



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

**ORG1 DESC :** Allen County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
				<b>Closed Total 54</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	153,949.39	0.00	153,949.39	(18,272.78)
				Legal	0.00	16,451.72	0.00	16,451.72	0.00
				Other	0.00	7,275.70	0.00	7,275.70	(12,214.66)
				<b>Total</b>	<b>0.00</b>	<b>209,985.07</b>	<b>0.00</b>	<b>209,985.07</b>	<b>(32,487.44)</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 9</b>					
				Indemnity	36,000.00	65,867.82	57,725.88	123,593.70	0.00
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	1,357.64	135,341.37	76,258.63	211,600.00	(2,000.00)
				Legal	0.00	8,111.55	14,938.45	23,050.00	0.00
				Other	80.47	14,616.77	13,973.23	28,590.00	0.00
				<b>Total</b>	<b>37,438.11</b>	<b>223,937.51</b>	<b>162,896.19</b>	<b>386,833.70</b>	<b>(2,000.00)</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 : 09/01/2023 - 09/30/2023

Re-Open Total 1		Indemnity	0.00	6,675.48	21,234.41	27,909.89	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	46,594.76	4,855.24	51,450.00	(1,000.00)	
	Legal	0.00	1,230.80	7,869.20	9,100.00	0.00	
	Other	0.00	3,193.33	5,686.67	8,880.00	0.00	
	<b>Total</b>	<b>0.00</b>	<b>57,694.37</b>	<b>39,645.52</b>	<b>97,339.89</b>	<b>(1,000.00)</b>	

  

Allen County Total 64		Indemnity	36,000.00	104,851.56	78,960.29	183,811.85	(2,000.00)
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	1,357.64	335,885.52	81,113.87	416,999.39	(21,272.78)	
	Legal	0.00	25,794.07	22,807.65	48,601.72	0.00	
	Other	80.47	25,085.80	19,659.90	44,745.70	(12,214.66)	
	<b>Total</b>	<b>37,438.11</b>	<b>491,616.95</b>	<b>202,541.71</b>	<b>694,158.66</b>	<b>(35,487.44)</b>	

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

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
<b>Closed Total 200</b>									
	Indemnity	0.00	670,348.73	0.00	670,348.73	0.00			
	Rehab	0.00	573.00	0.00	573.00	0.00			
	Medical	0.00	808,105.76	0.00	808,105.76	0.00			
	Legal	0.00	13,807.30	0.00	13,807.30	0.00			
	Other	0.00	58,032.18	0.00	58,032.18	(3,864.70)			
	<b>Total</b>	<b>0.00</b>	<b>1,550,866.97</b>	<b>0.00</b>	<b>1,550,866.97</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 : 09/01/2023 - 09/30/2023

<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>	0.00	152,779.39	5,824.80	158,604.19	0.00
	<b>Legal</b>	0.00	195.00	3,905.00	4,100.00	0.00
	<b>Other</b>	0.00	11,926.93	3,561.93	15,488.86	0.00
	<b>Total</b>	0.00	218,168.06	28,299.88	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	6,725.03	6,725.03	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	12,736.40	14,113.60	26,850.00	0.00
	<b>Legal</b>	0.00	0.00	600.00	600.00	0.00
	<b>Other</b>	0.00	1,377.32	2,825.18	4,202.50	0.00
	<b>Total</b>	0.00	14,113.72	24,263.81	38,377.53	0.00

<b>Anderson County Total 203</b>	<b>Indemnity</b>	0.00	723,615.47	21,733.18	745,348.65	0.00
	<b>Rehab</b>	0.00	573.00	0.00	573.00	0.00
	<b>Medical</b>	0.00	973,621.55	19,938.40	993,559.95	0.00
	<b>Legal</b>	0.00	14,002.30	4,505.00	18,507.30	0.00
	<b>Other</b>	0.00	71,336.43	6,387.11	77,723.54	(3,864.70)
	<b>Total</b>	0.00	1,783,148.75	52,563.69	1,835,712.44	(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 : 09/01/2023 - 09/30/2023

<b>Closed 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>	0.00	392,412.43	0.00	392,412.43	0.00
	<b>Legal</b>	0.00	13,868.90	0.00	13,868.90	0.00
	<b>Other</b>	0.00	31,138.02	0.00	31,138.02	(2,201.73)
	<b>Total</b>	0.00	700,615.91	0.00	700,615.91	(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 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	787.10	1,712.90	2,500.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	55.95	444.05	500.00	0.00
	<b>Total</b>	0.00	843.05	2,156.95	3,000.00	0.00

<b>Barber County Total 272</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>	0.00	393,199.53	1,712.90	394,912.43	0.00
	<b>Legal</b>	0.00	13,868.90	0.00	13,868.90	0.00
	<b>Other</b>	0.00	31,193.97	444.05	31,638.02	(2,201.73)
	<b>Total</b>	0.00	701,458.96	2,156.95	703,615.91	(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 : 09/01/2023 - 09/30/2023

<b>Closed Total 297</b>	<b>Indemnity</b>	0.00	379,509.85	0.00	379,509.85	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	745,662.79	0.00	745,662.79	(14,648.00)
	<b>Legal</b>	0.00	14,849.35	0.00	14,849.35	(5,986.67)
	<b>Other</b>	0.00	96,307.29	0.00	96,307.29	(124,733.70)
	<b>Total</b>	0.00	1,236,329.28	0.00	1,236,329.28	(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	
				<b>Open Total 7</b>	<b>Indemnity</b>	1,705.80	188,725.72	198,647.09	387,372.81	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	331,701.63	863,861.98	606,262.43	1,470,124.41	(258.82)
					<b>Legal</b>	(321.25)	8,289.90	30,160.10	38,450.00	0.00
					<b>Other</b>	9,341.63	120,565.06	48,859.94	169,425.00	(28,149.84)
					<b>Total</b>	342,427.81	1,181,442.66	883,929.56	2,065,372.22	(28,408.66)
				<b>Bourbon County Total 304</b>	<b>Indemnity</b>	1,705.80	568,235.57	198,647.09	766,882.66	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	331,701.63	1,609,524.77	606,262.43	2,215,787.20	(14,906.82)
					<b>Legal</b>	(321.25)	23,139.25	30,160.10	53,299.35	(5,986.67)
					<b>Other</b>	9,341.63	216,872.35	48,859.94	265,732.29	(152,883.54)
					<b>Total</b>	342,427.81	2,417,771.94	883,929.56	3,301,701.50	(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 : 09/01/2023 - 09/30/2023

<b>Closed Total 87</b>	<b>Indemnity</b>	0.00	254,143.69	0.00	254,143.69	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	364,854.17	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 5</b>	<b>Indemnity</b>	1,093.36	3,979.83	160.21	4,140.04	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	3,551.09	16,468.77	13,281.23	29,750.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	205.97	1,206.81	4,193.19	5,400.00	0.00
	<b>Total</b>	4,850.42	21,655.41	17,634.63	39,290.04	0.00

<b>Brown County Total 92</b>	<b>Indemnity</b>	1,093.36	258,123.52	160.21	258,283.73	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	3,551.09	381,322.94	13,281.23	394,604.17	0.00
	<b>Legal</b>	0.00	9,293.80	0.00	9,293.80	0.00
	<b>Other</b>	205.97	24,812.36	4,193.19	29,005.55	(944.56)
	<b>Total</b>	4,850.42	673,552.62	17,634.63	691,187.25	(944.56)

**ORG1 DESC** : Butler 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 : 09/01/2023 - 09/30/2023

<b>Closed Total 1</b>	<b>Indemnity</b>	0.00	0.00	0.00	0.00	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	0.00	0.00	0.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	0.00	0.00	0.00	0.00
	<b>Total</b>	0.00	0.00	0.00	0.00	0.00

**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 13</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>	1,196.63	1,323.56	25,576.44	26,900.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	601.73	704.69	4,495.31	5,200.00	0.00
	<b>Total</b>	1,798.36	2,028.25	30,071.75	32,100.00	0.00

<b>Butler County Total 14</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>	1,196.63	1,323.56	25,576.44	26,900.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	601.73	704.69	4,495.31	5,200.00	0.00
	<b>Total</b>	1,798.36	2,028.25	30,071.75	32,100.00	0.00

**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 : 09/01/2023 - 09/30/2023

<b>Closed Total 22</b>	<b>Indemnity</b>	0.00	2,479.64	0.00	2,479.64	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	14.82	14,871.12	0.00	14,871.12	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	9.50	802.61	0.00	802.61	0.00
	<b>Total</b>	24.32	18,153.37	0.00	18,153.37	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	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>	148.13	30,327.11	21,622.89	51,950.00	0.00
	<b>Legal</b>	60.00	548.70	7,951.30	8,500.00	0.00
	<b>Other</b>	106.31	1,577.56	6,984.94	8,562.50	0.00
	<b>Total</b>	314.44	33,776.13	60,312.89	94,089.02	0.00

<b>Chase County Total 27</b>	<b>Indemnity</b>	0.00	3,802.40	23,753.76	27,556.16	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	162.95	45,198.23	21,622.89	66,821.12	0.00
	<b>Legal</b>	60.00	548.70	7,951.30	8,500.00	0.00
	<b>Other</b>	115.81	2,380.17	6,984.94	9,365.11	0.00
	<b>Total</b>	338.76	51,929.50	60,312.89	112,242.39	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 : 09/01/2023 - 09/30/2023

<b>Closed Total 96</b>	<b>Indemnity</b>	0.00	237,185.97	0.00	237,185.97	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	446,777.95	0.00	446,777.95	0.00
	<b>Legal</b>	0.00	2,026.50	0.00	2,026.50	0.00
	<b>Other</b>	0.00	43,439.46	0.00	43,439.46	(11,977.87)
	<b>Total</b>	0.00	729,429.88	0.00	729,429.88	(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>	184.03	490.00	5,510.00	6,000.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	13.36	70.45	1,129.55	1,200.00	0.00
	<b>Total</b>	197.39	560.45	6,639.55	7,200.00	0.00

<b>Chautauqua County Total 98</b>	<b>Indemnity</b>	0.00	237,185.97	0.00	237,185.97	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	184.03	447,267.95	5,510.00	452,777.95	0.00
	<b>Legal</b>	0.00	2,026.50	0.00	2,026.50	0.00
	<b>Other</b>	13.36	43,509.91	1,129.55	44,639.46	(11,977.87)
	<b>Total</b>	197.39	729,990.33	6,639.55	736,629.88	(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 : 09/01/2023 - 09/30/2023

<b>Closed Total 415</b>	<b>Indemnity</b>	0.00	959,649.09	0.00	959,649.09	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	1,206,214.44	0.00	1,206,214.44	0.00
	<b>Legal</b>	442.00	50,675.82	0.00	50,675.82	0.00
	<b>Other</b>	0.00	103,633.80	0.00	103,633.80	(33,794.04)
	<b>Total</b>	442.00	2,320,173.15	0.00	2,320,173.15	(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	
<b>Open Total 11</b>					<b>Indemnity</b>	0.00	169,769.60	79,989.46	249,759.06	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	150.00	228,393.41	88,804.97	317,198.38	0.00
					<b>Legal</b>	0.00	2,797.19	27,852.81	30,650.00	0.00
					<b>Other</b>	85.29	33,292.81	14,891.56	48,184.37	0.00
					<b>Total</b>	235.29	434,253.01	211,538.80	645,791.81	0.00

<b>Cherokee County Total 426</b>					<b>Indemnity</b>	0.00	1,129,418.69	79,989.46	1,209,408.15	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	150.00	1,434,607.85	88,804.97	1,523,412.82	0.00
					<b>Legal</b>	442.00	53,473.01	27,852.81	81,325.82	0.00
					<b>Other</b>	85.29	136,926.61	14,891.56	151,818.17	(33,794.04)
					<b>Total</b>	677.29	2,754,426.16	211,538.80	2,965,964.96	(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 : 09/01/2023 - 09/30/2023

<b>Closed Total 35</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	75,068.84	0.00	75,068.84	0.00
	<b>Legal</b>	0.00	11,684.25	0.00	11,684.25	0.00
	<b>Other</b>	0.00	1,333.19	0.00	1,333.19	0.00
	<b>Total</b>	0.00	95,703.90	0.00	95,703.90	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 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>	100.98	171.27	6,528.73	6,700.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	9.78	18.97	1,381.03	1,400.00	0.00
	<b>Total</b>	110.76	190.24	7,909.76	8,100.00	0.00

<b>Cheyenne County Total 37</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>	100.98	75,240.11	6,528.73	81,768.84	0.00
	<b>Legal</b>	0.00	11,684.25	0.00	11,684.25	0.00
	<b>Other</b>	9.78	1,352.16	1,381.03	2,733.19	0.00
	<b>Total</b>	110.76	95,894.14	7,909.76	103,803.90	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 : 09/01/2023 - 09/30/2023

<b>Closed Total 25</b>	<b>Indemnity</b>	0.00	12,659.85	0.00	12,659.85	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	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>	2,451.19	110,073.08	60,426.92	170,500.00	0.00
	<b>Legal</b>	0.00	0.00	600.00	600.00	0.00
	<b>Other</b>	100.05	14,902.78	6,497.22	21,400.00	0.00
	<b>Total</b>	2,551.24	124,975.86	107,524.14	232,500.00	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>	2,451.19	171,648.75	60,426.92	232,075.67	(3,474.33)
	<b>Legal</b>	0.00	511.50	600.00	1,111.50	0.00
	<b>Other</b>	100.05	23,100.21	6,497.22	29,597.43	0.00
	<b>Total</b>	2,551.24	207,920.31	107,524.14	315,444.45	(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 : 09/01/2023 - 09/30/2023

<b>Closed Total 271</b>	<b>Indemnity</b>	0.00	190,384.07	0.00	190,384.07	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	517,309.06	0.00	517,309.06	(15,087.26)
	<b>Legal</b>	0.00	7,444.00	0.00	7,444.00	0.00
	<b>Other</b>	0.00	59,733.77	0.00	59,733.77	(25,079.92)
	<b>Total</b>	0.00	774,870.90	0.00	774,870.90	(40,167.18)

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Open Total 8</b>					<b>Indemnity</b>	0.00	3,044.82	46,955.18	50,000.00	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	2,841.04	109,600.83	126,399.17	236,000.00	0.00
					<b>Legal</b>	0.00	0.00	600.00	600.00	0.00
					<b>Other</b>	185.08	13,270.55	14,729.45	28,000.00	0.00
					<b>Total</b>	3,026.12	125,916.20	188,683.80	314,600.00	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	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>	79.98	189,598.84	35,103.33	224,702.17	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	16.26	19,142.95	1,357.05	20,500.00	0.00
					<b>Total</b>	96.24	304,018.09	36,460.38	340,478.47	0.00



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Clay County Total 281</b>	<b>Indemnity</b>	0.00	288,705.19	46,955.18	335,660.37	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	2,921.02	816,508.73	161,502.50	978,011.23	(15,087.26)
	<b>Legal</b>	0.00	7,444.00	600.00	8,044.00	0.00
	<b>Other</b>	201.34	92,147.27	16,086.50	108,233.77	(25,079.92)
	<b>Total</b>	3,122.36	1,204,805.19	225,144.18	1,429,949.37	(40,167.18)

ORG1 DESC : Cloud County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Closed Total 402</b>										
					<b>Indemnity</b>	0.00	391,018.68	0.00	391,018.68	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	368,577.75	0.00	368,577.75	(4,807.87)
					<b>Legal</b>	0.00	1,376.00	0.00	1,376.00	0.00
					<b>Other</b>	0.00	31,132.85	0.00	31,132.85	(2,972.65)
					<b>Total</b>	0.00	792,105.28	0.00	792,105.28	(7,780.52)

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Open Total 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>	494.25	12,206.75	8,793.25	21,000.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	34.79	1,041.62	3,158.38	4,200.00	0.00
					<b>Total</b>	529.04	13,248.37	11,951.63	25,200.00	0.00



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Cloud County Total 407</b>	<b>Indemnity</b>	0.00	391,018.68	0.00	391,018.68	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	494.25	380,784.50	8,793.25	389,577.75	(4,807.87)
	<b>Legal</b>	0.00	1,376.00	0.00	1,376.00	0.00
	<b>Other</b>	34.79	32,174.47	3,158.38	35,332.85	(2,972.65)
	<b>Total</b>	529.04	805,353.65	11,951.63	817,305.28	(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)

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	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



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Comanche County Total 138</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	2,500.00	187,979.61	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	500.00	27,374.98	(7,532.69)
	<b>Total</b>	0.00	274,912.34	3,000.00	277,912.34	(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	
				<b>Closed Total 36</b>	<b>Indemnity</b>	0.00	25,411.83	0.00	25,411.83	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	42,154.50	0.00	42,154.50	0.00
					<b>Legal</b>	0.00	492.00	0.00	492.00	0.00
					<b>Other</b>	0.00	4,007.43	0.00	4,007.43	0.00
					<b>Total</b>	0.00	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	
				<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>	195.27	1,148.54	6,351.46	7,500.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	4.45	153.23	1,346.77	1,500.00	0.00
					<b>Total</b>	199.72	1,301.77	7,698.23	9,000.00	0.00





# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Comanche Hospital Total 39</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>	195.27	43,303.04	6,351.46	49,654.50	0.00
	<b>Legal</b>	0.00	492.00	0.00	492.00	0.00
	<b>Other</b>	4.45	4,160.66	1,346.77	5,507.43	0.00
	<b>Total</b>	199.72	73,367.53	7,698.23	81,065.76	0.00

ORG1 DESC : Cowley 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 185</b>	<b>Indemnity</b>	0.00	163,546.07	0.00	163,546.07	(500.00)
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	323,730.59	0.00	323,730.59	(37,669.77)
					<b>Legal</b>	0.00	10,911.50	0.00	10,911.50	0.00
					<b>Other</b>	0.00	56,648.90	0.00	56,648.90	(15,139.56)
					<b>Total</b>	0.00	554,837.06	0.00	554,837.06	(53,309.33)

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	584.23	60,915.77	61,500.00	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	296.22	50,749.91	46,700.09	97,450.00	(500.00)
					<b>Legal</b>	0.00	381.35	10,218.65	10,600.00	0.00
					<b>Other</b>	120.13	10,903.55	10,723.95	21,627.50	0.00
					<b>Total</b>	416.35	62,619.04	128,558.46	191,177.50	(500.00)



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Cowley County Total 193</b>	<b>Indemnity</b>	0.00	164,130.30	60,915.77	225,046.07	(500.00)
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	296.22	374,480.50	46,700.09	421,180.59	(38,169.77)
	<b>Legal</b>	0.00	11,292.85	10,218.65	21,511.50	0.00
	<b>Other</b>	120.13	67,552.45	10,723.95	78,276.40	(15,139.56)
	<b>Total</b>	416.35	617,456.10	128,558.46	746,014.56	(53,809.33)

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

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
				<b>Closed Total 4</b>	<b>Indemnity</b>	0.00	0.00	0.00	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	5,592.43	0.00	5,592.43
					<b>Legal</b>	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	183.90	0.00	183.90
					<b>Total</b>	0.00	5,776.33	0.00	5,776.33
				<b>DDS-GEARY COUNTY Facility Total 4</b>	<b>Indemnity</b>	0.00	0.00	0.00	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	5,592.43	0.00	5,592.43
					<b>Legal</b>	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	183.90	0.00	183.90
					<b>Total</b>	0.00	5,776.33	0.00	5,776.33

**ORG1 DESC :** Decatur 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 : 09/01/2023 - 09/30/2023

<b>Closed Total 159</b>	<b>Indemnity</b>	0.00	197,287.62	0.00	197,287.62	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	275,409.92	0.00	275,409.92	0.00
	<b>Legal</b>	0.00	4,956.45	0.00	4,956.45	0.00
	<b>Other</b>	0.00	32,713.60	0.00	32,713.60	(25,000.00)
	<b>Total</b>	0.00	510,367.59	0.00	510,367.59	(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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<b>Open Total 2</b>	<b>Indemnity</b>	0.00	1,338.40	18,661.60	20,000.00	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	249.39	79,578.40	86,621.60	166,200.00	0.00
	<b>Legal</b>	0.00	0.00	600.00	600.00	0.00
	<b>Other</b>	18.58	6,886.54	21,113.46	28,000.00	0.00
	<b>Total</b>	267.97	87,803.34	126,996.66	214,800.00	0.00

<b>Decatur County Total 161</b>	<b>Indemnity</b>	0.00	198,626.02	18,661.60	217,287.62	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	249.39	354,988.32	86,621.60	441,609.92	0.00
	<b>Legal</b>	0.00	4,956.45	600.00	5,556.45	0.00
	<b>Other</b>	18.58	39,600.14	21,113.46	60,713.60	(25,000.00)
	<b>Total</b>	267.97	598,170.93	126,996.66	725,167.59	(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
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# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<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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<b>Open Total 1</b>	<b>Indemnity</b>	0.00	88,594.04	21,522.00	110,116.04	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	16,822.35	18,351.53	35,173.88	0.00
	<b>Legal</b>	98.50	148.50	10,351.50	10,500.00	0.00
	<b>Other</b>	0.00	21,757.38	2,836.02	24,593.40	0.00
	<b>Total</b>	98.50	127,322.27	53,061.05	180,383.32	0.00

<b>Decatur Health Systems Total 88</b>	<b>Indemnity</b>	0.00	147,031.50	21,522.00	168,553.50	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	137,991.71	18,351.53	156,343.24	0.00
	<b>Legal</b>	98.50	148.50	10,351.50	10,500.00	0.00
	<b>Other</b>	0.00	39,981.80	2,836.02	42,817.82	(601.91)
	<b>Total</b>	98.50	325,153.51	53,061.05	378,214.56	(601.91)

**ORG1 DESC** : Dickinson County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 09/01/2023 - 09/30/2023

<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

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<b>Open Total 7</b>	<b>Indemnity</b>	0.00	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>	1,196.32	196,688.82	46,966.31	243,655.13	0.00
	<b>Legal</b>	0.00	14,697.05	600.00	15,297.05	0.00
	<b>Other</b>	87.16	13,681.30	7,398.70	21,080.00	0.00
	<b>Total</b>	1,283.48	373,204.58	60,413.61	433,618.19	0.00

<b>Dickinson County Total 421</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>	1,196.32	1,087,143.39	46,966.31	1,134,109.70	(3,660.76)
	<b>Legal</b>	0.00	21,026.30	600.00	21,626.30	0.00
	<b>Other</b>	87.16	75,803.85	7,398.70	83,202.55	(104,198.93)
	<b>Total</b>	1,283.48	1,959,851.07	60,413.61	2,020,264.68	(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
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# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Closed Total 131</b>	<b>Indemnity</b>	0.00	194,480.40	0.00	194,480.40	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	328,602.30	0.00	328,602.30	(8,975.99)
	<b>Legal</b>	0.00	790.50	0.00	790.50	0.00
	<b>Other</b>	0.00	21,623.33	0.00	21,623.33	(20,403.94)
	<b>Total</b>	0.00	545,496.53	0.00	545,496.53	(29,379.93)

**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	15,450.00	344,052.30	(9,379.39)
	<b>Legal</b>	0.00	1,140.40	6,650.10	7,790.50	0.00
	<b>Other</b>	0.00	21,676.83	2,299.00	23,975.83	(20,403.94)
	<b>Total</b>	0.00	545,899.93	33,399.10	579,299.03	(29,783.33)

**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 : 09/01/2023 - 09/30/2023

<b>Closed Total 98</b>		<b>Indemnity</b>	0.00	208,371.01	0.00	208,371.01	0.00
		<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
		<b>Medical</b>	0.00	358,824.90	0.00	358,824.90	0.00
		<b>Legal</b>	0.00	492.00	0.00	492.00	0.00
		<b>Other</b>	0.00	30,515.23	0.00	30,515.23	(177.82)
		<b>Total</b>	0.00	598,203.14	0.00	598,203.14	(177.82)
<b>Edwards County Total 98</b>		<b>Indemnity</b>	0.00	208,371.01	0.00	208,371.01	0.00
		<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
		<b>Medical</b>	0.00	358,824.90	0.00	358,824.90	0.00
		<b>Legal</b>	0.00	492.00	0.00	492.00	0.00
		<b>Other</b>	0.00	30,515.23	0.00	30,515.23	(177.82)
		<b>Total</b>	0.00	598,203.14	0.00	598,203.14	(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
<b>Closed Total 129</b>									
		<b>Indemnity</b>	0.00	403,491.36	0.00	403,491.36	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	416,297.91	0.00	416,297.91	0.00	(37,832.88)	0.00
		<b>Legal</b>	0.00	5,959.35	0.00	5,959.35	0.00	0.00	0.00
		<b>Other</b>	0.00	44,798.85	0.00	44,798.85	0.00	0.00	0.00
		<b>Total</b>	0.00	870,547.47	0.00	870,547.47	0.00	(37,832.88)	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 : 09/01/2023 - 09/30/2023

<b>Open Total 4</b>	<b>Indemnity</b>	867.11	3,210.66	7,374.26	10,584.92	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	2,745.16	3,553.35	13,696.65	17,250.00	0.00
	<b>Legal</b>	0.00	0.00	600.00	600.00	0.00
	<b>Other</b>	378.14	490.26	3,509.74	4,000.00	0.00
	<b>Total</b>	3,990.41	7,254.27	25,180.65	32,434.92	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	15,472.79	15,000.00	30,472.79	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	1,238.21	242,478.66	92,871.84	335,350.50	(70,270.55)
	<b>Legal</b>	1,303.75	1,403.75	7,096.25	8,500.00	0.00
	<b>Other</b>	70.22	17,150.34	11,974.66	29,125.00	0.00
	<b>Total</b>	2,612.18	276,505.54	126,942.75	403,448.29	(70,270.55)

<b>Elk County Total 134</b>	<b>Indemnity</b>	867.11	422,174.81	22,374.26	444,549.07	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	3,983.37	662,329.92	106,568.49	768,898.41	(108,103.43)
	<b>Legal</b>	1,303.75	7,363.10	7,696.25	15,059.35	0.00
	<b>Other</b>	448.36	62,439.45	15,484.40	77,923.85	0.00
	<b>Total</b>	6,602.59	1,154,307.28	152,123.40	1,306,430.68	(108,103.43)

**ORG1 DESC** : Ellis County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 09/01/2023 - 09/30/2023

<b>Closed Total 328</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>	29.90	677,719.28	0.00	677,719.28	0.00
	<b>Legal</b>	0.00	8,014.60	0.00	8,014.60	0.00
	<b>Other</b>	0.00	56,487.94	0.00	56,487.94	(57,317.78)
	<b>Total</b>	29.90	1,044,732.13	0.00	1,044,732.13	(57,317.78)

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Open Total 12</b>					<b>Indemnity</b>	2,328.71	2,328.71	6,691.29	9,020.00	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	4,930.40	9,042.53	38,907.47	47,950.00	0.00
					<b>Legal</b>	0.00	0.00	600.00	600.00	0.00
					<b>Other</b>	939.18	1,324.33	7,375.67	8,700.00	0.00
					<b>Total</b>	8,198.29	12,695.57	53,574.43	66,270.00	0.00

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

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



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Ellis County Total 341</b>	<b>Indemnity</b>	2,328.71	304,839.02	6,691.29	311,530.31	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	4,960.30	689,634.56	39,534.72	729,169.28	0.00
	<b>Legal</b>	0.00	8,014.60	600.00	8,614.60	0.00
	<b>Other</b>	939.18	58,378.29	8,009.65	66,387.94	(57,317.78)
	<b>Total</b>	8,228.19	1,060,866.47	54,835.66	1,115,702.13	(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 263</b>										
					<b>Indemnity</b>	0.00	350,074.01	0.00	350,074.01	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	69.09	707,407.47	0.00	707,407.47	(188,250.83)
					<b>Legal</b>	0.00	42,272.91	0.00	42,272.91	0.00
					<b>Other</b>	13.88	64,356.14	0.00	64,356.14	0.00
					<b>Total</b>	82.97	1,164,110.53	0.00	1,164,110.53	(188,250.83)

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	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	73.71	73.71	2,426.29	2,500.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	14.17	14.17	485.83	500.00	0.00
					<b>Total</b>	87.88	87.88	2,912.12	3,000.00	0.00



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Ellsworth County Total 264</b>	<b>Indemnity</b>	0.00	350,074.01	0.00	350,074.01	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	142.80	707,481.18	2,426.29	709,907.47	(188,250.83)
	<b>Legal</b>	0.00	42,272.91	0.00	42,272.91	0.00
	<b>Other</b>	28.05	64,370.31	485.83	64,856.14	0.00
	<b>Total</b>	170.85	1,164,198.41	2,912.12	1,167,110.53	(188,250.83)

**ORG1 DESC :** Ellsworth County RWD No 1

**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 5</b>					<b>Indemnity</b>	0.00	11,108.88	0.00	11,108.88	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	29,155.53	0.00	29,155.53	(2,000.00)
					<b>Legal</b>	0.00	524.50	0.00	524.50	0.00
					<b>Other</b>	0.00	1,342.92	0.00	1,342.92	(304.49)
					<b>Total</b>	0.00	42,131.83	0.00	42,131.83	(2,304.49)

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<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>	874.86	874.86	1,625.14	2,500.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	84.45	84.45	415.55	500.00	0.00
					<b>Total</b>	959.31	959.31	2,040.69	3,000.00	0.00



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Ellsworth County RWD No 1 Total 6</b>	<b>Indemnity</b>	0.00	11,108.88	0.00	11,108.88	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	874.86	30,030.39	1,625.14	31,655.53	(2,000.00)
	<b>Legal</b>	0.00	524.50	0.00	524.50	0.00
	<b>Other</b>	84.45	1,427.37	415.55	1,842.92	(304.49)
	<b>Total</b>	959.31	43,091.14	2,040.69	45,131.83	(2,304.49)

**ORG1 DESC :** Finney 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 42</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>	589.31	12,267.54	0.00	12,267.54	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	12.07	1,493.95	0.00	1,493.95	0.00
					<b>Total</b>	601.38	13,761.49	0.00	13,761.49	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 14</b>					<b>Indemnity</b>	0.00	18,145.77	38,153.89	56,299.66	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	4,421.28	60,552.61	54,797.39	115,350.00	0.00
					<b>Legal</b>	50.00	492.00	1,308.00	1,800.00	0.00
					<b>Other</b>	145.06	2,037.34	16,972.66	19,010.00	0.00
					<b>Total</b>	4,616.34	81,227.72	111,231.94	192,459.66	0.00



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Finney County Total 56</b>	<b>Indemnity</b>	0.00	18,145.77	38,153.89	56,299.66	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	5,010.59	72,820.15	54,797.39	127,617.54	0.00
	<b>Legal</b>	50.00	492.00	1,308.00	1,800.00	0.00
	<b>Other</b>	157.13	3,531.29	16,972.66	20,503.95	0.00
	<b>Total</b>	5,217.72	94,989.21	111,231.94	206,221.15	0.00

ORG1 DESC : Ford 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 557</b>					<b>Indemnity</b>	0.00	1,057,874.32	0.00	1,057,874.32	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	946,842.70	0.00	946,842.70	(3,873.46)
					<b>Legal</b>	0.00	22,006.80	0.00	22,006.80	0.00
					<b>Other</b>	0.00	93,381.97	0.00	93,381.97	(39,155.80)
					<b>Total</b>	0.00	2,120,105.79	0.00	2,120,105.79	(43,029.26)

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 12</b>					<b>Indemnity</b>	2,116.20	15,734.40	122,725.60	138,460.00	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	2,512.09	247,307.37	112,992.63	360,300.00	0.00
					<b>Legal</b>	0.00	0.00	18,800.00	18,800.00	0.00
					<b>Other</b>	289.06	17,601.12	31,513.88	49,115.00	0.00
					<b>Total</b>	4,917.35	280,642.89	286,032.11	566,675.00	0.00

CLAIMANT STATUS DESC : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				<b>Re-Open Total 3</b>	<b>Indemnity</b>	0.00	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>	2,000.95	2,854.60	3,533.80	6,388.40	0.00
					<b>Legal</b>	0.00	0.00	2,000.00	2,000.00	0.00
					<b>Other</b>	160.67	264.02	695.58	959.60	0.00
					<b>Total</b>	2,161.62	3,118.62	8,229.38	11,348.00	0.00
				<b>Ford County Total 572</b>	<b>Indemnity</b>	2,116.20	1,073,608.72	124,725.60	1,198,334.32	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	4,513.04	1,197,004.67	116,526.43	1,313,531.10	(3,873.46)
					<b>Legal</b>	0.00	22,006.80	20,800.00	42,806.80	0.00
					<b>Other</b>	449.73	111,247.11	32,209.46	143,456.57	(39,155.80)
					<b>Total</b>	7,078.97	2,403,867.30	294,261.49	2,698,128.79	(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 721</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>	(2,041.90)	1,364,628.38	0.00	1,364,628.38	(17,114.66)
					<b>Legal</b>	0.00	41,032.45	0.00	41,032.45	0.00
					<b>Other</b>	0.00	148,437.99	0.00	148,437.99	(22,962.95)
					<b>Total</b>	(2,041.90)	2,495,881.92	0.00	2,495,881.92	(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
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# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Open Total 23</b>	<b>Indemnity</b>	2,366.23	168,194.79	131,000.08	299,194.87	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	4,043.24	254,859.83	133,840.17	388,700.00	0.00
	<b>Legal</b>	0.00	530.90	17,674.10	18,205.00	0.00
	<b>Other</b>	859.31	43,337.42	37,010.08	80,347.50	0.00
	<b>Total</b>	7,268.78	466,922.94	319,524.43	786,447.37	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 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 746</b>	<b>Indemnity</b>	2,366.23	1,149,757.89	144,000.08	1,293,757.97	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	2,001.34	1,650,652.65	143,251.93	1,793,904.58	(17,114.66)
	<b>Legal</b>	0.00	41,563.35	24,174.10	65,737.45	0.00
	<b>Other</b>	859.31	196,984.43	40,331.08	237,315.51	(22,962.95)
	<b>Total</b>	5,226.88	3,038,958.32	351,757.19	3,390,715.51	(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
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# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Closed Total 768</b>	<b>Indemnity</b>	0.00	828,652.93	0.00	828,652.93	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	1,377,150.55	0.00	1,377,150.55	(49,476.59)
	<b>Legal</b>	0.00	40,400.79	0.00	40,400.79	(33.50)
	<b>Other</b>	0.00	191,734.69	0.00	191,734.69	(30,701.97)
	<b>Total</b>	0.00	2,437,938.96	0.00	2,437,938.96	(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	
<b>Open Total 11</b>					<b>Indemnity</b>	0.00	0.00	5,000.00	5,000.00	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	2,460.76	6,724.29	20,675.71	27,400.00	0.00
					<b>Legal</b>	0.00	0.00	600.00	600.00	0.00
					<b>Other</b>	413.83	1,433.62	4,766.38	6,200.00	0.00
					<b>Total</b>	2,874.59	8,157.91	31,042.09	39,200.00	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	
<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	188.39	2,311.61	2,500.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	18.00	482.00	500.00	0.00
					<b>Total</b>	0.00	206.39	2,793.61	3,000.00	0.00





# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Geary County Total 780</b>	<b>Indemnity</b>	0.00	828,652.93	5,000.00	833,652.93	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	2,460.76	1,384,063.23	22,987.32	1,407,050.55	(49,476.59)
	<b>Legal</b>	0.00	40,400.79	600.00	41,000.79	(33.50)
	<b>Other</b>	413.83	193,186.31	5,248.38	198,434.69	(30,701.97)
	<b>Total</b>	2,874.59	2,446,303.26	33,835.70	2,480,138.96	(80,212.06)

**ORG1 DESC :** Gove County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Closed Total 87</b>					<b>Indemnity</b>	0.00	465,315.09	0.00	465,315.09	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	328,103.62	0.00	328,103.62	0.00
					<b>Legal</b>	0.00	20,505.17	0.00	20,505.17	0.00
					<b>Other</b>	0.00	44,988.58	0.00	44,988.58	(5,352.49)
					<b>Total</b>	0.00	858,912.46	0.00	858,912.46	(5,352.49)

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Open Total 4</b>					<b>Indemnity</b>	0.00	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>	999.85	282,790.84	23,024.77	305,815.61	0.00
					<b>Legal</b>	0.00	378.80	9,771.20	10,150.00	0.00
					<b>Other</b>	52.93	25,850.06	24,724.94	50,575.00	0.00
					<b>Total</b>	1,052.78	315,070.63	150,612.44	465,683.07	0.00



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Gove County Total 91</b>	<b>Indemnity</b>	0.00	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>	999.85	610,894.46	23,024.77	633,919.23	0.00
	<b>Legal</b>	0.00	20,883.97	9,771.20	30,655.17	0.00
	<b>Other</b>	52.93	70,838.64	24,724.94	95,563.58	(5,352.49)
	<b>Total</b>	1,052.78	1,173,983.09	150,612.44	1,324,595.53	(5,352.49)

**ORG1 DESC :** Graham 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 39</b>	<b>Indemnity</b>	0.00	56,095.87	0.00	56,095.87	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	89,755.01	0.00	89,755.01	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	7,693.89	0.00	7,693.89	0.00
					<b>Total</b>	0.00	153,544.77	0.00	153,544.77	0.00

**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	
				<b>Re-Open Total 1</b>	<b>Indemnity</b>	0.00	23,843.31	0.00	23,843.31	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	55,846.55	1,500.00	57,346.55	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	4,284.35	470.05	4,754.40	0.00
					<b>Total</b>	0.00	83,974.21	1,970.05	85,944.26	0.00



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Graham County Total 40</b>	<b>Indemnity</b>	0.00	79,939.18	0.00	79,939.18	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	145,601.56	1,500.00	147,101.56	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	11,978.24	470.05	12,448.29	0.00
	<b>Total</b>	0.00	237,518.98	1,970.05	239,489.03	0.00

**ORG1 DESC :** Grant County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Closed Total 275</b>					<b>Indemnity</b>	0.00	161,485.05	0.00	161,485.05	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	512,449.24	0.00	512,449.24	(13,770.43)
					<b>Legal</b>	0.00	392.00	0.00	392.00	0.00
					<b>Other</b>	0.00	19,336.79	0.00	19,336.79	0.00
					<b>Total</b>	0.00	693,663.08	0.00	693,663.08	(13,770.43)

**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>	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>	1,222.84	1,338.60	4,361.40	5,700.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	83.73	103.37	996.63	1,100.00	0.00
					<b>Total</b>	1,306.57	1,441.97	5,358.03	6,800.00	0.00



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Grant County Total 278</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>	1,222.84	513,787.84	4,361.40	518,149.24	(13,770.43)
	<b>Legal</b>	0.00	392.00	0.00	392.00	0.00
	<b>Other</b>	83.73	19,440.16	996.63	20,436.79	0.00
	<b>Total</b>	1,306.57	695,105.05	5,358.03	700,463.08	(13,770.43)

ORG1 DESC : Gray 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 195</b>					<b>Indemnity</b>	0.00	345,825.50	0.00	345,825.50	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	222.68	572,674.06	0.00	572,674.06	(118,439.57)
					<b>Legal</b>	0.00	24,510.82	0.00	24,510.82	0.00
					<b>Other</b>	255.82	41,684.09	0.00	41,684.09	0.00
					<b>Total</b>	478.50	984,694.47	0.00	984,694.47	(118,439.57)

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 6</b>					<b>Indemnity</b>	12,454.55	42,611.06	91,139.23	133,750.29	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	650.47	43,157.72	68,942.28	112,100.00	0.00
					<b>Legal</b>	0.00	913.15	17,136.85	18,050.00	0.00
					<b>Other</b>	50.38	3,758.28	15,084.22	18,842.50	0.00
					<b>Total</b>	13,155.40	90,440.21	192,302.58	282,742.79	0.00



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Gray County Total 201</b>	<b>Indemnity</b>	12,454.55	388,436.56	91,139.23	479,575.79	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	873.15	615,831.78	68,942.28	684,774.06	(118,439.57)
	<b>Legal</b>	0.00	25,423.97	17,136.85	42,560.82	0.00
	<b>Other</b>	306.20	45,442.37	15,084.22	60,526.59	0.00
	<b>Total</b>	13,633.90	1,075,134.68	192,302.58	1,267,437.26	(118,439.57)

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

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Closed Total 188</b>										
					<b>Indemnity</b>	0.00	575,022.21	0.00	575,022.21	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	624,339.03	0.00	624,339.03	0.00
					<b>Legal</b>	0.00	4,593.70	0.00	4,593.70	0.00
					<b>Other</b>	0.00	71,210.42	0.00	71,210.42	(5,183.55)
					<b>Total</b>	0.00	1,275,165.36	0.00	1,275,165.36	(5,183.55)

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<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>	164.24	57,646.17	7,336.76	64,982.93	0.00
					<b>Legal</b>	0.00	216.00	0.00	216.00	0.00
					<b>Other</b>	16.11	15,937.07	1,683.89	17,620.96	0.00
					<b>Total</b>	180.35	116,843.70	9,020.65	125,864.35	0.00



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Greenwood County Total 192</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>	164.24	681,985.20	7,336.76	689,321.96	0.00
	<b>Legal</b>	0.00	4,809.70	0.00	4,809.70	0.00
	<b>Other</b>	16.11	87,147.49	1,683.89	88,831.38	(5,183.55)
	<b>Total</b>	180.35	1,392,009.06	9,020.65	1,401,029.71	(5,183.55)

**ORG1 DESC :** Hamilton 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 244</b>					<b>Indemnity</b>	0.00	173,148.20	0.00	173,148.20	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	367,508.90	0.00	367,508.90	0.00
					<b>Legal</b>	0.00	9,580.00	0.00	9,580.00	0.00
					<b>Other</b>	0.00	24,975.93	0.00	24,975.93	0.00
					<b>Total</b>	0.00	575,213.03	0.00	575,213.03	0.00

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
<b>Open Total 3</b>					<b>Indemnity</b>	3,437.30	11,684.82	11,673.82	23,358.64	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	9,755.66	32,283.98	27,466.02	59,750.00	0.00
					<b>Legal</b>	0.00	0.00	1,200.00	1,200.00	0.00
					<b>Other</b>	2,150.04	2,834.91	6,365.09	9,200.00	0.00
					<b>Total</b>	15,343.00	46,803.71	46,704.93	93,508.64	0.00



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Hamilton County Total 247</b>	<b>Indemnity</b>	3,437.30	184,833.02	11,673.82	196,506.84	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	9,755.66	399,792.88	27,466.02	427,258.90	0.00
	<b>Legal</b>	0.00	9,580.00	1,200.00	10,780.00	0.00
	<b>Other</b>	2,150.04	27,810.84	6,365.09	34,175.93	0.00
	<b>Total</b>	15,343.00	622,016.74	46,704.93	668,721.67	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 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

				<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
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# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Closed Total 424</b>	<b>Indemnity</b>	0.00	705,853.84	0.00	705,853.84	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	985,941.25	0.00	985,941.25	0.00
	<b>Legal</b>	0.00	2,742.81	0.00	2,742.81	0.00
	<b>Other</b>	0.00	96,345.98	0.00	96,345.98	(10,299.81)
	<b>Total</b>	0.00	1,790,883.88	0.00	1,790,883.88	(10,299.81)

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<b>Open Total 2</b>	<b>Indemnity</b>	0.00	0.00	23,755.70	23,755.70	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	12,667.16	15,592.84	28,260.00	0.00
	<b>Legal</b>	0.00	1,316.90	3,683.10	5,000.00	0.00
	<b>Other</b>	0.00	408.98	4,603.02	5,012.00	0.00
	<b>Total</b>	0.00	14,393.04	47,634.66	62,027.70	0.00

<b>Harper County Total 426</b>	<b>Indemnity</b>	0.00	705,853.84	23,755.70	729,609.54	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	998,608.41	15,592.84	1,014,201.25	0.00
	<b>Legal</b>	0.00	4,059.71	3,683.10	7,742.81	0.00
	<b>Other</b>	0.00	96,754.96	4,603.02	101,357.98	(10,299.81)
	<b>Total</b>	0.00	1,805,276.92	47,634.66	1,852,911.58	(10,299.81)

**ORG1 DESC** : Harvey County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 09/01/2023 - 09/30/2023

<b>Closed Total 280</b>	<b>Indemnity</b>	0.00	645,289.16	0.00	645,289.16	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	563,156.49	0.00	563,156.49	(3,296.65)
	<b>Legal</b>	0.00	45,617.45	0.00	45,617.45	0.00
	<b>Other</b>	0.00	61,791.70	0.00	61,791.70	(4,524.15)
	<b>Total</b>	0.00	1,315,854.80	0.00	1,315,854.80	(7,820.80)

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Open Total 1</b>					<b>Indemnity</b>	0.00	49,922.80	70,482.20	120,405.00	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	86,777.39	236,309.10	323,086.49	0.00
					<b>Legal</b>	0.00	1,878.50	11,621.50	13,500.00	0.00
					<b>Other</b>	0.00	12,544.58	3,955.42	16,500.00	0.00
					<b>Total</b>	0.00	151,123.27	322,368.22	473,491.49	0.00

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Re-Open Total 1</b>					<b>Indemnity</b>	0.00	4,604.04	0.00	4,604.04	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	63,274.74	6,225.26	69,500.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	2,611.77	388.23	3,000.00	0.00
					<b>Total</b>	0.00	70,490.55	6,613.49	77,104.04	0.00



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

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

**ORG1 DESC :** Harvey-Marion CDDO  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				<b>Closed 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	541.27	0.00	541.27	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	15.51	0.00	15.51	0.00
					<b>Total</b>	0.00	556.78	0.00	556.78	0.00
				<b>Harvey-Marion CDDO 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	541.27	0.00	541.27	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	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 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 : 09/01/2023 - 09/30/2023

<b>Closed Total 83</b>	<b>Indemnity</b>	0.00	117,774.19	0.00	117,774.19	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	209,391.02	0.00	209,391.02	0.00
	<b>Legal</b>	0.00	1,276.00	0.00	1,276.00	0.00
	<b>Other</b>	0.00	15,088.13	0.00	15,088.13	(41,425.31)
	<b>Total</b>	0.00	343,529.34	0.00	343,529.34	(41,425.31)

**CLAIMANT STATUS DESC** : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<b>Re-Open Total 3</b>	<b>Indemnity</b>	0.00	150,486.42	8,518.28	159,004.70	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	507,349.97	116,200.90	623,550.87	0.00
	<b>Legal</b>	0.00	0.00	600.00	600.00	0.00
	<b>Other</b>	0.00	14,409.23	9,214.28	23,623.51	0.00
	<b>Total</b>	0.00	672,245.62	134,533.46	806,779.08	0.00

<b>Haskell County Total 86</b>	<b>Indemnity</b>	0.00	268,260.61	8,518.28	276,778.89	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	716,740.99	116,200.90	832,941.89	0.00
	<b>Legal</b>	0.00	1,276.00	600.00	1,876.00	0.00
	<b>Other</b>	0.00	29,497.36	9,214.28	38,711.64	(41,425.31)
	<b>Total</b>	0.00	1,015,774.96	134,533.46	1,150,308.42	(41,425.31)

**ORG1 DESC** : Hodgeman County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 09/01/2023 - 09/30/2023

<b>Closed Total 27</b>	<b>Indemnity</b>	0.00	18,126.46	0.00	18,126.46	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	55,985.75	0.00	55,985.75	0.00
	<b>Legal</b>	0.00	5,095.77	0.00	5,095.77	0.00
	<b>Other</b>	0.00	3,071.50	0.00	3,071.50	0.00
	<b>Total</b>	0.00	82,279.48	0.00	82,279.48	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	918.06	4,081.94	5,000.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	70.78	929.22	1,000.00	0.00
	<b>Total</b>	0.00	988.84	5,011.16	6,000.00	0.00

<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>	0.00	56,903.81	4,081.94	60,985.75	0.00
	<b>Legal</b>	0.00	5,095.77	0.00	5,095.77	0.00
	<b>Other</b>	0.00	3,142.28	929.22	4,071.50	0.00
	<b>Total</b>	0.00	83,268.32	5,011.16	88,279.48	0.00

**ORG1 DESC** : Jackson County

**CLAIMANT STATUS DESC** : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 09/01/2023 - 09/30/2023

<b>Closed Total 295</b>	<b>Indemnity</b>	0.00	271,239.92	0.00	271,239.92	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	139.70	544,349.80	0.00	544,349.80	(16,870.70)
	<b>Legal</b>	0.00	11,757.73	0.00	11,757.73	0.00
	<b>Other</b>	28.50	66,628.34	0.00	66,628.34	(60,027.53)
	<b>Total</b>	168.20	893,975.79	0.00	893,975.79	(76,898.23)

**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	
<b>Open Total 4</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>	677.41	81,772.06	63,927.94	145,700.00	0.00
					<b>Legal</b>	0.00	17,572.00	3,928.00	21,500.00	0.00
					<b>Other</b>	29.82	3,595.03	6,504.97	10,100.00	(500.00)
					<b>Total</b>	707.23	195,439.09	74,360.91	269,800.00	(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	
<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>	1,950.00	255,707.97	101,612.43	357,320.40	0.00
					<b>Legal</b>	0.00	0.00	4,500.00	4,500.00	0.00
					<b>Other</b>	0.00	53,735.69	31,764.31	85,500.00	(29,327.84)
					<b>Total</b>	1,950.00	421,532.70	162,876.74	584,409.44	(29,327.84)



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Jackson County Total 300</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>	2,767.11	881,829.83	165,540.37	1,047,370.20	(16,870.70)
	<b>Legal</b>	0.00	29,329.73	8,428.00	37,757.73	0.00
	<b>Other</b>	58.32	123,959.06	38,269.28	162,228.34	(89,855.37)
	<b>Total</b>	2,825.43	1,510,947.58	237,237.65	1,748,185.23	(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	
				<b>Closed Total 479</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	1,002,987.15	0.00	1,002,987.15	(461.12)
					<b>Legal</b>	0.00	28,261.84	0.00	28,261.84	0.00
					<b>Other</b>	0.00	116,973.17	0.00	116,973.17	(98,366.06)
					<b>Total</b>	0.00	1,847,499.21	0.00	1,847,499.21	(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 8</b>	<b>Indemnity</b>	0.00	0.00	0.00	0.00	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	693.04	5,970.62	14,529.38	20,500.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	44.76	921.96	3,178.04	4,100.00	0.00
					<b>Total</b>	737.80	6,892.58	17,707.42	24,600.00	0.00

CLAIMANT STATUS DESC : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Re-Open Total 2</b>					<b>Indemnity</b>	0.00	28,302.06	25,000.00	53,302.06	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	24,654.98	30,365.02	55,020.00	0.00
					<b>Legal</b>	0.00	0.00	9,500.00	9,500.00	0.00
					<b>Other</b>	0.00	2,625.20	5,927.64	8,552.84	0.00
					<b>Total</b>	0.00	55,582.24	70,792.66	126,374.90	0.00
<b>Jefferson County Total 489</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>	693.04	1,033,612.75	44,894.40	1,078,507.15	(461.12)
					<b>Legal</b>	0.00	28,261.84	9,500.00	37,761.84	0.00
					<b>Other</b>	44.76	120,520.33	9,105.68	129,626.01	(98,366.06)
					<b>Total</b>	737.80	1,909,974.03	88,500.08	1,998,474.11	(98,827.18)

**ORG1 DESC :** Jefferson County RWD 12

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

ORG1 DESC : Jewell County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				<b>Closed Total 269</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	493,930.64	0.00	493,930.64	0.00
					<b>Legal</b>	0.00	19,232.50	0.00	19,232.50	0.00
					<b>Other</b>	0.00	42,909.29	0.00	42,909.29	(1,157.51)
					<b>Total</b>	0.00	1,135,465.73	0.00	1,135,465.73	(1,157.51)

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				<b>Open Total 2</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	237,226.54	69,923.46	307,150.00	0.00
					<b>Legal</b>	0.00	16,873.44	8,126.56	25,000.00	0.00
					<b>Other</b>	0.00	11,488.64	2,946.36	14,435.00	0.00
					<b>Total</b>	0.00	410,418.92	103,496.38	513,915.30	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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# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

Re-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	5,396.85	6,114.59	2,885.41	9,000.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	604.39	640.74	509.26	1,150.00	0.00	0.00
	<b>Total</b>	<b>6,001.24</b>	<b>6,755.33</b>	<b>3,394.67</b>	<b>10,150.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Jewell County Total 273</b>		<b>Indemnity</b>	<b>0.00</b>	<b>724,223.60</b>	<b>20,000.00</b>	<b>744,223.60</b>	<b>0.00</b>
	Rehab	0.00	0.00	2,500.00	2,500.00	0.00	0.00
	Medical	5,396.85	737,271.77	72,808.87	810,080.64	0.00	0.00
	Legal	0.00	36,105.94	8,126.56	44,232.50	0.00	0.00
	Other	604.39	55,038.67	3,455.62	58,494.29	(1,157.51)	(1,157.51)
	<b>Total</b>	<b>6,001.24</b>	<b>1,552,639.98</b>	<b>106,891.05</b>	<b>1,659,531.03</b>	<b>(1,157.51)</b>	<b>(1,157.51)</b>

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

ORG1 DESC : Kearny County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
				<b>Closed Total 61</b>					
				Indemnity	0.00	54,462.28	0.00	54,462.28	0.00
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	0.00	74,750.46	0.00	74,750.46	0.00
				Legal	0.00	1,282.50	0.00	1,282.50	0.00
				Other	0.00	3,274.80	0.00	3,274.80	0.00
				<b>Total</b>	<b>0.00</b>	<b>133,770.04</b>	<b>0.00</b>	<b>133,770.04</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 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	0.00	1,091.16	3,908.84	5,000.00	0.00
				Legal	0.00	0.00	0.00	0.00	0.00
				Other	0.00	83.66	916.34	1,000.00	0.00
				<b>Total</b>	<b>0.00</b>	<b>1,174.82</b>	<b>4,825.18</b>	<b>6,000.00</b>	<b>0.00</b>

				<b>Kearny County Total 63</b>					
				Indemnity	0.00	54,462.28	0.00	54,462.28	0.00
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	0.00	75,841.62	3,908.84	79,750.46	0.00
				Legal	0.00	1,282.50	0.00	1,282.50	0.00
				Other	0.00	3,358.46	916.34	4,274.80	0.00
				<b>Total</b>	<b>0.00</b>	<b>134,944.86</b>	<b>4,825.18</b>	<b>139,770.04</b>	<b>0.00</b>

**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
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# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Closed Total 16</b>	<b>Indemnity</b>	0.00	1,453.21	0.00	1,453.21	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	15,048.01	0.00	15,048.01	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	1,312.09	0.00	1,312.09	0.00
	<b>Total</b>	0.00	17,813.31	0.00	17,813.31	0.00

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<b>Open Total 3</b>	<b>Indemnity</b>	0.00	10,418.00	16,236.23	26,654.23	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	2,398.89	46,588.78	14,511.22	61,100.00	0.00
	<b>Legal</b>	0.00	0.00	600.00	600.00	0.00
	<b>Other</b>	211.10	1,612.98	6,487.02	8,100.00	0.00
	<b>Total</b>	2,609.99	58,619.76	37,834.47	96,454.23	0.00

<b>Kingman County Total 19</b>	<b>Indemnity</b>	0.00	11,871.21	16,236.23	28,107.44	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	2,398.89	61,636.79	14,511.22	76,148.01	0.00
	<b>Legal</b>	0.00	0.00	600.00	600.00	0.00
	<b>Other</b>	211.10	2,925.07	6,487.02	9,412.09	0.00
	<b>Total</b>	2,609.99	76,433.07	37,834.47	114,267.54	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
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# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Closed Total 1</b>	<b>Indemnity</b>	0.00	0.00	0.00	0.00	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	701.32	0.00	701.32	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	55.07	0.00	55.07	0.00
	<b>Total</b>	0.00	756.39	0.00	756.39	0.00

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<b>Open Total 3</b>	<b>Indemnity</b>	0.00	0.00	0.00	0.00	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	29.24	29.24	5,670.76	5,700.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	31.31	31.31	1,068.69	1,100.00	0.00
	<b>Total</b>	60.55	60.55	6,739.45	6,800.00	0.00

<b>Kiowa 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>	29.24	730.56	5,670.76	6,401.32	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	31.31	86.38	1,068.69	1,155.07	0.00
	<b>Total</b>	60.55	816.94	6,739.45	7,556.39	0.00

**ORG1 DESC** : Lane 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 : 09/01/2023 - 09/30/2023

<b>Closed Total 104</b>	<b>Indemnity</b>	0.00	54,872.08	0.00	54,872.08	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	114,224.54	0.00	114,224.54	0.00
	<b>Legal</b>	0.00	5,183.75	0.00	5,183.75	0.00
	<b>Other</b>	0.00	12,414.24	0.00	12,414.24	0.00
	<b>Total</b>	0.00	186,694.61	0.00	186,694.61	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	468.41	4,531.59	5,000.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	29.12	970.88	1,000.00	0.00
	<b>Total</b>	0.00	497.53	5,502.47	6,000.00	0.00

<b>Lane County Total 106</b>	<b>Indemnity</b>	0.00	54,872.08	0.00	54,872.08	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	114,692.95	4,531.59	119,224.54	0.00
	<b>Legal</b>	0.00	5,183.75	0.00	5,183.75	0.00
	<b>Other</b>	0.00	12,443.36	970.88	13,414.24	0.00
	<b>Total</b>	0.00	187,192.14	5,502.47	192,694.61	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 : 09/01/2023 - 09/30/2023

<b>Closed 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	515,482.96	0.00	515,482.96	0.00
	<b>Legal</b>	0.00	518.00	0.00	518.00	0.00
	<b>Other</b>	0.00	37,302.34	0.00	37,302.34	(756.73)
	<b>Total</b>	0.00	770,215.56	0.00	770,215.56	(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 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	2,590.51	909.49	3,500.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	109.91	590.09	700.00	0.00
	<b>Total</b>	0.00	2,700.42	1,499.58	4,200.00	0.00

<b>Lincoln County Total 275</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	518,073.47	909.49	518,982.96	0.00
	<b>Legal</b>	0.00	518.00	0.00	518.00	0.00
	<b>Other</b>	0.00	37,412.25	590.09	38,002.34	(756.73)
	<b>Total</b>	0.00	772,915.98	1,499.58	774,415.56	(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 : 09/01/2023 - 09/30/2023

<b>Closed Total 297</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	752,796.86	0.00	752,796.86	(19,661.57)
	<b>Legal</b>	0.00	3,586.50	0.00	3,586.50	0.00
	<b>Other</b>	0.00	63,184.36	0.00	63,184.36	0.00
	<b>Total</b>	0.00	1,299,244.03	0.00	1,299,244.03	(33,675.37)

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				<b>Open Total 8</b>	<b>Indemnity</b>	0.00	46,004.92	470,000.00	516,004.92	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	2,000.00	285,639.72	178,538.11	464,177.83	0.00
					<b>Legal</b>	398.75	10,108.89	9,391.11	19,500.00	0.00
					<b>Other</b>	0.00	15,563.74	53,855.98	69,419.72	0.00
					<b>Total</b>	2,398.75	357,317.27	711,785.20	1,069,102.47	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 1</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	10,875.93	10,624.07	21,500.00	0.00
					<b>Legal</b>	0.00	0.00	550.00	550.00	0.00
					<b>Other</b>	0.00	1,313.38	2,086.62	3,400.00	0.00
					<b>Total</b>	0.00	13,618.79	18,331.21	31,950.00	0.00



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Linn County Total 306</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>	2,000.00	1,049,312.51	189,162.18	1,238,474.69	(19,661.57)
	<b>Legal</b>	398.75	13,695.39	9,941.11	23,636.50	0.00
	<b>Other</b>	0.00	80,061.48	55,942.60	136,004.08	0.00
	<b>Total</b>	2,398.75	1,670,180.09	730,116.41	2,400,296.50	(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 724</b>	<b>Indemnity</b>	0.00	934,869.52	0.00	934,869.52	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	260.39	1,332,144.36	0.00	1,332,144.36	(1,770.30)
					<b>Legal</b>	0.00	33,847.20	0.00	33,847.20	0.00
					<b>Other</b>	111.78	186,511.31	0.00	186,511.31	(8,160.28)
					<b>Total</b>	372.17	2,487,372.39	0.00	2,487,372.39	(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 12</b>	<b>Indemnity</b>	0.00	25,713.31	125,011.36	150,724.67	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	9,578.31	138,414.29	145,006.12	283,420.41	0.00
					<b>Legal</b>	0.00	0.00	19,350.00	19,350.00	0.00
					<b>Other</b>	812.83	18,692.40	28,911.35	47,603.75	0.00
					<b>Total</b>	10,391.14	182,820.00	318,278.83	501,098.83	0.00

CLAIMANT STATUS DESC : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties





# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Re-Open Total 1</b>					<b>Indemnity</b>	0.00	3,331.95	28,609.47	31,941.42	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	900.30	24,996.48	22,003.52	47,000.00	0.00
					<b>Legal</b>	0.00	380.00	10,670.00	11,050.00	0.00
					<b>Other</b>	101.61	1,978.14	5,321.86	7,300.00	0.00
					<b>Total</b>	1,001.91	30,686.57	66,604.85	97,291.42	0.00
<b>Lyon County Total 737</b>					<b>Indemnity</b>	0.00	963,914.78	153,620.83	1,117,535.61	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	10,739.00	1,495,555.13	167,009.64	1,662,564.77	(1,770.30)
					<b>Legal</b>	0.00	34,227.20	30,020.00	64,247.20	0.00
					<b>Other</b>	1,026.22	207,181.85	34,233.21	241,415.06	(8,160.28)
					<b>Total</b>	11,765.22	2,700,878.96	384,883.68	3,085,762.64	(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 310</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	670,201.63	0.00	670,201.63	(20,844.68)
					<b>Legal</b>	0.00	16,598.16	0.00	16,598.16	0.00
					<b>Other</b>	0.00	64,466.90	0.00	64,466.90	(29,697.36)
					<b>Total</b>	0.00	1,089,338.46	0.00	1,089,338.46	(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 : 09/01/2023 - 09/30/2023

<b>Open Total 7</b>	<b>Indemnity</b>	0.00	0.00	15,750.00	15,750.00	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	579.27	11,857.92	17,842.08	29,700.00	0.00
	<b>Legal</b>	0.00	373.75	8,226.25	8,600.00	0.00
	<b>Other</b>	27.23	565.82	4,674.18	5,240.00	0.00
	<b>Total</b>	606.50	12,797.49	46,492.51	59,290.00	0.00
<b>Marion County Total 317</b>	<b>Indemnity</b>	0.00	338,071.77	15,750.00	353,821.77	(12,859.30)
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	579.27	682,059.55	17,842.08	699,901.63	(20,844.68)
	<b>Legal</b>	0.00	16,971.91	8,226.25	25,198.16	0.00
	<b>Other</b>	27.23	65,032.72	4,674.18	69,706.90	(29,697.36)
	<b>Total</b>	606.50	1,102,135.95	46,492.51	1,148,628.46	(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 219</b>	<b>Indemnity</b>	0.00	172,657.84	0.00	172,657.84	0.00	0.00	172,657.84	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	337,776.30	0.00	337,776.30	0.00	0.00	337,776.30	0.00
	<b>Legal</b>	0.00	890.50	0.00	890.50	0.00	0.00	890.50	0.00
	<b>Other</b>	0.00	28,577.26	0.00	28,577.26	0.00	0.00	28,577.26	(63,662.41)
	<b>Total</b>	0.00	539,901.90	0.00	539,901.90	0.00	0.00	539,901.90	(63,662.41)
<b>Marshall County Total 219</b>	<b>Indemnity</b>	0.00	172,657.84	0.00	172,657.84	0.00	0.00	172,657.84	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	337,776.30	0.00	337,776.30	0.00	0.00	337,776.30	0.00
	<b>Legal</b>	0.00	890.50	0.00	890.50	0.00	0.00	890.50	0.00
	<b>Other</b>	0.00	28,577.26	0.00	28,577.26	0.00	0.00	28,577.26	(63,662.41)
	<b>Total</b>	0.00	539,901.90	0.00	539,901.90	0.00	0.00	539,901.90	(63,662.41)

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



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

## Insurer: Kansas Workers Risk Cooperative for Counties

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

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	44,818.06	39,322.00	84,140.06	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	3,184.33	56,727.42	56,422.58	113,150.00	(1,000.00)
					<b>Legal</b>	0.00	1,730.30	22,269.70	24,000.00	0.00
					<b>Other</b>	809.43	11,970.05	16,819.95	28,790.00	0.00
					<b>Total</b>	3,993.76	115,245.83	134,834.23	250,080.06	(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)



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>McPherson County Total 84</b>	<b>Indemnity</b>	0.00	285,380.19	44,822.00	330,202.19	(500.00)
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	3,184.33	586,621.22	58,493.63	645,114.85	(16,510.66)
	<b>Legal</b>	0.00	24,530.35	22,269.70	46,800.05	0.00
	<b>Other</b>	809.43	74,371.36	17,673.01	92,044.37	0.00
	<b>Total</b>	3,993.76	970,903.12	143,858.34	1,114,761.46	(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	
<b>Closed Total 212</b>					<b>Indemnity</b>	0.00	288,568.84	0.00	288,568.84	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	669,383.54	0.00	669,383.54	0.00
					<b>Legal</b>	0.00	16,591.01	0.00	16,591.01	0.00
					<b>Other</b>	9.50	45,312.85	0.00	45,312.85	(7,381.97)
					<b>Total</b>	9.50	1,019,856.24	0.00	1,019,856.24	(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	
<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>	759.65	2,061.85	7,938.15	10,000.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	70.61	174.28	1,825.72	2,000.00	0.00
					<b>Total</b>	830.26	2,236.13	9,763.87	12,000.00	0.00



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

Meade County Total 216		Indemnity	0.00	288,568.84	0.00	288,568.84	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	759.65	671,445.39	7,938.15	679,383.54	0.00
		Legal	0.00	16,591.01	0.00	16,591.01	0.00
		Other	80.11	45,487.13	1,825.72	47,312.85	(7,381.97)
		<b>Total</b>	<b>839.76</b>	<b>1,022,092.37</b>	<b>9,763.87</b>	<b>1,031,856.24</b>	<b>(7,381.97)</b>

ORG1 DESC : Metropolitan Topeka Airport Authority

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 80</b>							
					Indemnity	0.00	92,544.79	0.00	92,544.79
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	168,403.30	0.00	168,403.30
					Legal	0.00	910.00	0.00	910.00
					Other	0.00	14,928.31	0.00	14,928.31
					<b>Total</b>	<b>0.00</b>	<b>276,786.40</b>	<b>0.00</b>	<b>276,786.40</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	13.19	13.19	1,386.81	1,400.00
					Legal	0.00	0.00	0.00	0.00
					Other	9.69	9.69	190.31	200.00
					<b>Total</b>	<b>22.88</b>	<b>22.88</b>	<b>1,577.12</b>	<b>1,600.00</b>



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Metropolitan Topeka Airport Authority Total 82</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>	13.19	168,416.49	1,386.81	169,803.30	(382.84)
	<b>Legal</b>	0.00	910.00	0.00	910.00	0.00
	<b>Other</b>	9.69	14,938.00	190.31	15,128.31	(1,376.32)
	<b>Total</b>	22.88	276,809.28	1,577.12	278,386.40	(1,759.16)

ORG1 DESC : Miami 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 715</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	1,881,305.24	0.00	1,881,305.24	(2,784.23)
					<b>Legal</b>	0.00	15,600.69	0.00	15,600.69	0.00
					<b>Other</b>	0.00	165,669.63	0.00	165,669.63	(212,591.31)
					<b>Total</b>	0.00	3,379,059.25	0.00	3,379,059.25	(215,375.54)

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>	400.00	44,999.14	31,314.77	76,313.91	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	1,988.67	128,332.67	93,425.11	221,757.78	0.00
					<b>Legal</b>	0.00	12,985.89	13,214.11	26,200.00	0.00
					<b>Other</b>	694.44	10,154.76	16,607.74	26,762.50	0.00
					<b>Total</b>	3,083.11	196,472.46	154,561.73	351,034.19	0.00

CLAIMANT STATUS DESC : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				<b>Re-Open Total 2</b>	<b>Indemnity</b>	0.00	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>	4,100.35	10,017.80	12,761.72	22,779.52	0.00
					<b>Legal</b>	0.00	928.45	7,671.55	8,600.00	0.00
					<b>Other</b>	9.50	985.60	1,701.99	2,687.59	0.00
					<b>Total</b>	4,109.85	11,931.85	67,135.26	79,067.11	0.00
				<b>Miami County Total 726</b>	<b>Indemnity</b>	400.00	1,361,482.83	76,314.77	1,437,797.60	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	6,089.02	2,019,655.71	106,186.83	2,125,842.54	(2,784.23)
					<b>Legal</b>	0.00	29,515.03	20,885.66	50,400.69	0.00
					<b>Other</b>	703.94	176,809.99	18,309.73	195,119.72	(212,591.31)
					<b>Total</b>	7,192.96	3,587,463.56	221,696.99	3,809,160.55	(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 135</b>	<b>Indemnity</b>	0.00	333,289.29	0.00	333,289.29	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	455,098.35	0.00	455,098.35	0.00
					<b>Legal</b>	0.00	1,476.00	0.00	1,476.00	0.00
					<b>Other</b>	0.00	41,969.93	0.00	41,969.93	(45,137.43)
					<b>Total</b>	0.00	831,833.57	0.00	831,833.57	(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
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# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

		Indemnity	Rehab	Medical	Legal	Other	Total
<b>Open Total 5</b>		0.00	4,705.29	10,092.39	14,797.68	0.00	
		0.00	0.00	0.00	0.00	0.00	
		333.38	27,297.34	10,852.66	38,150.00	0.00	
		0.00	0.00	600.00	600.00	0.00	
		9.50	6,176.28	4,223.72	10,400.00	0.00	
	<b>Total</b>	342.88	38,178.91	25,768.77	63,947.68	0.00	
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<b>Mitchell County Total 140</b>		0.00	337,994.58	10,092.39	348,086.97	0.00	
		0.00	0.00	0.00	0.00	0.00	
		333.38	482,395.69	10,852.66	493,248.35	0.00	
		0.00	1,476.00	600.00	2,076.00	0.00	
		9.50	48,146.21	4,223.72	52,369.93	(45,137.43)	
	<b>Total</b>	342.88	870,012.48	25,768.77	895,781.25	(45,137.43)	

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

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
<b>Closed Total 32</b>									
					0.00	17,888.07	0.00	17,888.07	0.00
					0.00	0.00	0.00	0.00	0.00
					124.45	23,425.06	0.00	23,425.06	0.00
					0.00	485.00	0.00	485.00	0.00
					15.90	4,945.85	0.00	4,945.85	0.00
					<b>Total</b>	140.35	46,743.98	0.00	46,743.98

**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 : 09/01/2023 - 09/30/2023

<b>Open Total 5</b>	<b>Indemnity</b>	0.00	0.00	0.00	0.00	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	123.20	1,648.88	9,251.12	10,900.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	18.24	1,171.02	1,928.98	3,100.00	0.00
	<b>Total</b>	141.44	2,819.90	11,180.10	14,000.00	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>	0.00	123.20	1,876.80	2,000.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	15.74	484.26	500.00	0.00
	<b>Total</b>	0.00	138.94	2,361.06	2,500.00	0.00

<b>Montgomery County Total 38</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>	247.65	25,197.14	11,127.92	36,325.06	0.00
	<b>Legal</b>	0.00	485.00	0.00	485.00	0.00
	<b>Other</b>	34.14	6,132.61	2,413.24	8,545.85	0.00
	<b>Total</b>	281.79	49,702.82	13,541.16	63,243.98	0.00

**ORG1 DESC** : Morris 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 : 09/01/2023 - 09/30/2023

<b>Closed 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	0.00	184,001.80	0.00
	<b>Legal</b>	0.00	343.50	0.00	343.50	0.00
	<b>Other</b>	0.00	10,402.31	0.00	10,402.31	(1,485.81)
	<b>Total</b>	0.00	273,815.24	0.00	273,815.24	(1,485.81)

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<b>Open Total 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	700.00	700.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	0.00	100.00	100.00	0.00
	<b>Total</b>	0.00	0.00	800.00	800.00	0.00

<b>Morris County Total 121</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	700.00	184,701.80	0.00
	<b>Legal</b>	0.00	343.50	0.00	343.50	0.00
	<b>Other</b>	0.00	10,402.31	100.00	10,502.31	(1,485.81)
	<b>Total</b>	0.00	273,815.24	800.00	274,615.24	(1,485.81)

**ORG1 DESC** : Morton 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 : 09/01/2023 - 09/30/2023

<b>Closed Total 150</b>	<b>Indemnity</b>	0.00	132,605.97	0.00	132,605.97	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	262,016.25	0.00	262,016.25	0.00
	<b>Legal</b>	0.00	9,734.30	0.00	9,734.30	0.00
	<b>Other</b>	0.00	31,026.01	0.00	31,026.01	(176.00)
	<b>Total</b>	0.00	435,382.53	0.00	435,382.53	(176.00)

**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>	2,948.00	150,885.75	211,022.25	361,908.00	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	374.64	4,476.67	22,023.33	26,500.00	0.00
					<b>Legal</b>	0.00	4,685.16	2,814.84	7,500.00	0.00
					<b>Other</b>	30.59	356.14	2,993.86	3,350.00	0.00
					<b>Total</b>	3,353.23	160,403.72	238,854.28	399,258.00	0.00
				<b>Morton County Total 152</b>	<b>Indemnity</b>	2,948.00	283,491.72	211,022.25	494,513.97	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	374.64	266,492.92	22,023.33	288,516.25	0.00
					<b>Legal</b>	0.00	14,419.46	2,814.84	17,234.30	0.00
					<b>Other</b>	30.59	31,382.15	2,993.86	34,376.01	(176.00)
					<b>Total</b>	3,353.23	595,786.25	238,854.28	834,640.53	(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
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# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

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

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

## Insurer: Kansas Workers Risk Cooperative for Counties

<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 329</b>					0.00	387,645.12	0.00	387,645.12	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	574,192.10	0.00	574,192.10	(89,074.79)
					0.00	12,416.70	0.00	12,416.70	0.00
					0.00	73,807.06	0.00	73,807.06	(54,824.28)
					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

<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 : 09/01/2023 - 09/30/2023

<b>Open Total 6</b>		<b>Indemnity</b>	850.16	105,345.82	10,430.43	115,776.25	0.00
		<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
		<b>Medical</b>	3,260.46	395,707.60	120,183.30	515,890.90	(500.00)
		<b>Legal</b>	0.00	4,635.14	20,673.24	25,308.38	0.00
		<b>Other</b>	134.32	35,838.35	14,576.65	50,415.00	(500.00)
		<b>Total</b>	4,244.94	541,526.91	165,863.62	707,390.53	(1,000.00)
<b>Neosho County Total 335</b>		<b>Indemnity</b>	850.16	492,990.94	10,430.43	503,421.37	0.00
		<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
		<b>Medical</b>	3,260.46	969,899.70	120,183.30	1,090,083.00	(89,574.79)
		<b>Legal</b>	0.00	17,051.84	20,673.24	37,725.08	0.00
		<b>Other</b>	134.32	109,645.41	14,576.65	124,222.06	(55,324.28)
		<b>Total</b>	4,244.94	1,589,587.89	165,863.62	1,755,451.51	(144,899.07)

**ORG1 DESC :** Ness County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
<b>Closed Total 34</b>									
		<b>Indemnity</b>	0.00	71,155.16	0.00	71,155.16	0.00	0.00	
		<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00	0.00	
		<b>Medical</b>	0.00	105,572.04	198.90	105,770.94	0.00	0.00	
		<b>Legal</b>	0.00	492.00	0.00	492.00	0.00	0.00	
		<b>Other</b>	0.00	8,815.04	0.00	8,815.04	(15,000.00)	0.00	
		<b>Total</b>	0.00	186,034.24	198.90	186,233.14	(15,000.00)	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 : 09/01/2023 - 09/30/2023

<b>Open Total 3</b>	<b>Indemnity</b>	0.00	21,914.61	1,473.23	23,387.84	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	3,014.23	17,430.61	6,069.39	23,500.00	0.00
	<b>Legal</b>	0.00	990.85	8,559.15	9,550.00	0.00
	<b>Other</b>	161.34	863.03	3,836.97	4,700.00	0.00
	<b>Total</b>	3,175.57	41,199.10	19,938.74	61,137.84	0.00
<b>Ness County Total 37</b>	<b>Indemnity</b>	0.00	93,069.77	1,473.23	94,543.00	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	3,014.23	123,002.65	6,268.29	129,270.94	0.00
	<b>Legal</b>	0.00	1,482.85	8,559.15	10,042.00	0.00
	<b>Other</b>	161.34	9,678.07	3,836.97	13,515.04	(15,000.00)
	<b>Total</b>	3,175.57	227,233.34	20,137.64	247,370.98	(15,000.00)

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

**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 53</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	22,223.43	0.00	22,223.43	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	9.50	4,436.94	0.00	4,436.94	0.00
					<b>Total</b>	9.50	29,800.85	0.00	29,800.85	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 : 09/01/2023 - 09/30/2023

<b>Open Total 14</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>	587.79	10,613.11	26,086.89	36,700.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	53.71	2,065.42	6,134.58	8,200.00	0.00
	<b>Total</b>	641.50	12,678.53	32,221.47	44,900.00	0.00

<b>North Central Kansas Regional Juvenile Detention Total 67</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>	587.79	32,836.54	26,086.89	58,923.43	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	63.21	6,502.36	6,134.58	12,636.94	0.00
	<b>Total</b>	651.00	42,479.38	32,221.47	74,700.85	0.00

**ORG1 DESC :** Northwest Kansas Regional Recycling Center  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

Run Date: 10/02/2023 08:10:51

TRISTAR - Confidential

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# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				<b>Closed Total 172</b>	<b>Indemnity</b>	0.00	212,226.86	0.00	212,226.86	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	418,081.96	0.00	418,081.96	(9,111.56)
					<b>Legal</b>	0.00	511.50	0.00	511.50	0.00
					<b>Other</b>	0.00	41,587.69	0.00	41,587.69	(34,632.43)
					<b>Total</b>	0.00	672,408.01	0.00	672,408.01	(43,743.99)

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				<b>Open Total 2</b>	<b>Indemnity</b>	0.00	0.00	0.00	0.00	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	1,253.52	3,746.48	5,000.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	101.08	898.92	1,000.00	0.00
					<b>Total</b>	0.00	1,354.60	4,645.40	6,000.00	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>	0.00	419,335.48	3,746.48	423,081.96	(9,111.56)
					<b>Legal</b>	0.00	511.50	0.00	511.50	0.00
					<b>Other</b>	0.00	41,688.77	898.92	42,587.69	(34,632.43)
					<b>Total</b>	0.00	673,762.61	4,645.40	678,408.01	(43,743.99)

**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 : 09/01/2023 - 09/30/2023

<b>Closed Total 336</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	832,196.65	136.27	832,332.92	(4,005.96)
	<b>Legal</b>	0.00	9,771.00	0.00	9,771.00	0.00
	<b>Other</b>	0.00	67,598.14	11.44	67,609.58	(50,779.03)
	<b>Total</b>	0.00	1,414,197.32	147.71	1,414,345.03	(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>	2,667.07	38,444.82	41,323.70	79,768.52	0.00
					<b>Legal</b>	0.00	0.00	600.00	600.00	0.00
					<b>Other</b>	307.10	2,394.32	6,905.68	9,300.00	0.00
					<b>Total</b>	2,974.17	50,760.16	54,829.38	105,589.54	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>	94.01	2,042.20	957.80	3,000.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	11.23	183.69	616.31	800.00	0.00
					<b>Total</b>	105.24	2,225.89	1,574.11	3,800.00	0.00



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Osage County Total 343</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>	2,761.08	872,683.67	42,417.77	915,101.44	(4,005.96)
	<b>Legal</b>	0.00	9,771.00	600.00	10,371.00	0.00
	<b>Other</b>	318.33	70,176.15	7,533.43	77,709.58	(50,779.03)
	<b>Total</b>	3,079.41	1,467,183.37	56,551.20	1,523,734.57	(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 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	184,847.38	0.00	184,847.38	0.00
					<b>Legal</b>	0.00	1,508.50	0.00	1,508.50	0.00
					<b>Other</b>	0.00	24,665.27	0.00	24,665.27	0.00
					<b>Total</b>	0.00	300,874.34	0.00	300,874.34	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 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	1,200.02	1,299.98	2,500.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	99.87	400.13	500.00	0.00
					<b>Total</b>	0.00	1,299.89	1,700.11	3,000.00	0.00



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Osborne County Total 235</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	186,047.40	1,299.98	187,347.38	0.00
	<b>Legal</b>	0.00	1,508.50	0.00	1,508.50	0.00
	<b>Other</b>	0.00	24,765.14	400.13	25,165.27	0.00
	<b>Total</b>	0.00	302,174.23	1,700.11	303,874.34	0.00

ORG1 DESC : Ottawa 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 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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Open Total 6</b>					<b>Indemnity</b>	0.00	5,785.45	9,925.55	15,711.00	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	2,624.65	33,867.54	16,232.46	50,100.00	0.00
					<b>Legal</b>	0.00	0.00	600.00	600.00	0.00
					<b>Other</b>	662.63	3,478.58	4,501.42	7,980.00	0.00
					<b>Total</b>	3,287.28	43,131.57	31,259.43	74,391.00	0.00



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Ottawa County Total 217</b>	<b>Indemnity</b>	0.00	109,508.17	9,925.55	119,433.72	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	2,624.65	261,525.15	16,232.46	277,757.61	0.00
	<b>Legal</b>	0.00	5,853.52	600.00	6,453.52	0.00
	<b>Other</b>	662.63	33,827.21	4,501.42	38,328.63	(31,291.15)
	<b>Total</b>	3,287.28	410,714.05	31,259.43	441,973.48	(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 183</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	175,090.17	0.00	175,090.17	0.00
					<b>Legal</b>	0.00	505.00	0.00	505.00	0.00
					<b>Other</b>	0.00	9,247.73	0.00	9,247.73	(5,743.63)
					<b>Total</b>	0.00	250,397.27	0.00	250,397.27	(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	336,610.77	221,292.73	557,903.50	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	94.33	84,482.39	26,989.61	111,472.00	0.00
					<b>Legal</b>	0.00	1,438.75	12,211.25	13,650.00	0.00
					<b>Other</b>	11.13	13,103.28	4,891.72	17,995.00	0.00
					<b>Total</b>	1,886.26	435,635.19	265,385.31	701,020.50	0.00



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Pawnee County Total 186</b>	<b>Indemnity</b>	1,780.80	402,165.14	221,292.73	623,457.87	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	94.33	259,572.56	26,989.61	286,562.17	0.00
	<b>Legal</b>	0.00	1,943.75	12,211.25	14,155.00	0.00
	<b>Other</b>	11.13	22,351.01	4,891.72	27,242.73	(5,743.63)
	<b>Total</b>	1,886.26	686,032.46	265,385.31	951,417.77	(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 147</b>					<b>Indemnity</b>	0.00	421,432.14	0.00	421,432.14	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	478,619.23	0.00	478,619.23	(38,473.40)
					<b>Legal</b>	0.00	2,588.10	0.00	2,588.10	0.00
					<b>Other</b>	0.00	114,251.10	0.00	114,251.10	(291.80)
					<b>Total</b>	0.00	1,016,890.57	0.00	1,016,890.57	(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 3</b>					<b>Indemnity</b>	0.00	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>	256.39	2,158.85	6,841.15	9,000.00	0.00
					<b>Legal</b>	0.00	0.00	600.00	600.00	0.00
					<b>Other</b>	19.79	137.72	2,362.28	2,500.00	0.00
					<b>Total</b>	276.18	2,788.09	12,605.39	15,393.48	0.00



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Phillips County Total 150</b>	<b>Indemnity</b>	0.00	421,923.66	2,801.96	424,725.62	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	256.39	480,778.08	6,841.15	487,619.23	(38,473.40)
	<b>Legal</b>	0.00	2,588.10	600.00	3,188.10	0.00
	<b>Other</b>	19.79	114,388.82	2,362.28	116,751.10	(291.80)
	<b>Total</b>	276.18	1,019,678.66	12,605.39	1,032,284.05	(38,765.20)

**ORG1 DESC :** Pottawatomie 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 579</b>					<b>Indemnity</b>	0.00	661,677.35	0.00	661,677.35	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	921,701.28	0.00	921,701.28	(36,729.38)
					<b>Legal</b>	0.00	28,671.59	0.00	28,671.59	(197.00)
					<b>Other</b>	0.00	87,592.55	0.00	87,592.55	(72,608.23)
					<b>Total</b>	0.00	1,699,642.77	0.00	1,699,642.77	(109,534.61)

**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 12</b>					<b>Indemnity</b>	0.00	125,000.00	0.00	125,000.00	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	506.13	104,188.06	36,450.70	140,638.76	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	98.56	18,456.21	6,743.79	25,200.00	(500.00)
					<b>Total</b>	604.69	247,644.27	43,194.49	290,838.76	(500.00)

**CLAIMANT STATUS DESC :** Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				<b>Re-Open Total 3</b>	<b>Indemnity</b>	0.00	40,159.36	36,840.14	76,999.50	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	2,104.52	76,251.75	34,748.25	111,000.00	(500.00)
					<b>Legal</b>	0.00	0.00	11,000.00	11,000.00	0.00
					<b>Other</b>	218.89	5,821.10	8,178.90	14,000.00	0.00
					<b>Total</b>	2,323.41	122,232.21	90,767.29	212,999.50	(500.00)
				<b>Pottawatomie County Total 594</b>	<b>Indemnity</b>	0.00	826,836.71	36,840.14	863,676.85	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	2,610.65	1,102,141.09	71,198.95	1,173,340.04	(37,229.38)
					<b>Legal</b>	0.00	28,671.59	11,000.00	39,671.59	(197.00)
					<b>Other</b>	317.45	111,869.86	14,922.69	126,792.55	(73,108.23)
					<b>Total</b>	2,928.10	2,069,519.25	133,961.78	2,203,481.03	(110,534.61)

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 : 09/01/2023 - 09/30/2023

**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 88</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	188,969.52	0.00	188,969.52	0.00
					<b>Legal</b>	0.00	1,415.00	0.00	1,415.00	0.00
					<b>Other</b>	0.00	9,411.72	0.00	9,411.72	(825.25)
					<b>Total</b>	0.00	233,343.31	0.00	233,343.31	(825.25)





# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Rawlins County Total 88</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	188,969.52	0.00	188,969.52	0.00
	<b>Legal</b>	0.00	1,415.00	0.00	1,415.00	0.00
	<b>Other</b>	0.00	9,411.72	0.00	9,411.72	(825.25)
	<b>Total</b>	0.00	233,343.31	0.00	233,343.31	(825.25)

**ORG1 DESC :** Reno County

**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Closed Total 1743</b>					<b>Indemnity</b>	0.00	2,870,240.11	0.00	2,870,240.11	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	5,034,219.72	0.00	5,034,219.72	(640.30)
					<b>Legal</b>	0.00	23,003.48	0.00	23,003.48	0.00
					<b>Other</b>	0.00	598,751.83	0.00	598,751.83	(2,326,633.54)
					<b>Total</b>	0.00	8,526,215.14	0.00	8,526,215.14	(2,327,273.84)

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Open Total 33</b>					<b>Indemnity</b>	4,237.71	231,379.11	143,484.55	374,863.66	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	7,026.10	567,334.72	209,843.01	777,177.73	0.00
					<b>Legal</b>	0.00	7,133.80	34,366.20	41,500.00	0.00
					<b>Other</b>	373.40	55,569.79	39,982.84	95,552.63	0.00
					<b>Total</b>	11,637.21	861,417.42	427,676.60	1,289,094.02	0.00

**CLAIMANT STATUS DESC :** Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				<b>Re-Open Total 5</b>	<b>Indemnity</b>	0.00	60,207.51	74,521.31	134,728.82	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	2,778.72	255,881.15	71,067.73	326,948.88	(25,775.85)
					<b>Legal</b>	0.00	3,231.60	7,868.40	11,100.00	0.00
					<b>Other</b>	298.64	31,603.43	10,286.57	41,890.00	(21,398.16)
					<b>Total</b>	3,077.36	350,923.69	163,744.01	514,667.70	(47,174.01)
				<b>Reno County Total 1781</b>	<b>Indemnity</b>	4,237.71	3,161,826.73	218,005.86	3,379,832.59	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	9,804.82	5,857,435.59	280,910.74	6,138,346.33	(26,416.15)
					<b>Legal</b>	0.00	33,368.88	42,234.60	75,603.48	0.00
					<b>Other</b>	672.04	685,925.05	50,269.41	736,194.46	(2,348,031.70)
					<b>Total</b>	14,714.57	9,738,556.25	591,420.61	10,329,976.86	(2,374,447.85)

**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	
				<b>Closed Total 225</b>	<b>Indemnity</b>	0.00	166,928.67	0.00	166,928.67	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	358,081.27	0.00	358,081.27	0.00
					<b>Legal</b>	0.00	2,833.70	0.00	2,833.70	0.00
					<b>Other</b>	0.00	41,502.05	0.00	41,502.05	(10,186.58)
					<b>Total</b>	0.00	569,345.69	0.00	569,345.69	(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
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# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Open Total 2</b>	<b>Indemnity</b>	0.00	19,620.29	0.00	19,620.29	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	54,106.32	14,251.08	68,357.40	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	2,481.19	5,518.81	8,000.00	0.00
	<b>Total</b>	0.00	76,207.80	19,769.89	95,977.69	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
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<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>	646.54	26,016.17	4,734.82	30,750.99	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	28.50	570.94	4,703.17	5,274.11	0.00
	<b>Total</b>	675.04	28,195.22	17,437.99	45,633.21	0.00

<b>Republic County Total 228</b>	<b>Indemnity</b>	0.00	188,157.07	8,000.00	196,157.07	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	646.54	438,203.76	18,985.90	457,189.66	0.00
	<b>Legal</b>	0.00	2,833.70	0.00	2,833.70	0.00
	<b>Other</b>	28.50	44,554.18	10,221.98	54,776.16	(10,186.58)
	<b>Total</b>	675.04	673,748.71	37,207.88	710,956.59	(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
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# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Closed Total 103</b>	<b>Indemnity</b>	0.00	234,569.28	0.00	234,569.28	(802.34)
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	2,774.98	392,227.17	0.00	392,227.17	(29,007.75)
	<b>Legal</b>	0.00	8,210.60	0.00	8,210.60	0.00
	<b>Other</b>	58.44	45,043.55	0.00	45,043.55	(23,763.43)
	<b>Total</b>	2,833.42	680,050.60	0.00	680,050.60	(53,573.52)

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<b>Open Total 9</b>	<b>Indemnity</b>	1,850.40	39,964.79	5,237.19	45,201.98	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	180.61	232,598.79	42,251.21	274,850.00	(2,000.00)
	<b>Legal</b>	0.00	1,042.50	107.50	1,150.00	0.00
	<b>Other</b>	21.56	21,583.37	20,561.63	42,145.00	0.00
	<b>Total</b>	2,052.57	295,189.45	68,157.53	363,346.98	(2,000.00)

<b>Rice County Total 112</b>	<b>Indemnity</b>	1,850.40	274,534.07	5,237.19	279,771.26	(802.34)
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	2,955.59	624,825.96	42,251.21	667,077.17	(31,007.75)
	<b>Legal</b>	0.00	9,253.10	107.50	9,360.60	0.00
	<b>Other</b>	80.00	66,626.92	20,561.63	87,188.55	(23,763.43)
	<b>Total</b>	4,885.99	975,240.05	68,157.53	1,043,397.58	(55,573.52)

**ORG1 DESC** : Rooks 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 : 09/01/2023 - 09/30/2023

<b>Closed Total 1</b>	<b>Indemnity</b>	0.00	0.00	0.00	0.00	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	80.28	1,152.62	0.00	1,152.62	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	14.92	54.96	0.00	54.96	0.00
	<b>Total</b>	95.20	1,207.58	0.00	1,207.58	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>	254.54	1,255.58	3,744.42	5,000.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	44.99	106.73	893.27	1,000.00	0.00
	<b>Total</b>	299.53	1,362.31	4,637.69	6,000.00	0.00

<b>Rooks County Total 3</b>	<b>Indemnity</b>	0.00	0.00	0.00	0.00	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	334.82	2,408.20	3,744.42	6,152.62	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	59.91	161.69	893.27	1,054.96	0.00
	<b>Total</b>	394.73	2,569.89	4,637.69	7,207.58	0.00

**ORG1 DESC** : Rush 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 : 09/01/2023 - 09/30/2023

<b>Closed Total 113</b>	<b>Indemnity</b>	0.00	199,802.92	0.00	199,802.92	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	592,200.07	0.00	592,200.07	0.00
	<b>Legal</b>	0.00	2,003.00	0.00	2,003.00	0.00
	<b>Other</b>	0.00	28,211.85	0.00	28,211.85	0.00
	<b>Total</b>	0.00	822,217.84	0.00	822,217.84	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	3,870.90	36,690.36	40,561.26	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	1,119.52	61,401.45	39,798.55	101,200.00	0.00
	<b>Legal</b>	0.00	0.00	1,800.00	1,800.00	0.00
	<b>Other</b>	37.40	10,262.89	8,537.11	18,800.00	0.00
	<b>Total</b>	1,156.92	75,535.24	86,826.02	162,361.26	0.00

<b>Rush County Total 118</b>	<b>Indemnity</b>	0.00	203,673.82	36,690.36	240,364.18	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	1,119.52	653,601.52	39,798.55	693,400.07	0.00
	<b>Legal</b>	0.00	2,003.00	1,800.00	3,803.00	0.00
	<b>Other</b>	37.40	38,474.74	8,537.11	47,011.85	0.00
	<b>Total</b>	1,156.92	897,753.08	86,826.02	984,579.10	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 : 09/01/2023 - 09/30/2023

<b>Closed Total 263</b>	<b>Indemnity</b>	0.00	223,154.90	0.00	223,154.90	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	401,919.83	0.00	401,919.83	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	40,347.05	0.00	40,347.05	(16,491.48)
	<b>Total</b>	0.00	665,421.78	0.00	665,421.78	(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 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>	407.78	2,704.27	9,295.73	12,000.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	34.64	195.66	2,204.34	2,400.00	0.00
					<b>Total</b>	442.42	2,899.93	11,500.07	14,400.00	0.00

**CLAIMANT STATUS DESC :** Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Re-Open Total 1</b>					<b>Indemnity</b>	0.00	0.00	0.00	0.00	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	336.32	1,163.68	1,500.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	27.00	273.00	300.00	0.00
					<b>Total</b>	0.00	363.32	1,436.68	1,800.00	0.00



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

Russell County Total 269		Indemnity	0.00	223,154.90	0.00	223,154.90	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	407.78	404,960.42	10,459.41	415,419.83	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	34.64	40,569.71	2,477.34	43,047.05	(16,491.48)	
	<b>Total</b>	<b>442.42</b>	<b>668,685.03</b>	<b>12,936.75</b>	<b>681,621.78</b>	<b>(16,491.48)</b>	

ORG1 DESC : Saline County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
		<b>Closed Total 1224</b>			Indemnity	0.00	866,794.87	0.00	866,794.87
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	1,311,522.87	(9.00)	1,311,513.87
					Legal	0.00	24,454.17	0.00	24,454.17
					Other	0.00	185,531.57	0.00	185,531.57
					<b>Total</b>	<b>0.00</b>	<b>2,388,303.48</b>	<b>(9.00)</b>	<b>2,388,294.48</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 23</b>			Indemnity	0.00	6,154.27	7,635.27	13,789.54
					Rehab	0.00	0.00	0.00	0.00
					Medical	1,467.32	91,291.16	81,189.03	172,480.19
					Legal	0.00	0.00	0.00	0.00
					Other	103.69	27,483.46	12,141.84	39,625.30
					<b>Total</b>	<b>1,571.01</b>	<b>124,928.89</b>	<b>100,966.14</b>	<b>225,895.03</b>

CLAIMANT STATUS DESC : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties





# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				<b>Re-Open Total 1</b>	<b>Indemnity</b>	500.00	43,315.77	1,000.00	44,315.77	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	74,904.37	2,508.45	77,412.82	0.00
					<b>Legal</b>	0.00	142.00	458.00	600.00	0.00
					<b>Other</b>	0.00	2,554.19	1,500.00	4,054.19	0.00
					<b>Total</b>	500.00	120,916.33	5,466.45	126,382.78	0.00
				<b>Saline County Total 1248</b>	<b>Indemnity</b>	500.00	916,264.91	8,635.27	924,900.18	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	1,467.32	1,477,718.40	83,688.48	1,561,406.88	(9,808.31)
					<b>Legal</b>	0.00	24,596.17	458.00	25,054.17	(5,380.82)
					<b>Other</b>	103.69	215,569.22	13,641.84	229,211.06	(67,682.97)
					<b>Total</b>	2,071.01	2,634,148.70	106,423.59	2,740,572.29	(82,872.10)

ORG1 DESC : Scott County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				<b>Closed Total 48</b>	<b>Indemnity</b>	0.00	18,808.47	0.00	18,808.47	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	83,758.77	0.00	83,758.77	0.00
					<b>Legal</b>	0.00	4,727.60	0.00	4,727.60	0.00
					<b>Other</b>	0.00	9,013.33	0.00	9,013.33	0.00
					<b>Total</b>	0.00	116,308.17	0.00	116,308.17	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 : 09/01/2023 - 09/30/2023

Open Total 1		Indemnity	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	1,182.38	1,317.62	2,500.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	509.86	290.14	800.00	0.00
<b>Total</b>			0.00	1,692.24	1,607.76	3,300.00	0.00

  

Scott County Total 49		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	0.00	84,941.15	1,317.62	86,258.77	0.00
		Legal	0.00	4,727.60	0.00	4,727.60	0.00
		Other	0.00	9,523.19	290.14	9,813.33	0.00
<b>Total</b>			0.00	118,000.41	1,607.76	119,608.17	0.00

**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
<b>Closed Total 157</b>					0.00	495,927.96	0.00	495,927.96	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	447,281.37	0.00	447,281.37	0.00
					0.00	1,663.50	0.00	1,663.50	0.00
					0.00	31,667.80	0.00	31,667.80	0.00
<b>Total</b>					0.00	976,540.63	0.00	976,540.63	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



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

<b>Open Total 2</b>	<b>Indemnity</b>	0.00	0.00	0.00	0.00	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	100.58	5,899.42	6,000.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	13.79	1,186.21	1,200.00	0.00
	<b>Total</b>	0.00	114.37	7,085.63	7,200.00	0.00
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<b>Sheridan County Total 159</b>	<b>Indemnity</b>	0.00	495,927.96	0.00	495,927.96	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	447,381.95	5,899.42	453,281.37	0.00
	<b>Legal</b>	0.00	1,663.50	0.00	1,663.50	0.00
	<b>Other</b>	0.00	31,681.59	1,186.21	32,867.80	0.00
	<b>Total</b>	0.00	976,655.00	7,085.63	983,740.63	0.00

**ORG1 DESC :** Sherman 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 141</b>										
					<b>Indemnity</b>	0.00	95,276.19	0.00	95,276.19	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	348,713.46	0.00	348,713.46	0.00
					<b>Legal</b>	0.00	25,808.23	0.00	25,808.23	0.00
					<b>Other</b>	0.00	20,437.69	0.00	20,437.69	0.00
					<b>Total</b>	0.00	490,235.57	0.00	490,235.57	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 : 09/01/2023 - 09/30/2023

<b>Open Total 5</b>	<b>Indemnity</b>	0.00	0.00	0.00	0.00	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	202.21	1,698.37	10,801.63	12,500.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	22.60	149.30	2,350.70	2,500.00	0.00
	<b>Total</b>	224.81	1,847.67	13,152.33	15,000.00	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>	691.22	1,535.03	1,964.97	3,500.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	25.23	92.48	607.52	700.00	0.00
	<b>Total</b>	716.45	1,627.51	2,572.49	4,200.00	0.00

<b>Sherman County Total 147</b>	<b>Indemnity</b>	0.00	95,276.19	0.00	95,276.19	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	893.43	351,946.86	12,766.60	364,713.46	0.00
	<b>Legal</b>	0.00	25,808.23	0.00	25,808.23	0.00
	<b>Other</b>	47.83	20,679.47	2,958.22	23,637.69	0.00
	<b>Total</b>	941.26	493,710.75	15,724.82	509,435.57	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 : 09/01/2023 - 09/30/2023

<b>Closed Total 96</b>	<b>Indemnity</b>	0.00	234,045.69	0.00	234,045.69	(3,813.50)
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	287,931.07	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	63.99	2,436.01	2,500.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	10.92	489.08	500.00	0.00
	<b>Total</b>	0.00	74.91	2,925.09	3,000.00	0.00

<b>Smith County Total 97</b>	<b>Indemnity</b>	0.00	234,045.69	0.00	234,045.69	(3,813.50)
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	287,995.06	2,436.01	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	24,603.08	489.08	25,092.16	0.00
	<b>Total</b>	0.00	562,096.54	2,925.09	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 : 09/01/2023 - 09/30/2023

<b>Closed Total 25</b>	<b>Indemnity</b>	0.00	84,221.14	0.00	84,221.14	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	138,523.28	0.00	138,523.28	0.00
	<b>Legal</b>	0.00	7,061.27	0.00	7,061.27	0.00
	<b>Other</b>	0.00	4,427.44	0.00	4,427.44	0.00
	<b>Total</b>	0.00	234,233.13	0.00	234,233.13	0.00

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<b>Open Total 1</b>	<b>Indemnity</b>	0.00	0.00	0.00	0.00	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	1,899.85	1,600.15	3,500.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	75.48	624.52	700.00	0.00
	<b>Total</b>	0.00	1,975.33	2,224.67	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	140,423.13	1,600.15	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	4,502.92	624.52	5,127.44	0.00
	<b>Total</b>	0.00	236,208.46	2,224.67	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 : 09/01/2023 - 09/30/2023

<b>Closed Total 99</b>	<b>Indemnity</b>	0.00	209,346.63	0.00	209,346.63	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	393,499.74	0.00	393,499.74	0.00
	<b>Legal</b>	0.00	882.00	0.00	882.00	0.00
	<b>Other</b>	0.00	22,662.98	0.00	22,662.98	(5,990.28)
	<b>Total</b>	0.00	626,391.35	0.00	626,391.35	(5,990.28)

**CLAIMANT STATUS DESC** : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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<b>Open Total 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	2,177.64	3,522.36	5,700.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	95.26	1,004.74	1,100.00	0.00
	<b>Total</b>	0.00	2,272.90	4,527.10	6,800.00	0.00

<b>Stanton County Total 103</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	395,677.38	3,522.36	399,199.74	0.00
	<b>Legal</b>	0.00	882.00	0.00	882.00	0.00
	<b>Other</b>	0.00	22,758.24	1,004.74	23,762.98	(5,990.28)
	<b>Total</b>	0.00	628,664.25	4,527.10	633,191.35	(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 : 09/01/2023 - 09/30/2023

<b>Closed 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	0.00	856,641.33	(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	0.00	61,786.76	(5,000.00)
		<b>Total</b>	0.00	1,380,857.75	0.00	1,380,857.75	(13,845.10)
<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	0.00	856,641.33	(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	0.00	61,786.76	(5,000.00)
		<b>Total</b>	0.00	1,380,857.75	0.00	1,380,857.75	(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
<b>Closed Total 207</b>									
					0.00	199,916.95	0.00	199,916.95	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	418,457.40	0.00	418,457.40	0.00
					0.00	4,036.84	0.00	4,036.84	0.00
					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
<b>Stevens Health Systems Total 207</b>									
					0.00	199,916.95	0.00	199,916.95	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	418,457.40	0.00	418,457.40	0.00
					0.00	4,036.84	0.00	4,036.84	0.00
					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

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

## Insurer: Kansas Workers Risk Cooperative for Counties





# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				<b>Closed Total 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)
				<b>Sumner County Total 170</b>	<b>Indemnity</b>	0.00	542,965.83	0.00	542,965.83	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	716,419.71	0.00	716,419.71	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	91,961.52	0.00	91,961.52	(511.23)
					<b>Total</b>	0.00	1,351,347.06	0.00	1,351,347.06	(511.23)

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

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				<b>Closed Total 235</b>	<b>Indemnity</b>	0.00	165,666.86	0.00	165,666.86	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	327,696.77	0.00	327,696.77	0.00
					<b>Legal</b>	0.00	784.00	0.00	784.00	0.00
					<b>Other</b>	0.00	23,117.46	0.00	23,117.46	(2,355.43)
					<b>Total</b>	0.00	517,265.09	0.00	517,265.09	(2,355.43)

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 09/01/2023 - 09/30/2023

<b>Open Total 5</b>	<b>Indemnity</b>	0.00	0.00	0.00	0.00	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	1,895.31	2,304.69	4,200.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	854.68	245.32	1,100.00	0.00
	<b>Total</b>	0.00	2,749.99	2,550.01	5,300.00	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>	1,586.08	4,767.16	2,232.84	7,000.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	312.49	1,368.02	631.98	2,000.00	0.00
	<b>Total</b>	1,898.57	6,135.18	2,864.82	9,000.00	0.00

<b>Thomas County Total 241</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>	1,586.08	334,359.24	4,537.53	338,896.77	0.00
	<b>Legal</b>	0.00	784.00	0.00	784.00	0.00
	<b>Other</b>	312.49	25,340.16	877.30	26,217.46	(2,355.43)
	<b>Total</b>	1,898.57	526,150.26	5,414.83	531,565.09	(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 : 09/01/2023 - 09/30/2023

<b>Closed Total 118</b>	<b>Indemnity</b>	0.00	81,541.12	0.00	81,541.12	(1,403.88)
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	777.14	241,649.19	0.00	241,649.19	(2,835.19)
	<b>Legal</b>	0.00	976.00	0.00	976.00	0.00
	<b>Other</b>	30.25	13,914.94	0.00	13,914.94	(515.12)
	<b>Total</b>	807.39	338,081.25	0.00	338,081.25	(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 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	0.00	3,200.00	3,200.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	0.00	600.00	600.00	0.00
					<b>Total</b>	0.00	0.00	3,800.00	3,800.00	0.00

**CLAIMANT STATUS DESC :** Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
<b>Re-Open Total 1</b>					<b>Indemnity</b>	0.00	0.00	0.00	0.00	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	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 : 09/01/2023 - 09/30/2023

<b>Trego County Total 122</b>	<b>Indemnity</b>	0.00	81,541.12	0.00	81,541.12	(1,403.88)
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	777.14	242,686.46	4,662.73	247,349.19	(2,835.19)
	<b>Legal</b>	0.00	976.00	0.00	976.00	0.00
	<b>Other</b>	30.25	14,003.78	1,011.16	15,014.94	(515.12)
	<b>Total</b>	807.39	339,207.36	5,673.89	344,881.25	(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 : 09/01/2023 - 09/30/2023

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

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

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

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
		<b>Closed Total 83</b>							
					Indemnity	0.00	34,338.97	0.00	34,338.97
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	151,740.86	0.00	151,740.86
					Legal	0.00	424.50	0.00	424.50
					Other	0.00	5,615.14	0.00	5,615.14
		<b>Total</b>				0.00	192,119.47	0.00	192,119.47

**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 : 09/01/2023 - 09/30/2023

<b>Open Total 2</b>		<b>Indemnity</b>	0.00	0.00	0.00	0.00	0.00
		<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
		<b>Medical</b>	0.00	1,276.81	3,723.19	5,000.00	0.00
		<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
		<b>Other</b>	0.00	64.22	935.78	1,000.00	0.00
		<b>Total</b>	0.00	1,341.03	4,658.97	6,000.00	0.00
<b>Wallace County Total 85</b>		<b>Indemnity</b>	0.00	34,338.97	0.00	34,338.97	0.00
		<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
		<b>Medical</b>	0.00	153,017.67	3,723.19	156,740.86	0.00
		<b>Legal</b>	0.00	424.50	0.00	424.50	0.00
		<b>Other</b>	0.00	5,679.36	935.78	6,615.14	0.00
		<b>Total</b>	0.00	193,460.50	4,658.97	198,119.47	0.00

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

## Insurer: Kansas Workers Risk Cooperative for Counties

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

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

## Insurer: Kansas Workers Risk Cooperative for Counties



# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				<b>Closed Total 38</b>	<b>Indemnity</b>	0.00	25,084.42	0.00	25,084.42	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	49,746.19	0.00	49,746.19	0.00
					<b>Legal</b>	0.00	984.00	0.00	984.00	0.00
					<b>Other</b>	0.00	3,329.52	0.00	3,329.52	0.00
					<b>Total</b>	0.00	79,144.13	0.00	79,144.13	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	
				<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	4,400.00	4,400.00	0.00
					<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
					<b>Other</b>	0.00	0.00	1,000.00	1,000.00	0.00
					<b>Total</b>	0.00	0.00	5,400.00	5,400.00	0.00

				<b>Woodson County Total 40</b>	<b>Indemnity</b>	0.00	25,084.42	0.00	25,084.42	0.00
					<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
					<b>Medical</b>	0.00	49,746.19	4,400.00	54,146.19	0.00
					<b>Legal</b>	0.00	984.00	0.00	984.00	0.00
					<b>Other</b>	0.00	3,329.52	1,000.00	4,329.52	0.00
					<b>Total</b>	0.00	79,144.13	5,400.00	84,544.13	0.00

ORG1 DESC :

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 09/01/2023 - 09/30/2023

<b>Closed Total 1</b>	<b>Indemnity</b>	0.00	0.00	0.00	0.00	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	0.00	0.00	0.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	0.00	0.00	0.00	0.00
	<b>Total</b>	0.00	0.00	0.00	0.00	0.00
<b>Total 1</b>	<b>Indemnity</b>	0.00	0.00	0.00	0.00	0.00
	<b>Rehab</b>	0.00	0.00	0.00	0.00	0.00
	<b>Medical</b>	0.00	0.00	0.00	0.00	0.00
	<b>Legal</b>	0.00	0.00	0.00	0.00	0.00
	<b>Other</b>	0.00	0.00	0.00	0.00	0.00
	<b>Total</b>	0.00	0.00	0.00	0.00	0.00
<b>Kansas Workers Risk Cooperative for Counties Total 21566</b>	<b>Indemnity</b>	74,936.33	32,136,581.76	2,883,614.73	35,020,196.49	(51,121.92)
	<b>Rehab</b>	0.00	573.00	2,500.00	3,073.00	0.00
	<b>Medical</b>	453,979.29	52,816,139.96	4,074,242.47	56,890,382.43	(959,296.26)
	<b>Legal</b>	2,031.75	960,873.58	442,343.97	1,403,217.55	(11,597.99)
	<b>Other</b>	23,785.27	5,413,346.83	748,440.28	6,161,787.11	(3,956,045.40)
	<b>Total</b>	554,732.64	91,327,515.13	8,151,741.45	99,479,256.58	(4,978,061.57)
<b>Grand Total: 21566</b>	<b>Indemnity</b>	74,936.33	32,136,581.76	2,883,614.73	35,020,196.49	(51,121.92)
	<b>Rehab</b>	0.00	573.00	2,500.00	3,073.00	0.00
	<b>Medical</b>	453,979.29	52,816,139.96	4,074,242.47	56,890,382.43	(959,296.26)
	<b>Legal</b>	2,031.75	960,873.58	442,343.97	1,403,217.55	(11,597.99)
	<b>Other</b>	23,785.27	5,413,346.83	748,440.28	6,161,787.11	(3,956,045.40)
	<b>Total</b>	554,732.64	91,327,515.13	8,151,741.45	99,479,256.58	(4,978,061.57)





# Claim Summary - Workers Compensation

PERIOD : 09/01/2023 - 09/30/2023

## Report Fields

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

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

Outstanding: total outstanding reserves remaining

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

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

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

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

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