.31)
	<b>Total</b>	15,318.86	3,568,227.29	201,951.43	3,770,178.72	(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 3</b>									
			<b>Indemnity</b>		3,338.59	20,861.88	15,503.52	36,365.40	0.00
			<b>Rehab</b>		0.00	0.00	0.00	0.00	0.00
			<b>Medical</b>		274.80	52,959.04	15,040.96	68,000.00	0.00
			<b>Legal</b>		50.00	50.00	1,100.00	1,150.00	0.00
			<b>Other</b>		3.02	7,767.32	6,994.68	14,762.00	0.00
			<b>Total</b>		3,666.41	81,638.24	38,639.16	120,277.40	0.00



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

<b>Mitchell County Total 137</b>	<b>Indemnity</b>	3,338.59	337,994.58	15,503.52	353,498.10	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	274.80	481,211.80	15,040.96	496,252.76	0.00
	<b>Legal</b>	50.00	1,034.00	1,100.00	2,134.00	0.00
	<b>Other</b>	3.02	48,057.27	6,994.68	55,051.95	(45,137.43)
	<b>Total</b>	3,666.41	868,297.65	38,639.16	906,936.81	(45,137.43)

**ORG1 DESC :** Montgomery 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 33</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>	0.00	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>	0.00	4,927.45	0.00	4,927.45	0.00
					<b>Total</b>	0.00	46,500.73	0.00	46,500.73	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>	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>	499.59	521.24	6,478.76	7,000.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	629.19	629.19	770.81	1,400.00	0.00
					<b>Total</b>	1,128.78	1,150.43	7,249.57	8,400.00	0.00



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

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	499.59	23,721.45	6,478.76	30,200.21	0.00
		Legal	0.00	485.00	0.00	485.00	0.00
		Other	629.19	5,556.64	770.81	6,327.45	0.00
		<b>Total</b>	<b>1,128.78</b>	<b>47,651.16</b>	<b>7,249.57</b>	<b>54,900.73</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	0.00	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>0.00</b>	<b>500.00</b>	<b>1,140.00</b>	<b>1,640.00</b>



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

<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>	0.00	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>	0.00	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 149</b>					<b>Indemnity</b>	0.00	130,735.57	0.00	130,735.57	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	241,688.66	0.00	241,688.66	0.00
					<b>Legal</b>	0.00	9,734.30	0.00	9,734.30	0.00
					<b>Other</b>	0.00	28,854.41	0.00	28,854.41	(176.00)
					<b>Total</b>	0.00	411,012.94	0.00	411,012.94	(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>	3,685.00	138,356.75	223,551.25	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>	3,685.00	147,469.49	248,788.51	396,258.00	0.00

**CLAIMANT STATUS DESC :** Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties





# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

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	1,870.40	0.00	1,870.40	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	1,421.42	20,327.59	328.58	20,656.17	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	60.64	2,171.60	139.36	2,310.96	0.00
					<b>Total</b>	1,482.06	24,369.59	467.94	24,837.53	0.00
				<b>Morton County Total 151</b>	<b>Indemnity</b>	3,685.00	270,962.72	223,551.25	494,513.97	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	1,421.42	266,118.28	20,226.55	286,344.83	0.00
					<b>Legal</b>	0.00	14,419.46	2,814.84	17,234.30	0.00
					<b>Other</b>	60.64	31,351.56	2,663.81	34,015.37	(176.00)
					<b>Total</b>	5,167.06	582,852.02	249,256.45	832,108.47	(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



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

**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	
<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	
<b>Open Total 5</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>	107.40	385,740.60	111,150.30	496,890.90	(500.00)
					<b>Legal</b>	1,742.50	4,493.14	20,265.24	24,758.38	0.00
					<b>Other</b>	9.00	35,332.54	11,882.46	47,215.00	(500.00)
					<b>Total</b>	1,858.90	516,342.53	153,298.00	669,640.53	(1,000.00)
<b>Neosho County Total 334</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>	107.40	959,932.70	111,150.30	1,071,083.00	(89,574.79)
					<b>Legal</b>	1,742.50	16,909.84	20,265.24	37,175.08	0.00
					<b>Other</b>	9.00	109,139.60	11,882.46	121,022.06	(55,324.28)
					<b>Total</b>	1,858.90	1,564,403.51	153,298.00	1,717,701.51	(144,899.07)

**ORG1 DESC :** Ness County

**CLAIMANT STATUS DESC :** Closed



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

## 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 32</b>	<b>Indemnity</b>	0.00	71,155.16	0.00	71,155.16	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	105,164.69	198.90	105,363.59	0.00
					<b>Legal</b>	0.00	492.00	0.00	492.00	0.00
					<b>Other</b>	0.00	8,748.16	0.00	8,748.16	(15,000.00)
					<b>Total</b>	0.00	185,560.01	198.90	185,758.91	(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 3</b>	<b>Indemnity</b>	0.00	5,914.61	12,473.23	18,387.84	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	90.36	7,622.04	21,877.96	29,500.00	0.00
					<b>Legal</b>	336.00	835.85	8,714.15	9,550.00	0.00
					<b>Other</b>	11.71	605.37	4,794.63	5,400.00	0.00
					<b>Total</b>	438.07	14,977.87	47,859.97	62,837.84	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>	247.75	316.99	2,183.01	2,500.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	5.38	25.22	474.78	500.00	0.00
					<b>Total</b>	253.13	342.21	2,657.79	3,000.00	0.00



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

<b>Ness County Total 36</b>	<b>Indemnity</b>	0.00	77,069.77	12,473.23	89,543.00	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	338.11	113,103.72	24,259.87	137,363.59	0.00
	<b>Legal</b>	336.00	1,327.85	8,714.15	10,042.00	0.00
	<b>Other</b>	17.09	9,378.75	5,269.41	14,648.16	(15,000.00)
	<b>Total</b>	691.20	200,880.09	50,716.66	251,596.75	(15,000.00)

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

**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 44</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	18,627.10	0.00	18,627.10	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	95.79	3,860.01	0.00	3,860.01	0.00
					<b>Total</b>	95.79	25,627.59	0.00	25,627.59	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 19</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>	3,781.53	5,855.36	40,044.64	45,900.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	850.45	1,326.29	8,613.71	9,940.00	0.00
					<b>Total</b>	4,631.98	7,181.65	48,658.35	55,840.00	0.00



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

<b>North Central Kansas Regional Juvenile Detention Total 63</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>	3,781.53	24,482.46	40,044.64	64,527.10	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	946.24	5,186.30	8,613.71	13,800.01	0.00
	<b>Total</b>	4,727.77	32,809.24	48,658.35	81,467.59	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 : 05/01/2023 - 05/31/2023

<b>Closed Total 171</b>	<b>Indemnity</b>	0.00	212,226.86	0.00	212,226.86	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	1,833.69	417,991.96	0.00	417,991.96	(9,036.60)
	<b>Legal</b>	0.00	511.50	0.00	511.50	0.00
	<b>Other</b>	39.26	41,578.69	0.00	41,578.69	(34,632.43)
	<b>Total</b>	1,872.95	672,309.01	0.00	672,309.01	(43,669.03)

**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>	799.02	889.02	3,810.98	4,700.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	50.97	59.97	840.03	900.00	0.00
	<b>Total</b>	849.99	948.99	4,651.01	5,600.00	0.00

<b>Norton County Total 174</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>	2,632.71	418,880.98	3,810.98	422,691.96	(9,036.60)
	<b>Legal</b>	0.00	511.50	0.00	511.50	0.00
	<b>Other</b>	90.23	41,638.66	840.03	42,478.69	(34,632.43)
	<b>Total</b>	2,722.94	673,258.00	4,651.01	677,909.01	(43,669.03)

**ORG1 DESC** : Osage 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 : 05/01/2023 - 05/31/2023

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

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number 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	9,921.02	6,000.00	15,921.02	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	3,022.11	29,155.86	53,912.66	83,068.52	0.00
					<b>Legal</b>	0.00	0.00	600.00	600.00	0.00
					<b>Other</b>	624.56	1,781.85	8,018.15	9,800.00	0.00
					<b>Total</b>	3,646.67	40,858.73	68,530.81	109,389.54	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>	258.67	1,948.19	1,051.81	3,000.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	20.05	172.46	627.54	800.00	0.00
					<b>Total</b>	278.72	2,120.65	1,679.35	3,800.00	0.00



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

<b>Osage County Total 342</b>	<b>Indemnity</b>	0.00	514,552.55	6,000.00	520,552.55	(14,660.57)
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	3,280.78	858,511.13	54,964.47	913,475.60	(4,005.96)
	<b>Legal</b>	0.00	9,771.00	600.00	10,371.00	0.00
	<b>Other</b>	644.61	68,596.09	8,645.69	77,241.78	(50,779.03)
	<b>Total</b>	3,925.39	1,451,430.77	70,210.16	1,521,640.93	(69,445.56)

**ORG1 DESC :** Osborne 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 232</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	183,532.40	0.00	183,532.40	0.00
					<b>Legal</b>	0.00	1,508.50	0.00	1,508.50	0.00
					<b>Other</b>	0.00	24,563.62	0.00	24,563.62	0.00
					<b>Total</b>	0.00	299,457.71	0.00	299,457.71	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 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	432.69	2,767.31	3,200.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	42.84	557.16	600.00	0.00
					<b>Total</b>	0.00	475.53	3,324.47	3,800.00	0.00





# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

<b>Osborne County Total 234</b>	<b>Indemnity</b>	0.00	89,853.19	0.00	89,853.19	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	183,965.09	2,767.31	186,732.40	0.00
	<b>Legal</b>	0.00	1,508.50	0.00	1,508.50	0.00
	<b>Other</b>	0.00	24,606.46	557.16	25,163.62	0.00
	<b>Total</b>	0.00	299,933.24	3,324.47	303,257.71	0.00

ORG1 DESC : Ottawa County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
<b>Open Total 1</b>					<b>Indemnity</b>	0.00	5,785.45	4,925.55	10,711.00	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	2,171.75	26,500.14	2,599.86	29,100.00	0.00
					<b>Legal</b>	0.00	0.00	600.00	600.00	0.00
					<b>Other</b>	152.41	2,482.86	1,797.14	4,280.00	0.00
					<b>Total</b>	2,324.16	34,768.45	9,922.55	44,691.00	0.00



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

<b>Ottawa County Total 212</b>	<b>Indemnity</b>	0.00	109,508.17	4,925.55	114,433.72	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	2,171.75	254,157.75	2,599.86	256,757.61	0.00
	<b>Legal</b>	0.00	5,853.52	600.00	6,453.52	0.00
	<b>Other</b>	152.41	32,831.49	1,797.14	34,628.63	(31,291.15)
	<b>Total</b>	2,324.16	402,350.93	9,922.55	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	
<b>Open Total 3</b>					<b>Indemnity</b>	1,780.80	329,487.57	228,415.93	557,903.50	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	85,861.51	25,610.49	111,472.00	0.00
					<b>Legal</b>	0.00	1,438.75	12,211.25	13,650.00	0.00
					<b>Other</b>	0.00	13,166.91	4,828.09	17,995.00	0.00
					<b>Total</b>	1,780.80	429,954.74	271,065.76	701,020.50	0.00



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

<b>Pawnee County Total 185</b>	<b>Indemnity</b>	1,780.80	395,041.94	228,415.93	623,457.87	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	259,478.23	25,610.49	285,088.72	0.00
	<b>Legal</b>	0.00	1,943.75	12,211.25	14,155.00	0.00
	<b>Other</b>	0.00	22,339.88	4,828.09	27,167.97	(5,743.63)
	<b>Total</b>	1,780.80	678,803.80	271,065.76	949,869.56	(5,743.63)

ORG1 DESC : Phillips 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 145</b>					<b>Indemnity</b>	0.00	421,432.14	0.00	421,432.14	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	478,467.69	0.00	478,467.69	(38,473.40)
					<b>Legal</b>	0.00	2,588.10	0.00	2,588.10	0.00
					<b>Other</b>	0.00	114,202.29	0.00	114,202.29	(291.80)
					<b>Total</b>	0.00	1,016,690.22	0.00	1,016,690.22	(38,765.20)

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 4</b>					<b>Indemnity</b>	491.52	491.52	2,801.96	3,293.48	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	99.45	1,010.51	10,489.49	11,500.00	0.00
					<b>Legal</b>	0.00	0.00	600.00	600.00	0.00
					<b>Other</b>	0.00	72.09	2,927.91	3,000.00	0.00
					<b>Total</b>	590.97	1,574.12	16,819.36	18,393.48	0.00



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

Phillips County Total 149		Indemnity	491.52	421,923.66	2,801.96	424,725.62	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	99.45	479,478.20	10,489.49	489,967.69	(38,473.40)	
	Legal	0.00	2,588.10	600.00	3,188.10	0.00	
	Other	0.00	114,274.38	2,927.91	117,202.29	(291.80)	
	<b>Total</b>	<b>590.97</b>	<b>1,018,264.34</b>	<b>16,819.36</b>	<b>1,035,083.70</b>	<b>(38,765.20)</b>	

ORG1 DESC : Pottawatomie 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 571</b>							
			Indemnity		0.00	450,758.40	0.00	450,758.40	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		388.71	832,949.10	0.00	832,949.10	(35,040.69)
			Legal		0.00	16,975.62	0.00	16,975.62	(197.00)
			Other		9.00	77,872.13	0.00	77,872.13	(72,608.23)
			<b>Total</b>		<b>397.71</b>	<b>1,378,555.25</b>	<b>0.00</b>	<b>1,378,555.25</b>	<b>(107,845.92)</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 8</b>							
			Indemnity		0.00	335,918.95	0.00	335,918.95	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		2,356.88	189,008.08	47,080.68	236,088.76	(718.38)
			Legal		0.00	919.97	8,680.03	9,600.00	0.00
			Other		57.85	27,466.24	13,271.26	40,737.50	(500.00)
			<b>Total</b>		<b>2,414.73</b>	<b>553,313.24</b>	<b>69,031.97</b>	<b>622,345.21</b>	<b>(1,218.38)</b>

CLAIMANT STATUS DESC : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Run Date: 06/02/2023 09:06:27

TRISTAR - Confidential

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# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

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 6</b>	<b>Indemnity</b>	3,457.15	35,913.80	41,085.70	76,999.50	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	3,665.58	73,532.17	40,467.83	114,000.00	(720.37)
					<b>Legal</b>	0.00	0.00	11,000.00	11,000.00	0.00
					<b>Other</b>	179.32	5,874.44	8,905.60	14,780.04	0.00
					<b>Total</b>	7,302.05	115,320.41	101,459.13	216,779.54	(720.37)
				<b>Pottawatomie County Total 585</b>	<b>Indemnity</b>	3,457.15	822,591.15	41,085.70	863,676.85	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	6,411.17	1,095,489.35	87,548.51	1,183,037.86	(36,479.44)
					<b>Legal</b>	0.00	17,895.59	19,680.03	37,575.62	(197.00)
					<b>Other</b>	246.17	111,212.81	22,176.86	133,389.67	(73,108.23)
					<b>Total</b>	10,114.49	2,047,188.90	170,491.10	2,217,680.00	(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	
				<b>Closed Total 12</b>	<b>Indemnity</b>	0.00	28,691.50	0.00	28,691.50	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	43,943.71	0.00	43,943.71	0.00
					<b>Legal</b>	0.00	1,981.00	0.00	1,981.00	0.00
					<b>Other</b>	0.00	4,523.11	0.00	4,523.11	0.00
					<b>Total</b>	0.00	79,139.32	0.00	79,139.32	0.00
				<b>Pratt County Total 12</b>	<b>Indemnity</b>	0.00	28,691.50	0.00	28,691.50	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	43,943.71	0.00	43,943.71	0.00
					<b>Legal</b>	0.00	1,981.00	0.00	1,981.00	0.00
					<b>Other</b>	0.00	4,523.11	0.00	4,523.11	0.00
					<b>Total</b>	0.00	79,139.32	0.00	79,139.32	0.00



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

**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>	<b>Indemnity</b>	0.00	3,712.50	0.00	3,712.50	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	1,473.64	0.00	1,473.64	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	523.53	0.00	523.53	0.00
					<b>Total</b>	0.00	5,709.67	0.00	5,709.67	0.00
				<b>Public Wholesale Water Supply District No 11 Total 1</b>	<b>Indemnity</b>	0.00	3,712.50	0.00	3,712.50	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	1,473.64	0.00	1,473.64	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	523.53	0.00	523.53	0.00
					<b>Total</b>	0.00	5,709.67	0.00	5,709.67	0.00

**ORG1 DESC :** Rawlins County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number 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>	0.00	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>	0.00	223,062.14	0.00	223,062.14	(825.25)

**CLAIMANT STATUS DESC :** Open



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

## 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>Open Total 2</b>					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	3,339.50	9,941.09	3,658.91	13,600.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	(400.74)	264.63	2,455.37	2,720.00	0.00
					<b>Total</b>	<b>2,938.76</b>	<b>10,205.72</b>	<b>6,114.28</b>	<b>16,320.00</b>	<b>0.00</b>
<b>Rawlins County Total 87</b>					Indemnity	0.00	33,547.07	0.00	33,547.07	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	3,339.50	188,960.52	3,658.91	192,619.43	0.00
					Legal	0.00	1,415.00	0.00	1,415.00	0.00
					Other	(400.74)	9,345.27	2,455.37	11,800.64	(825.25)
					<b>Total</b>	<b>2,938.76</b>	<b>233,267.86</b>	<b>6,114.28</b>	<b>239,382.14</b>	<b>(825.25)</b>

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	
<b>Closed Total 1736</b>					Indemnity	0.00	2,729,995.52	0.00	2,729,995.52	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	4,905,222.68	0.00	4,905,222.68	(640.30)
					Legal	0.00	22,511.48	0.00	22,511.48	0.00
					Other	0.00	587,753.48	0.00	587,753.48	(2,326,633.54)
					<b>Total</b>	<b>0.00</b>	<b>8,245,483.16</b>	<b>0.00</b>	<b>8,245,483.16</b>	<b>(2,327,273.84)</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
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# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

<b>Open Total 21</b>	<b>Indemnity</b>	0.00	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>	6,236.19	653,649.16	162,099.32	815,748.48	0.00
	<b>Legal</b>	142.00	6,993.80	25,306.20	32,300.00	0.00
	<b>Other</b>	548.29	60,604.34	29,059.42	89,663.76	0.00
	<b>Total</b>	6,926.48	1,081,240.09	309,692.33	1,390,932.42	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
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<b>Re-Open Total 4</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>	2,663.25	230,610.97	67,887.91	298,498.88	(25,156.50)
	<b>Legal</b>	0.00	3,231.60	7,268.40	10,500.00	0.00
	<b>Other</b>	57.24	30,648.27	5,551.73	36,200.00	(21,398.16)
	<b>Total</b>	2,720.49	324,698.35	141,306.35	466,004.70	(46,554.66)

<b>Reno County Total 1761</b>	<b>Indemnity</b>	0.00	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>	8,899.44	5,789,482.81	229,987.23	6,019,470.04	(25,796.80)
	<b>Legal</b>	142.00	32,736.88	32,574.60	65,311.48	0.00
	<b>Other</b>	605.53	679,006.09	34,611.15	713,617.24	(2,348,031.70)
	<b>Total</b>	9,646.97	9,651,421.60	450,998.68	10,102,420.28	(2,373,828.50)

**ORG1 DESC** : Republic 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 : 05/01/2023 - 05/31/2023

<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>	0.00	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>	0.00	569,290.87	0.00	569,290.87	(10,186.58)

**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 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 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>	856.16	20,922.61	9,828.38	30,750.99	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	27.00	457.77	4,816.34	5,274.11	0.00
					<b>Total</b>	883.16	22,988.49	22,644.72	45,633.21	0.00



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

<b>Republic County Total 228</b>	<b>Indemnity</b>	0.00	188,157.07	8,000.00	196,157.07	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	856.16	432,935.72	21,715.99	454,651.71	0.00
	<b>Legal</b>	0.00	2,833.70	0.00	2,833.70	0.00
	<b>Other</b>	27.00	44,401.16	9,858.13	54,259.29	(10,186.58)
	<b>Total</b>	883.16	668,327.65	39,574.12	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 99</b>	<b>Indemnity</b>	0.00	233,444.38	0.00	233,444.38	(802.34)
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	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>	0.00	44,414.57	0.00	44,414.57	(23,763.43)
					<b>Total</b>	0.00	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	
				<b>Open Total 9</b>	<b>Indemnity</b>	0.00	39,239.29	9,600.49	48,839.78	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	3,485.52	236,040.53	43,259.47	279,300.00	(2,328.08)
					<b>Legal</b>	0.00	1,042.50	107.50	1,150.00	0.00
					<b>Other</b>	259.22	22,078.44	20,966.56	43,045.00	0.00
					<b>Total</b>	3,744.74	298,400.76	73,934.02	372,334.78	(2,328.08)



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

<b>Rice County Total 108</b>	<b>Indemnity</b>	0.00	272,683.67	9,600.49	282,284.16	(802.34)
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	3,485.52	619,906.19	43,259.47	663,165.66	(22,453.59)
	<b>Legal</b>	0.00	9,253.10	107.50	9,360.60	0.00
	<b>Other</b>	259.22	66,493.01	20,966.56	87,459.57	(23,763.43)
	<b>Total</b>	3,744.74	968,335.97	73,934.02	1,042,269.99	(47,019.36)

**ORG1 DESC :** Rooks County  
**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

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

**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



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

<b>Closed Total 112</b>	<b>Indemnity</b>	0.00	188,719.97	0.00	188,719.97	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	530,788.20	0.00	530,788.20	0.00
	<b>Legal</b>	0.00	1,476.00	0.00	1,476.00	0.00
	<b>Other</b>	0.00	22,834.73	0.00	22,834.73	0.00
	<b>Total</b>	0.00	743,818.90	0.00	743,818.90	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 4</b>	<b>Indemnity</b>	0.00	4,778.26	51,725.34	56,503.60	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	37,207.21	103,527.14	54,872.86	158,400.00	0.00
	<b>Legal</b>	0.00	0.00	2,400.00	2,400.00	0.00
	<b>Other</b>	7,441.99	13,765.83	13,234.17	27,000.00	0.00
	<b>Total</b>	44,649.20	122,071.23	122,232.37	244,303.60	0.00

<b>Rush County Total 116</b>	<b>Indemnity</b>	0.00	193,498.23	51,725.34	245,223.57	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	37,207.21	634,315.34	54,872.86	689,188.20	0.00
	<b>Legal</b>	0.00	1,476.00	2,400.00	3,876.00	0.00
	<b>Other</b>	7,441.99	36,600.56	13,234.17	49,834.73	0.00
	<b>Total</b>	44,649.20	865,890.13	122,232.37	988,122.50	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
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# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

<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
<b>Open 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	798.01	4,201.99	5,000.00
					<b>Legal</b>	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	48.48	951.52	1,000.00
					<b>Total</b>	0.00	846.49	5,153.51	6,000.00

<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>	0.00	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>	0.00	40,322.48	951.52	41,274.00	(16,491.48)
					<b>Total</b>	0.00	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
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# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

<b>Closed Total 1220</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	1,309,657.92	(9.00)	1,309,648.92	(9,808.31)
	<b>Legal</b>	0.00	24,454.17	0.00	24,454.17	(5,380.82)
	<b>Other</b>	0.00	185,146.46	0.00	185,146.46	(67,682.97)
	<b>Total</b>	0.00	2,386,053.42	(9.00)	2,386,044.42	(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	
<b>Open Total 6</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>	3,441.10	85,621.03	72,759.16	158,380.19	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	237.77	27,296.71	9,828.59	37,125.30	0.00
					<b>Total</b>	3,678.87	119,072.01	90,223.02	209,295.03	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	
<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



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

Saline County Total 1227		Indemnity	0.00	915,764.91	9,135.27	924,900.18	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	3,441.10	1,462,191.77	83,250.16	1,545,441.93	(9,808.31)	
	Legal	0.00	24,454.17	600.00	25,054.17	(5,380.82)	
	Other	237.77	214,997.36	11,328.59	226,325.95	(67,682.97)	
	<b>Total</b>	<b>3,678.87</b>	<b>2,617,408.21</b>	<b>104,314.02</b>	<b>2,721,722.23</b>	<b>(82,872.10)</b>	

ORG1 DESC : Scott 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 48</b>			Indemnity	0.00	18,808.47	0.00	18,808.47	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	101.45	83,758.77	0.00	83,758.77	0.00
					Legal	0.00	4,727.60	0.00	4,727.60	0.00
					Other	117.90	9,013.33	0.00	9,013.33	0.00
					<b>Total</b>	<b>219.35</b>	<b>116,308.17</b>	<b>0.00</b>	<b>116,308.17</b>	<b>0.00</b>

		<b>Scott County Total 48</b>			Indemnity	0.00	18,808.47	0.00	18,808.47	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	101.45	83,758.77	0.00	83,758.77	0.00
					Legal	0.00	4,727.60	0.00	4,727.60	0.00
					Other	117.90	9,013.33	0.00	9,013.33	0.00
					<b>Total</b>	<b>219.35</b>	<b>116,308.17</b>	<b>0.00</b>	<b>116,308.17</b>	<b>0.00</b>

ORG1 DESC : Sheridan 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 : 05/01/2023 - 05/31/2023

<b>Closed Total 154</b>	<b>Indemnity</b>	0.00	495,927.96	0.00	495,927.96	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	171.70	445,041.88	0.00	445,041.88	0.00
	<b>Legal</b>	0.00	1,663.50	0.00	1,663.50	0.00
	<b>Other</b>	3.64	31,510.77	0.00	31,510.77	0.00
	<b>Total</b>	175.34	974,144.11	0.00	974,144.11	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 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>	1,207.12	2,340.07	9,659.93	12,000.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	39.63	140.87	2,259.13	2,400.00	0.00
	<b>Total</b>	1,246.75	2,480.94	11,919.06	14,400.00	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>	1,378.82	447,381.95	9,659.93	457,041.88	0.00
	<b>Legal</b>	0.00	1,663.50	0.00	1,663.50	0.00
	<b>Other</b>	43.27	31,651.64	2,259.13	33,910.77	0.00
	<b>Total</b>	1,422.09	976,625.05	11,919.06	988,544.11	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
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# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

<b>Closed Total 140</b>	<b>Indemnity</b>	0.00	85,276.19	0.00	85,276.19	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	346,905.55	0.00	346,905.55	0.00
	<b>Legal</b>	92.00	16,602.78	0.00	16,602.78	0.00
	<b>Other</b>	0.00	20,317.10	0.00	20,317.10	0.00
	<b>Total</b>	92.00	469,101.62	0.00	469,101.62	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 5</b>	<b>Indemnity</b>	0.00	10,000.00	13,216.00	23,216.00	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	1,481.74	3,304.07	38,195.93	41,500.00	0.00
	<b>Legal</b>	528.75	1,797.25	7,702.75	9,500.00	0.00
	<b>Other</b>	87.74	247.29	6,512.71	6,760.00	0.00
	<b>Total</b>	2,098.23	15,348.61	65,627.39	80,976.00	0.00

<b>Sherman County Total 145</b>	<b>Indemnity</b>	0.00	95,276.19	13,216.00	108,492.19	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	1,481.74	350,209.62	38,195.93	388,405.55	0.00
	<b>Legal</b>	620.75	18,400.03	7,702.75	26,102.78	0.00
	<b>Other</b>	87.74	20,564.39	6,512.71	27,077.10	0.00
	<b>Total</b>	2,190.23	484,450.23	65,627.39	550,077.62	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 : 05/01/2023 - 05/31/2023

<b>Closed Total 97</b>	<b>Indemnity</b>	0.00	234,045.69	0.00	234,045.69	(3,813.50)
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	287,931.07	0.00	287,931.07	(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	0.00	24,592.16	0.00
	<b>Total</b>	0.00	562,021.63	0.00	562,021.63	(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 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	2,500.00	2,500.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	0.00	500.00	500.00	0.00
	<b>Total</b>	0.00	0.00	3,000.00	3,000.00	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	2,500.00	290,431.07	(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	500.00	25,092.16	0.00
	<b>Total</b>	0.00	562,021.63	3,000.00	565,021.63	(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 : 05/01/2023 - 05/31/2023

<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>	0.00	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>	0.00	54.62	645.38	700.00	0.00
	<b>Total</b>	0.00	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>	0.00	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>	0.00	4,482.06	645.38	5,127.44	0.00
	<b>Total</b>	0.00	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 : 05/01/2023 - 05/31/2023

<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>	1,622.27	2,163.90	2,836.10	5,000.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	63.69	86.07	913.93	1,000.00	0.00
	<b>Total</b>	1,685.96	2,249.97	3,750.03	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>	1,622.27	395,663.64	2,836.10	398,499.74	0.00
	<b>Legal</b>	0.00	882.00	0.00	882.00	0.00
	<b>Other</b>	63.69	22,749.05	913.93	23,662.98	(5,990.28)
	<b>Total</b>	1,685.96	628,641.32	3,750.03	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 : 05/01/2023 - 05/31/2023

<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>	0.00	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>	0.00	61,774.71	0.00	61,774.71	(5,000.00)
	<b>Total</b>	0.00	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
				<b>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	101.69	2,398.31	2,500.00
					<b>Legal</b>	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	12.05	487.95	500.00
					<b>Total</b>	0.00	113.74	2,886.26	3,000.00

<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>	0.00	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>	0.00	61,786.76	487.95	62,274.71	(5,000.00)
	<b>Total</b>	0.00	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 : 05/01/2023 - 05/31/2023

<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

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Closed Total 169</b>					<b>Indemnity</b>	0.00	520,087.91	0.00	520,087.91	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	689,735.38	0.00	689,735.38	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	91,032.47	0.00	91,032.47	(511.23)
					<b>Total</b>	0.00	1,300,855.76	0.00	1,300,855.76	(511.23)

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number 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 : 05/01/2023 - 05/31/2023

<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

<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 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

<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 : 05/01/2023 - 05/31/2023

<b>Open Total 2</b>	<b>Indemnity</b>	0.00	0.00	0.00	0.00	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	969.16	2,324.58	5,175.42	7,500.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	332.14	1,054.55	1,445.45	2,500.00	0.00
	<b>Total</b>	1,301.30	3,379.13	6,620.87	10,000.00	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>	413.32	800.37	2,699.63	3,500.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	149.03	636.02	63.98	700.00	0.00
	<b>Total</b>	562.35	1,436.39	2,763.61	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>	1,382.48	329,964.33	7,875.05	337,839.38	0.00
	<b>Legal</b>	0.00	784.00	0.00	784.00	0.00
	<b>Other</b>	481.17	24,589.11	1,509.43	26,098.54	(2,355.43)
	<b>Total</b>	1,863.65	521,004.30	9,384.48	530,388.78	(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 : 05/01/2023 - 05/31/2023

<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>	916.83	3,959.91	4,740.09	8,700.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	39.55	372.18	1,377.82	1,750.00	0.00
					<b>Total</b>	956.38	7,484.04	7,584.40	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>	0.00	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>	0.00	88.84	411.16	500.00	0.00
					<b>Total</b>	0.00	1,126.11	1,873.89	3,000.00	0.00



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

<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>	916.83	241,852.51	6,202.82	248,055.33	(2,835.19)
	<b>Legal</b>	0.00	976.00	0.00	976.00	0.00
	<b>Other</b>	39.55	13,963.55	1,788.98	15,752.53	(515.12)
	<b>Total</b>	956.38	338,333.18	9,458.29	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	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	0.00	0.00	0.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	0.00	0.00	0.00	0.00
					<b>Total</b>	0.00	0.00	0.00	0.00	0.00
				<b>Wabaunsee County Total 4</b>	<b>Indemnity</b>	0.00	0.00	0.00	0.00	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	0.00	0.00	0.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	0.00	0.00	0.00	0.00
					<b>Total</b>	0.00	0.00	0.00	0.00	0.00

**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 : 05/01/2023 - 05/31/2023

<b>Closed Total 1</b>		<b>Indemnity</b>	0.00	0.00	0.00	0.00	0.00
		<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
		<b>Medical</b>	0.00	110.02	0.00	110.02	0.00
		<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
		<b>Other</b>	0.00	15.53	0.00	15.53	0.00
		<b>Total</b>	0.00	125.55	0.00	125.55	0.00
<b>Wabaunsee County RWD No 2 Total 1</b>		<b>Indemnity</b>	0.00	0.00	0.00	0.00	0.00
		<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
		<b>Medical</b>	0.00	110.02	0.00	110.02	0.00
		<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
		<b>Other</b>	0.00	15.53	0.00	15.53	0.00
		<b>Total</b>	0.00	125.55	0.00	125.55	0.00

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

## Insurer: Kansas Workers Risk Cooperative for Counties

<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 82</b>									
		<b>Indemnity</b>	0.00	34,338.97	0.00	34,338.97	0.00	0.00	
		<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00	0.00	
		<b>Medical</b>	0.00	150,956.89	0.00	150,956.89	0.00	0.00	
		<b>Legal</b>	0.00	424.50	0.00	424.50	0.00	0.00	
		<b>Other</b>	0.00	5,497.59	0.00	5,497.59	0.00	0.00	
		<b>Total</b>	0.00	191,217.95	0.00	191,217.95	0.00	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 : 05/01/2023 - 05/31/2023

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	0.00
	Medical	0.00	783.97	3,416.03	4,200.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	117.55	682.45	800.00	0.00	0.00
	<b>Total</b>	0.00	901.52	4,098.48	5,000.00	0.00	0.00

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Wallace County Total 84		Indemnity	0.00	34,338.97	0.00	34,338.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	151,740.86	3,416.03	155,156.89	0.00	0.00
	Legal	0.00	424.50	0.00	424.50	0.00	0.00
	Other	0.00	5,615.14	682.45	6,297.59	0.00	0.00
	<b>Total</b>	0.00	192,119.47	4,098.48	196,217.95	0.00	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>									
			Indemnity		0.00	389,769.08	0.00	389,769.08	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		0.00	90,812.55	0.00	90,812.55	0.00
			Legal		0.00	0.00	0.00	0.00	0.00
			Other		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)

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<b>Wichita County Total 78</b>			Indemnity		0.00	389,769.08	0.00	389,769.08	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		0.00	90,812.55	0.00	90,812.55	0.00
			Legal		0.00	0.00	0.00	0.00	0.00
			Other		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 : 05/01/2023 - 05/31/2023

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>					
				Indemnity	0.00	18,590.34	0.00	18,590.34	0.00
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	0.00	44,294.78	0.00	44,294.78	0.00
				Legal	0.00	492.00	0.00	492.00	0.00
				Other	0.00	3,053.28	0.00	3,053.28	0.00
				<b>Total</b>	<b>0.00</b>	<b>66,430.40</b>	<b>0.00</b>	<b>66,430.40</b>	<b>0.00</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 3</b>					
				Indemnity	0.00	6,494.08	5.92	6,500.00	0.00
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	0.00	5,451.41	7,498.59	12,950.00	0.00
				Legal	442.00	492.00	108.00	600.00	0.00
				Other	0.00	276.24	3,023.76	3,300.00	0.00
				<b>Total</b>	<b>442.00</b>	<b>12,713.73</b>	<b>10,636.27</b>	<b>23,350.00</b>	<b>0.00</b>

				<b>Woodson County Total 37</b>					
				Indemnity	0.00	25,084.42	5.92	25,090.34	0.00
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	0.00	49,746.19	7,498.59	57,244.78	0.00
				Legal	442.00	984.00	108.00	1,092.00	0.00
				Other	0.00	3,329.52	3,023.76	6,353.28	0.00
				<b>Total</b>	<b>442.00</b>	<b>79,144.13</b>	<b>10,636.27</b>	<b>89,780.40</b>	<b>0.00</b>

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 : 05/01/2023 - 05/31/2023

<b>Closed Total 1</b>	<b>Indemnity</b>	0.00	0.00	0.00	0.00	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	0.00	0.00	0.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	0.00	0.00	0.00	0.00
	<b>Total</b>	0.00	0.00	0.00	0.00	0.00
<b>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 21317</b>	<b>Indemnity</b>	26,351.53	31,801,162.96	2,778,047.90	34,579,210.86	(51,121.92)
	<b>Rehab</b>	0.00	573.00	2,500.00	3,073.00	0.00
	<b>Medical</b>	279,664.07	51,565,386.62	3,834,117.02	55,399,503.64	(922,876.74)
	<b>Legal</b>	31,053.96	899,234.78	451,200.18	1,350,434.96	(11,597.99)
	<b>Other</b>	30,553.02	5,290,279.48	745,956.49	6,036,235.97	(3,956,045.40)
	<b>Total</b>	367,622.58	89,556,636.84	7,812,421.59	97,369,058.43	(4,941,642.05)
<b>Grand Total: 21317</b>	<b>Indemnity</b>	26,351.53	31,801,162.96	2,778,047.90	34,579,210.86	(51,121.92)
	<b>Rehab</b>	0.00	573.00	2,500.00	3,073.00	0.00
	<b>Medical</b>	279,664.07	51,565,386.62	3,834,117.02	55,399,503.64	(922,876.74)
	<b>Legal</b>	31,053.96	899,234.78	451,200.18	1,350,434.96	(11,597.99)
	<b>Other</b>	30,553.02	5,290,279.48	745,956.49	6,036,235.97	(3,956,045.40)
	<b>Total</b>	367,622.58	89,556,636.84	7,812,421.59	97,369,058.43	(4,941,642.05)



# Claim Summary - Workers Compensation

PERIOD : 05/01/2023 - 05/31/2023

## Report Fields

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

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

Outstanding: total outstanding reserves remaining

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

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

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

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

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