



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

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	
				Closed Total 63	Indemnity	0.00	98,176.08	0.00	98,176.08	(2,000.00)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	276,760.97	0.00	276,760.97	(19,598.50)
					Legal	0.00	36,191.42	0.00	36,191.42	0.00
					Other	0.00	21,821.95	0.00	21,821.95	(12,214.66)
					Total	0.00	432,950.42	0.00	432,950.42	(33,813.16)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 6	Indemnity	0.00	0.00	40,000.00	40,000.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	17,620.82	29,579.18	47,200.00	(1,000.00)
					Legal	12,353.22	16,462.57	537.43	17,000.00	0.00
					Other	0.00	386.36	7,278.64	7,665.00	0.00
					Total	12,353.22	34,469.75	77,395.25	111,865.00	(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
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Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

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	
Total		0.00	57,694.37	39,645.52	97,339.89	(1,000.00)	

Allen County Total 70		Indemnity	0.00	104,851.56	61,234.41	166,085.97	(2,000.00)
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	340,976.55	34,434.42	375,410.97	(21,598.50)	
	Legal	12,353.22	53,884.79	8,406.63	62,291.42	0.00	
	Other	0.00	25,401.64	12,965.31	38,366.95	(12,214.66)	
Total		12,353.22	525,114.54	117,040.77	642,155.31	(35,813.16)	

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
Closed Total 204					0.00	723,615.47	0.00	723,615.47	0.00
	Rehab	0.00			0.00	573.00	0.00	573.00	0.00
	Medical	0.00			0.00	960,885.15	0.00	960,885.15	0.00
	Legal	0.00			0.00	15,318.80	0.00	15,318.80	0.00
	Other	0.00			0.00	69,959.11	0.00	69,959.11	(3,864.70)
Total		0.00			0.00	1,770,351.53	0.00	1,770,351.53	(3,864.70)

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 : 02/01/2024 - 02/29/2024

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	0.00	2,500.00	2,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	500.00	500.00	0.00
	Total	0.00	0.00	3,000.00	3,000.00	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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Re-Open Total 1	Indemnity	0.00	0.00	6,725.03	6,725.03	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	12,736.40	14,113.60	26,850.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	0.00	1,377.32	2,825.18	4,202.50	0.00
	Total	0.00	14,113.72	24,263.81	38,377.53	0.00

Anderson County Total 206	Indemnity	0.00	723,615.47	6,725.03	730,340.50	0.00
	Rehab	0.00	573.00	0.00	573.00	0.00
	Medical	0.00	973,621.55	16,613.60	990,235.15	0.00
	Legal	0.00	15,318.80	600.00	15,918.80	0.00
	Other	0.00	71,336.43	3,325.18	74,661.61	(3,864.70)
	Total	0.00	1,784,465.25	27,263.81	1,811,729.06	(3,864.70)

ORG1 DESC : Atchison 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 : 02/01/2024 - 02/29/2024

Closed Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	0.00	0.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00
	Total	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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Open Total 6	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	47.04	47.04	12,302.96	12,350.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	2,850.00	2,850.00	0.00
	Total	47.04	47.04	15,152.96	15,200.00	0.00

Atchison County Total 8	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	47.04	47.04	12,302.96	12,350.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	2,850.00	2,850.00	0.00
	Total	47.04	47.04	15,152.96	15,200.00	0.00

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 : 02/01/2024 - 02/29/2024

Closed Total 273	Indemnity	0.00	263,196.56	0.00	263,196.56	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	394,475.33	0.00	394,475.33	0.00
	Legal	0.00	13,868.90	0.00	13,868.90	0.00
	Other	0.00	31,249.02	0.00	31,249.02	(2,201.73)
	Total	0.00	702,789.81	0.00	702,789.81	(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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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	645.48	1,854.52	2,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	63.42	436.58	500.00	0.00
	Total	0.00	708.90	2,291.10	3,000.00	0.00

Barber County Total 274	Indemnity	0.00	263,196.56	0.00	263,196.56	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	395,120.81	1,854.52	396,975.33	0.00
	Legal	0.00	13,868.90	0.00	13,868.90	0.00
	Other	0.00	31,312.44	436.58	31,749.02	(2,201.73)
	Total	0.00	703,498.71	2,291.10	705,789.81	(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 : 02/01/2024 - 02/29/2024

Closed Total 299	Indemnity	0.00	379,725.88	0.00	379,725.88	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	758,616.63	0.00	758,616.63	(14,648.00)
	Legal	0.00	14,849.35	0.00	14,849.35	(5,986.67)
	Other	0.00	98,459.33	0.00	98,459.33	(124,733.70)
	Total	0.00	1,251,651.19	0.00	1,251,651.19	(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	
				Open Total 10	Indemnity	5,146.92	201,332.71	187,060.10	388,392.81	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	5,380.64	996,351.20	419,823.21	1,416,174.41	(258.82)
					Legal	0.00	8,289.90	44,560.10	52,850.00	0.00
					Other	768.21	99,763.27	70,036.73	169,800.00	(28,149.84)
					Total	11,295.77	1,305,737.08	721,480.14	2,027,217.22	(28,408.66)
				Bourbon County Total 309	Indemnity	5,146.92	581,058.59	187,060.10	768,118.69	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	5,380.64	1,754,967.83	419,823.21	2,174,791.04	(14,906.82)
					Legal	0.00	23,139.25	44,560.10	67,699.35	(5,986.67)
					Other	768.21	198,222.60	70,036.73	268,259.33	(152,883.54)
					Total	11,295.77	2,557,388.27	721,480.14	3,278,868.41	(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 : 02/01/2024 - 02/29/2024

Closed Total 92	Indemnity	0.00	258,123.52	0.00	258,123.52	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	382,691.70	0.00	382,691.70	0.00
	Legal	0.00	9,293.80	0.00	9,293.80	0.00
	Other	0.00	24,926.13	0.00	24,926.13	(944.56)
	Total	0.00	675,035.15	0.00	675,035.15	(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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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	0.00	2,500.00	2,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	500.00	500.00	0.00
	Total	0.00	0.00	3,000.00	3,000.00	0.00

Brown County Total 93	Indemnity	0.00	258,123.52	0.00	258,123.52	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	382,691.70	2,500.00	385,191.70	0.00
	Legal	0.00	9,293.80	0.00	9,293.80	0.00
	Other	0.00	24,926.13	500.00	25,426.13	(944.56)
	Total	0.00	675,035.15	3,000.00	678,035.15	(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 : 02/01/2024 - 02/29/2024

Closed Total 26	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	2,445.68	0.00	2,445.68	(1,849.17)
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	923.42	0.00	923.42	0.00
	Total	0.00	3,369.10	0.00	3,369.10	(1,849.17)

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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Open Total 14	Indemnity	0.00	0.00	5,000.00	5,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	731.75	14,737.97	33,262.03	48,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	114.33	957.39	10,702.61	11,660.00	0.00
	Total	846.08	15,695.36	48,964.64	64,660.00	0.00

Butler County Total 40	Indemnity	0.00	0.00	5,000.00	5,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	731.75	17,183.65	33,262.03	50,445.68	(1,849.17)
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	114.33	1,880.81	10,702.61	12,583.42	0.00
	Total	846.08	19,064.46	48,964.64	68,029.10	(1,849.17)

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 : 02/01/2024 - 02/29/2024

Closed Total 26	Indemnity	0.00	2,479.64	0.00	2,479.64	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	19,450.32	0.00	19,450.32	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	912.73	0.00	912.73	0.00
	Total	0.00	22,842.69	0.00	22,842.69	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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Open Total 5	Indemnity	0.00	1,322.76	23,753.76	25,076.52	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,959.88	31,641.92	21,808.08	53,450.00	0.00
	Legal	0.00	548.70	7,951.30	8,500.00	0.00
	Other	296.02	4,295.00	4,467.50	8,762.50	0.00
	Total	2,255.90	37,808.38	57,980.64	95,789.02	0.00

Chase County Total 31	Indemnity	0.00	3,802.40	23,753.76	27,556.16	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,959.88	51,092.24	21,808.08	72,900.32	0.00
	Legal	0.00	548.70	7,951.30	8,500.00	0.00
	Other	296.02	5,207.73	4,467.50	9,675.23	0.00
	Total	2,255.90	60,651.07	57,980.64	118,631.71	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 : 02/01/2024 - 02/29/2024

Closed Total 98	Indemnity	0.00	237,185.97	0.00	237,185.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	447,345.62	0.00	447,345.62	0.00
	Legal	0.00	2,026.50	0.00	2,026.50	0.00
	Other	0.00	43,526.34	0.00	43,526.34	(11,977.87)
	Total	0.00	730,084.43	0.00	730,084.43	(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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Open Total 3	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	854.68	1,124.02	6,375.98	7,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	66.58	112.74	1,387.26	1,500.00	0.00
	Total	921.26	1,236.76	7,763.24	9,000.00	0.00

Chautauqua County Total 101	Indemnity	0.00	237,185.97	0.00	237,185.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	854.68	448,469.64	6,375.98	454,845.62	0.00
	Legal	0.00	2,026.50	0.00	2,026.50	0.00
	Other	66.58	43,639.08	1,387.26	45,026.34	(11,977.87)
	Total	921.26	731,321.19	7,763.24	739,084.43	(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 : 02/01/2024 - 02/29/2024

Closed Total 421	Indemnity	0.00	959,649.09	0.00	959,649.09	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	52.76	1,209,038.30	0.00	1,209,038.30	0.00
	Legal	0.00	50,675.82	0.00	50,675.82	0.00
	Other	14.45	104,007.60	0.00	104,007.60	(33,794.04)
	Total	67.21	2,323,370.81	0.00	2,323,370.81	(33,794.04)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 9	Indemnity	0.00	171,474.60	68,860.45	240,335.05	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	516.50	257,754.02	56,244.36	313,998.38	0.00
	Legal	0.00	14,564.44	21,085.56	35,650.00	0.00
	Other	47.39	33,689.59	13,894.78	47,584.37	0.00
	Total	563.89	477,482.65	160,085.15	637,567.80	0.00

Cherokee County Total 430	Indemnity	0.00	1,131,123.69	68,860.45	1,199,984.14	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	569.26	1,466,792.32	56,244.36	1,523,036.68	0.00
	Legal	0.00	65,240.26	21,085.56	86,325.82	0.00
	Other	61.84	137,697.19	13,894.78	151,591.97	(33,794.04)
	Total	631.10	2,800,853.46	160,085.15	2,960,938.61	(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 : 02/01/2024 - 02/29/2024

Closed Total 36	Indemnity	0.00	7,617.62	0.00	7,617.62	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	75,139.13	0.00	75,139.13	0.00
	Legal	0.00	11,684.25	0.00	11,684.25	0.00
	Other	0.00	1,342.38	0.00	1,342.38	0.00
	Total	0.00	95,783.38	0.00	95,783.38	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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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	751.58	3,748.42	4,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	31.55	868.45	900.00	0.00
	Total	0.00	783.13	4,616.87	5,400.00	0.00

Cheyenne County Total 37	Indemnity	0.00	7,617.62	0.00	7,617.62	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	75,890.71	3,748.42	79,639.13	0.00
	Legal	0.00	11,684.25	0.00	11,684.25	0.00
	Other	0.00	1,373.93	868.45	2,242.38	0.00
	Total	0.00	96,566.51	4,616.87	101,183.38	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 : 02/01/2024 - 02/29/2024

Closed Total 25	Indemnity	0.00	12,659.85	0.00	12,659.85	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	61,575.67	0.00	61,575.67	(3,651.20)
	Legal	0.00	511.50	0.00	511.50	0.00
	Other	0.00	8,197.43	0.00	8,197.43	0.00
	Total	0.00	82,944.45	0.00	82,944.45	(3,651.20)

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
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Open Total 2	Indemnity	0.00	428.84	47,286.52	47,715.36	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,022.36	154,669.16	51,830.84	206,500.00	(991.00)
	Legal	0.00	0.00	1,200.00	1,200.00	0.00
	Other	156.33	16,425.86	8,974.14	25,400.00	0.00
	Total	3,178.69	171,523.86	109,291.50	280,815.36	(991.00)

Clark County Total 27	Indemnity	0.00	13,088.69	47,286.52	60,375.21	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,022.36	216,244.83	51,830.84	268,075.67	(4,642.20)
	Legal	0.00	511.50	1,200.00	1,711.50	0.00
	Other	156.33	24,623.29	8,974.14	33,597.43	0.00
	Total	3,178.69	254,468.31	109,291.50	363,759.81	(4,642.20)

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 : 02/01/2024 - 02/29/2024

Closed Total 284	Indemnity	0.00	190,384.07	0.00	190,384.07	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	520,582.98	0.00	520,582.98	(15,087.26)
	Legal	0.00	7,444.00	0.00	7,444.00	0.00
	Other	0.00	60,202.60	0.00	60,202.60	(25,079.92)
	Total	0.00	778,613.65	0.00	778,613.65	(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	
Open Total 4					Indemnity	0.00	3,044.82	46,955.18	50,000.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	4,928.31	117,744.72	108,955.28	226,700.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	319.82	13,533.97	12,566.03	26,100.00	0.00
					Total	5,248.13	134,323.51	169,076.49	303,400.00	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	
Re-Open Total 1					Indemnity	0.00	95,276.30	0.00	95,276.30	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	189,499.96	28,702.21	218,202.17	0.00
					Legal	0.00	975.50	3,024.50	4,000.00	0.00
					Other	0.00	19,114.98	885.02	20,000.00	0.00
					Total	0.00	304,866.74	32,611.73	337,478.47	0.00



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Clay County Total 289	Indemnity	0.00	288,705.19	46,955.18	335,660.37	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	4,928.31	827,827.66	137,657.49	965,485.15	(15,087.26)
	Legal	0.00	8,419.50	3,624.50	12,044.00	0.00
	Other	319.82	92,851.55	13,451.05	106,302.60	(25,079.92)
	Total	5,248.13	1,217,803.90	201,688.22	1,419,492.12	(40,167.18)

ORG1 DESC : Cloud County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 407					Indemnity	0.00	391,018.68	0.00	391,018.68	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	379,455.30	0.00	379,455.30	(4,807.87)
					Legal	0.00	1,376.00	0.00	1,376.00	0.00
					Other	0.00	32,129.89	0.00	32,129.89	(2,972.65)
					Total	0.00	803,979.87	0.00	803,979.87	(7,780.52)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 3					Indemnity	900.89	3,335.74	6,281.91	9,617.65	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,037.00	20,938.27	11,711.73	32,650.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	64.22	1,286.03	4,513.97	5,800.00	0.00
					Total	2,002.11	25,560.04	23,107.61	48,667.65	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Re-Open Total 1	Indemnity	0.00	0.00	0.00	0.00	
					Rehab	0.00	0.00	0.00	0.00	
					Medical	1,254.00	2,673.56	326.44	3,000.00	
					Legal	0.00	0.00	0.00	0.00	
					Other	67.12	123.91	76.09	200.00	
					Total	1,321.12	2,797.47	402.53	3,200.00	
				Cloud County Total 411	Indemnity	900.89	394,354.42	6,281.91	400,636.33	0.00
					Rehab	0.00	0.00	0.00	0.00	
					Medical	2,291.00	403,067.13	12,038.17	415,105.30	(4,807.87)
					Legal	0.00	1,376.00	600.00	1,976.00	0.00
					Other	131.34	33,539.83	4,590.06	38,129.89	(2,972.65)
					Total	3,323.23	832,337.38	23,510.14	855,847.52	(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	
				Closed Total 139	Indemnity	0.00	61,181.75	0.00	61,181.75	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	186,067.08	0.00	186,067.08	0.00
					Legal	0.00	1,376.00	0.00	1,376.00	0.00
					Other	0.00	26,944.45	0.00	26,944.45	(7,532.69)
					Total	0.00	275,569.28	0.00	275,569.28	(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
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Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

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	198.00	198.00	8,002.00	8,200.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	19.00	19.00	2,081.00	2,100.00	0.00	0.00
Total		217.00	217.00	10,083.00	10,300.00	0.00	0.00

Comanche County Total 141		Indemnity	0.00	61,181.75	0.00	61,181.75	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	198.00	186,265.08	8,002.00	194,267.08	0.00	0.00
	Legal	0.00	1,376.00	0.00	1,376.00	0.00	0.00
	Other	19.00	26,963.45	2,081.00	29,044.45	(7,532.69)	0.00
Total		217.00	275,786.28	10,083.00	285,869.28	(7,532.69)	0.00

ORG1 DESC : Comanche Hospital
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 39									
					0.00	25,411.83	0.00	25,411.83	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	44,121.50	0.00	44,121.50	0.00
					0.00	492.00	0.00	492.00	0.00
					0.00	4,201.33	0.00	4,201.33	0.00
Total					0.00	74,226.66	0.00	74,226.66	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



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Re-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	0.00
	Medical	409.28	1,823.09	0.00	1,823.09	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	21.91	140.05	59.95	200.00	0.00	0.00
Total		431.19	1,963.14	59.95	2,023.09	0.00	0.00

Comanche Hospital Total 40		Indemnity	0.00	25,411.83	0.00	25,411.83	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	409.28	45,944.59	0.00	45,944.59	0.00	0.00
	Legal	0.00	492.00	0.00	492.00	0.00	0.00
	Other	21.91	4,341.38	59.95	4,401.33	0.00	0.00
Total		431.19	76,189.80	59.95	76,249.75	0.00	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
Closed Total 193					0.00	164,130.30	0.00	164,130.30	(500.00)
					0.00	0.00	0.00	0.00	0.00
					0.00	325,195.18	0.00	325,195.18	(37,669.77)
					0.00	10,911.50	0.00	10,911.50	0.00
					0.00	57,218.80	0.00	57,218.80	(15,139.56)
Total					0.00	557,455.78	0.00	557,455.78	(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



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Open Total 7	Indemnity	0.00	37,700.00	2,300.00	40,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	52,204.98	22,045.02	74,250.00	(500.00)
	Legal	148.50	704.85	14,895.15	15,600.00	0.00
	Other	9.50	10,808.52	7,178.98	17,987.50	0.00
	Total	158.00	101,418.35	46,419.15	147,837.50	(500.00)

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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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
	Medical	94.62	821.92	3,178.08	4,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	137.95	299.18	700.82	1,000.00	0.00
	Total	232.57	1,121.10	3,878.90	5,000.00	0.00

Cowley County Total 202	Indemnity	0.00	201,830.30	2,300.00	204,130.30	(500.00)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	94.62	378,222.08	25,223.10	403,445.18	(38,169.77)
	Legal	148.50	11,616.35	14,895.15	26,511.50	0.00
	Other	147.45	68,326.50	7,879.80	76,206.30	(15,139.56)
	Total	390.57	659,995.23	50,298.05	710,293.28	(53,809.33)

ORG1 DESC : DDS-GEARY COUNTY Facility

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 02/01/2024 - 02/29/2024

Closed Total 4		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	5,592.43	0.00	5,592.43	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	183.90	0.00	183.90	0.00
		Total	0.00	5,776.33	0.00	5,776.33	0.00
DDS-GEARY COUNTY Facility Total 4		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	5,592.43	0.00	5,592.43	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	183.90	0.00	183.90	0.00
		Total	0.00	5,776.33	0.00	5,776.33	0.00

ORG1 DESC : Decatur County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 160									
		Indemnity	0.00		198,626.02	0.00		198,626.02	0.00
		Rehab	0.00		0.00	0.00		0.00	0.00
		Medical	0.00		353,178.03	0.00		353,178.03	0.00
		Legal	0.00		4,956.45	0.00		4,956.45	0.00
		Other	0.00		39,514.81	0.00		39,514.81	(25,000.00)
		Total	0.00		596,275.31	0.00		596,275.31	(25,000.00)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 02/01/2024 - 02/29/2024

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	1,956.77	1,543.23	3,500.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	113.31	586.69	700.00	0.00
		Total	0.00	2,070.08	2,129.92	4,200.00	0.00
Decatur County Total 161		Indemnity	0.00	198,626.02	0.00	198,626.02	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	355,134.80	1,543.23	356,678.03	0.00
		Legal	0.00	4,956.45	0.00	4,956.45	0.00
		Other	0.00	39,628.12	586.69	40,214.81	(25,000.00)
		Total	0.00	598,345.39	2,129.92	600,475.31	(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
Closed Total 88									
		Indemnity	0.00	147,031.50	0.00	147,031.50	0.00	0.00	
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	
		Medical	0.00	137,991.71	0.00	137,991.71	0.00	0.00	
		Legal	0.00	3,974.50	0.00	3,974.50	0.00	0.00	
		Other	0.00	39,981.80	0.00	39,981.80	(601.91)	0.00	
		Total	0.00	328,979.51	0.00	328,979.51	(601.91)	0.00	
Decatur Health Systems Total 88		Indemnity	0.00	147,031.50	0.00	147,031.50	0.00	0.00	
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	
		Medical	0.00	137,991.71	0.00	137,991.71	0.00	0.00	
		Legal	0.00	3,974.50	0.00	3,974.50	0.00	0.00	
		Other	0.00	39,981.80	0.00	39,981.80	(601.91)	0.00	
		Total	0.00	328,979.51	0.00	328,979.51	(601.91)	0.00	

ORG1 DESC : Dickinson County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 418	Indemnity	0.00	627,740.12	0.00	627,740.12	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	892,852.80	0.00	892,852.80	(3,660.76)
					Legal	0.00	6,329.25	0.00	6,329.25	0.00
					Other	0.00	62,629.57	0.00	62,629.57	(104,198.93)
					Total	0.00	1,589,551.74	0.00	1,589,551.74	(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	
				Open Total 9	Indemnity	0.00	151,430.57	2,155.44	153,586.01	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	8,760.83	206,239.95	49,615.18	255,855.13	0.00
					Legal	0.00	15,189.05	108.00	15,297.05	0.00
					Other	714.56	14,438.33	9,241.67	23,680.00	0.00
					Total	9,475.39	387,297.90	61,120.29	448,418.19	0.00
				Dickinson County Total 427	Indemnity	0.00	779,170.69	2,155.44	781,326.13	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	8,760.83	1,099,092.75	49,615.18	1,148,707.93	(3,660.76)
					Legal	0.00	21,518.30	108.00	21,626.30	0.00
					Other	714.56	77,067.90	9,241.67	86,309.57	(104,198.93)
					Total	9,475.39	1,976,849.64	61,120.29	2,037,969.93	(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 : 02/01/2024 - 02/29/2024

Closed Total 132	Indemnity	0.00	194,480.40	0.00	194,480.40	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	328,602.30	0.00	328,602.30	(8,975.99)
	Legal	0.00	790.50	0.00	790.50	0.00
	Other	0.00	21,623.33	0.00	21,623.33	(20,403.94)
	Total	0.00	545,496.53	0.00	545,496.53	(29,379.93)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 1					Indemnity	1,995.96	3,492.93	10,990.91	14,483.84	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	0.00	38,950.00	38,950.00	0.00
					Legal	0.00	0.00	650.00	650.00	0.00
					Other	9.50	9.50	6,090.50	6,100.00	0.00
					Total	2,005.46	3,502.43	56,681.41	60,183.84	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 1					Indemnity	0.00	13,000.00	0.00	13,000.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	0.00	7,450.00	7,450.00	(403.40)
					Legal	0.00	449.90	9,550.10	10,000.00	0.00
					Other	0.00	53.50	1,549.00	1,602.50	0.00
					Total	0.00	13,503.40	18,549.10	32,052.50	(403.40)



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Doniphan County Total 134	Indemnity	1,995.96	210,973.33	10,990.91	221,964.24	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	328,602.30	46,400.00	375,002.30	(9,379.39)
	Legal	0.00	1,240.40	10,200.10	11,440.50	0.00
	Other	9.50	21,686.33	7,639.50	29,325.83	(20,403.94)
	Total	2,005.46	562,502.36	75,230.51	637,732.87	(29,783.33)

ORG1 DESC : Edwards 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	
				Closed Total 98	Indemnity	0.00	208,371.01	0.00	208,371.01	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	358,824.90	0.00	358,824.90	0.00
					Legal	0.00	492.00	0.00	492.00	0.00
					Other	0.00	30,515.23	0.00	30,515.23	(177.82)
					Total	0.00	598,203.14	0.00	598,203.14	(177.82)

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	
				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	0.00	700.00	700.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	0.00	100.00	100.00	0.00
					Total	0.00	0.00	800.00	800.00	0.00



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Edwards County Total 99	Indemnity	0.00	208,371.01	0.00	208,371.01	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	358,824.90	700.00	359,524.90	0.00
	Legal	0.00	492.00	0.00	492.00	0.00
	Other	0.00	30,515.23	100.00	30,615.23	(177.82)
	Total	0.00	598,203.14	800.00	599,003.14	(177.82)

ORG1 DESC : Elk 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	
Closed Total 131					Indemnity	0.00	406,702.02	0.00	406,702.02	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	418,775.68	0.00	418,775.68	(37,832.88)
					Legal	0.00	5,959.35	0.00	5,959.35	0.00
					Other	0.00	45,131.32	0.00	45,131.32	0.00
					Total	0.00	876,568.37	0.00	876,568.37	(37,832.88)

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	
Open Total 4					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	473.34	2,775.22	5,424.78	8,200.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	12.28	240.06	1,359.94	1,600.00	0.00
					Total	485.62	3,015.28	6,784.72	9,800.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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TRISTAR - Confidential

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Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Re-Open Total 1	Indemnity	0.00	15,472.79	15,000.00	30,472.79	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	232.60	243,750.64	91,599.86	335,350.50	(77,617.07)
					Legal	0.00	1,403.75	7,096.25	8,500.00	0.00
					Other	9.50	17,231.99	11,893.01	29,125.00	0.00
					Total	242.10	277,859.17	125,589.12	403,448.29	(77,617.07)
				Elk County Total 136	Indemnity	0.00	422,174.81	15,000.00	437,174.81	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	705.94	665,301.54	97,024.64	762,326.18	(115,449.95)
					Legal	0.00	7,363.10	7,096.25	14,459.35	0.00
					Other	21.78	62,603.37	13,252.95	75,856.32	0.00
					Total	727.72	1,157,442.82	132,373.84	1,289,816.66	(115,449.95)

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	
				Closed Total 344	Indemnity	0.00	302,510.31	0.00	302,510.31	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	681,231.55	0.00	681,231.55	0.00
					Legal	0.00	8,014.60	0.00	8,014.60	0.00
					Other	0.00	57,239.18	0.00	57,239.18	(57,317.78)
					Total	0.00	1,048,995.64	0.00	1,048,995.64	(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
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Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Open Total 7	Indemnity	1,077.98	13,992.30	2,027.70	16,020.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,267.01	15,455.32	27,494.68	42,950.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	149.31	1,497.77	6,202.23	7,700.00	0.00
	Total	2,494.30	30,945.39	36,324.61	67,270.00	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
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Re-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	2,872.75	627.25	3,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	566.02	633.98	1,200.00	0.00
	Total	0.00	3,438.77	1,261.23	4,700.00	0.00

Ellis County Total 352	Indemnity	1,077.98	316,502.61	2,027.70	318,530.31	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,267.01	699,559.62	28,121.93	727,681.55	0.00
	Legal	0.00	8,014.60	600.00	8,614.60	0.00
	Other	149.31	59,302.97	6,836.21	66,139.18	(57,317.78)
	Total	2,494.30	1,083,379.80	37,585.84	1,120,965.64	(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
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Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Closed Total 267	Indemnity	0.00	350,074.01	0.00	350,074.01	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	708,213.74	0.00	708,213.74	(188,250.83)
	Legal	0.00	42,272.91	0.00	42,272.91	0.00
	Other	0.00	64,445.83	0.00	64,445.83	0.00
	Total	0.00	1,165,006.49	0.00	1,165,006.49	(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
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Open Total 3	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	96.30	8,503.70	8,600.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	17.17	2,282.83	2,300.00	0.00
	Total	0.00	113.47	10,786.53	10,900.00	0.00

Ellsworth County Total 270	Indemnity	0.00	350,074.01	0.00	350,074.01	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	708,310.04	8,503.70	716,813.74	(188,250.83)
	Legal	0.00	42,272.91	0.00	42,272.91	0.00
	Other	0.00	64,463.00	2,282.83	66,745.83	0.00
	Total	0.00	1,165,119.96	10,786.53	1,175,906.49	(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
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Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Closed Total 6	Indemnity	0.00	11,108.88	0.00	11,108.88	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	30,030.39	0.00	30,030.39	(2,500.00)
	Legal	0.00	524.50	0.00	524.50	0.00
	Other	0.00	1,427.37	0.00	1,427.37	(304.49)
	Total	0.00	43,091.14	0.00	43,091.14	(2,804.49)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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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	0.00	3,500.00	3,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	700.00	700.00	0.00
	Total	0.00	0.00	4,200.00	4,200.00	0.00

Ellsworth County RWD No 1 Total 7	Indemnity	0.00	11,108.88	0.00	11,108.88	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	30,030.39	3,500.00	33,530.39	(2,500.00)
	Legal	0.00	524.50	0.00	524.50	0.00
	Other	0.00	1,427.37	700.00	2,127.37	(304.49)
	Total	0.00	43,091.14	4,200.00	47,291.14	(2,804.49)

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
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Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Closed Total 65	Indemnity	0.00	2,953.80	0.00	2,953.80	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	180.85	31,989.48	0.00	31,989.48	0.00
	Legal	0.00	505.00	0.00	505.00	0.00
	Other	12.07	2,478.46	0.00	2,478.46	0.00
	Total	192.92	37,926.74	0.00	37,926.74	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 15					Indemnity	14,688.00	32,833.77	17,127.59	49,961.36	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,719.81	54,532.04	32,667.96	87,200.00	0.00
					Legal	0.00	492.00	708.00	1,200.00	0.00
					Other	85.45	2,340.75	12,779.25	15,120.00	0.00
					Total	16,493.26	90,198.56	63,282.80	153,481.36	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	
Re-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	18.98	18.98	81.02	100.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	9.50	9.50	40.50	50.00	0.00
					Total	28.48	28.48	121.52	150.00	0.00



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Finney County Total 81	Indemnity	14,688.00	35,787.57	17,127.59	52,915.16	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,919.64	86,540.50	32,748.98	119,289.48	0.00
	Legal	0.00	997.00	708.00	1,705.00	0.00
	Other	107.02	4,828.71	12,819.75	17,648.46	0.00
	Total	16,714.66	128,153.78	63,404.32	191,558.10	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	
				Closed Total 563	Indemnity	0.00	1,057,874.32	0.00	1,057,874.32	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	952,176.12	0.00	952,176.12	(3,873.46)
					Legal	0.00	22,006.80	0.00	22,006.80	0.00
					Other	0.00	93,904.64	0.00	93,904.64	(39,155.80)
					Total	0.00	2,125,961.88	0.00	2,125,961.88	(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	
				Open Total 19	Indemnity	1,002.86	19,596.72	143,983.28	163,580.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	7,404.83	263,442.93	154,507.07	417,950.00	0.00
					Legal	0.00	2,224.00	26,826.00	29,050.00	0.00
					Other	297.50	18,611.27	33,303.73	51,915.00	0.00
					Total	8,705.19	303,874.92	358,620.08	662,495.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Re-Open Total 1	Indemnity	0.00	0.00	2,000.00	2,000.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	188.40	3,000.00	3,188.40	0.00
					Legal	0.00	0.00	2,000.00	2,000.00	0.00
					Other	0.00	19.10	90.50	109.60	0.00
					Total	0.00	207.50	7,090.50	7,298.00	0.00
				Ford County Total 583	Indemnity	1,002.86	1,077,471.04	145,983.28	1,223,454.32	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	7,404.83	1,215,807.45	157,507.07	1,373,314.52	(3,873.46)
					Legal	0.00	24,230.80	28,826.00	53,056.80	0.00
					Other	297.50	112,535.01	33,394.23	145,929.24	(39,155.80)
					Total	8,705.19	2,430,044.30	365,710.58	2,795,754.88	(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	
				Closed Total 737	Indemnity	0.00	942,235.05	0.00	942,235.05	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	1,387,196.80	0.00	1,387,196.80	(17,114.66)
					Legal	0.00	41,032.45	0.00	41,032.45	0.00
					Other	0.00	153,694.00	0.00	153,694.00	(22,962.95)
					Total	0.00	2,524,158.30	0.00	2,524,158.30	(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 : 02/01/2024 - 02/29/2024

Open Total 15	Indemnity	75,000.00	246,324.60	52,077.36	298,401.96	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	433.16	267,587.01	87,112.99	354,700.00	0.00
	Legal	50.00	780.90	17,424.10	18,205.00	0.00
	Other	40.02	40,578.50	29,469.00	70,047.50	0.00
	Total	75,523.18	555,271.01	186,083.45	741,354.46	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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Re-Open Total 2	Indemnity	0.00	39,780.00	13,000.00	52,780.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	31,524.44	9,051.76	40,576.20	0.00
	Legal	0.00	4,069.71	2,430.29	6,500.00	0.00
	Other	0.00	5,209.02	3,321.00	8,530.02	0.00
	Total	0.00	80,583.17	27,803.05	108,386.22	0.00

Franklin County Total 754	Indemnity	75,000.00	1,228,339.65	65,077.36	1,293,417.01	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	433.16	1,686,308.25	96,164.75	1,782,473.00	(17,114.66)
	Legal	50.00	45,883.06	19,854.39	65,737.45	0.00
	Other	40.02	199,481.52	32,790.00	232,271.52	(22,962.95)
	Total	75,523.18	3,160,012.48	213,886.50	3,373,898.98	(40,077.61)

ORG1 DESC : Geary County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 02/01/2024 - 02/29/2024

Closed Total 777	Indemnity	0.00	828,652.93	0.00	828,652.93	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,381,904.66	0.00	1,381,904.66	(49,476.59)
	Legal	0.00	40,400.79	0.00	40,400.79	(33.50)
	Other	0.00	192,461.57	0.00	192,461.57	(30,701.97)
	Total	0.00	2,443,419.95	0.00	2,443,419.95	(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	
Open Total 14					Indemnity	859.84	9,312.95	49,513.63	58,826.58	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	4,635.57	35,257.62	89,592.38	124,850.00	0.00
					Legal	1,166.50	1,569.00	19,131.00	20,700.00	0.00
					Other	259.45	11,774.50	15,625.50	27,400.00	0.00
					Total	6,921.36	57,914.07	173,862.51	231,776.58	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-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	100.40	135.84	564.16	700.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	9.50	19.00	121.00	140.00	0.00
					Total	109.90	154.84	685.16	840.00	0.00



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Geary County Total 792	Indemnity	859.84	837,965.88	49,513.63	887,479.51	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	4,735.97	1,417,298.12	90,156.54	1,507,454.66	(49,476.59)
	Legal	1,166.50	41,969.79	19,131.00	61,100.79	(33.50)
	Other	268.95	204,255.07	15,746.50	220,001.57	(30,701.97)
	Total	7,031.26	2,501,488.86	174,547.67	2,676,036.53	(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	
Closed Total 91					Indemnity	0.00	471,527.89	0.00	471,527.89	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	357,164.10	0.00	357,164.10	0.00
					Legal	0.00	20,997.17	0.00	20,997.17	0.00
					Other	0.00	46,652.50	0.00	46,652.50	(5,352.49)
					Total	0.00	896,341.66	0.00	896,341.66	(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	
Open Total 4					Indemnity	0.00	4,278.34	80,121.66	84,400.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,626.48	259,136.34	19,879.27	279,015.61	(49,733.03)
					Legal	0.00	378.80	9,171.20	9,550.00	0.00
					Other	621.13	24,989.60	21,235.40	46,225.00	0.00
					Total	3,247.61	288,783.08	130,407.53	419,190.61	(49,733.03)



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Gove County Total 95	Indemnity	0.00	475,806.23	80,121.66	555,927.89	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,626.48	616,300.44	19,879.27	636,179.71	(49,733.03)
	Legal	0.00	21,375.97	9,171.20	30,547.17	0.00
	Other	621.13	71,642.10	21,235.40	92,877.50	(5,352.49)
	Total	3,247.61	1,185,124.74	130,407.53	1,315,532.27	(55,085.52)

ORG1 DESC : Graham County-OLD
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	
Closed Total 39					Indemnity	0.00	56,095.87	0.00	56,095.87	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	89,755.01	0.00	89,755.01	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	7,693.89	0.00	7,693.89	0.00
					Total	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	
Re-Open Total 1					Indemnity	0.00	23,843.31	0.00	23,843.31	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	56,151.55	1,195.00	57,346.55	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	4,284.35	470.05	4,754.40	0.00
					Total	0.00	84,279.21	1,665.05	85,944.26	0.00



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Graham County-OLD Total 40	Indemnity	0.00	79,939.18	0.00	79,939.18	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	145,906.56	1,195.00	147,101.56	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	11,978.24	470.05	12,448.29	0.00
	Total	0.00	237,823.98	1,665.05	239,489.03	0.00

ORG1 DESC : Grant 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	
				Closed Total 277	Indemnity	0.00	161,485.05	0.00	161,485.05	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	514,443.35	0.00	514,443.35	(13,770.43)
					Legal	0.00	392.00	0.00	392.00	0.00
					Other	0.00	19,445.88	0.00	19,445.88	0.00
					Total	0.00	695,766.28	0.00	695,766.28	(13,770.43)

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	
				Open Total 4	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	1,651.25	8,348.75	10,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	133.37	1,866.63	2,000.00	0.00
					Total	0.00	1,784.62	10,215.38	12,000.00	0.00



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Grant County Total 281	Indemnity	0.00	161,485.05	0.00	161,485.05	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	516,094.60	8,348.75	524,443.35	(13,770.43)
	Legal	0.00	392.00	0.00	392.00	0.00
	Other	0.00	19,579.25	1,866.63	21,445.88	0.00
	Total	0.00	697,550.90	10,215.38	707,766.28	(13,770.43)

ORG1 DESC : Gray County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 199					Indemnity	0.00	355,442.60	0.00	355,442.60	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	581,267.71	0.00	581,267.71	(118,439.57)
					Legal	0.00	25,002.82	0.00	25,002.82	0.00
					Other	0.00	42,612.65	0.00	42,612.65	0.00
					Total	0.00	1,004,325.78	0.00	1,004,325.78	(118,439.57)

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	
Open Total 3					Indemnity	0.00	32,993.96	87,978.13	120,972.09	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	619.05	103,680.40	18,869.60	122,550.00	0.00
					Legal	0.00	913.15	16,586.85	17,500.00	0.00
					Other	31.89	15,032.87	11,402.13	26,435.00	0.00
					Total	650.94	152,620.38	134,836.71	287,457.09	0.00



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Gray County Total 202	Indemnity	0.00	388,436.56	87,978.13	476,414.69	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	619.05	684,948.11	18,869.60	703,817.71	(118,439.57)
	Legal	0.00	25,915.97	16,586.85	42,502.82	0.00
	Other	31.89	57,645.52	11,402.13	69,047.65	0.00
	Total	650.94	1,156,946.16	134,836.71	1,291,782.87	(118,439.57)

ORG1 DESC : Greenwood County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 190					Indemnity	0.00	575,022.21	0.00	575,022.21	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	622,162.96	0.00	622,162.96	0.00
					Legal	0.00	4,593.70	0.00	4,593.70	0.00
					Other	0.00	70,709.74	0.00	70,709.74	(5,183.55)
					Total	0.00	1,272,488.61	0.00	1,272,488.61	(5,183.55)

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	
Open Total 4					Indemnity	0.00	43,044.46	0.00	43,044.46	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	58,046.72	5,936.21	63,982.93	0.00
					Legal	0.00	216.00	0.00	216.00	0.00
					Other	0.00	16,026.78	1,394.18	17,420.96	0.00
					Total	0.00	117,333.96	7,330.39	124,664.35	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Run Date: 03/02/2024 08:03:21

TRISTAR - Confidential

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Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
				Re-Open Total 1	Indemnity	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	349.00	5,573.47	426.53	6,000.00
					Legal	0.00	0.00	0.00	0.00
					Other	9.50	748.59	51.41	800.00
					Total	358.50	6,322.06	477.94	6,800.00
				Greenwood County Total 195	Indemnity	0.00	618,066.67	0.00	618,066.67
					Rehab	0.00	0.00	0.00	0.00
					Medical	349.00	685,783.15	6,362.74	692,145.89
					Legal	0.00	4,809.70	0.00	4,809.70
					Other	9.50	87,485.11	1,445.59	88,930.70
					Total	358.50	1,396,144.63	7,808.33	1,403,952.96

ORG1 DESC : Hamilton County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
				Closed Total 245	Indemnity	0.00	173,148.20	0.00	173,148.20
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	367,643.90	0.00	367,643.90
					Legal	0.00	9,580.00	0.00	9,580.00
					Other	0.00	24,988.98	0.00	24,988.98
					Total	0.00	575,361.08	0.00	575,361.08

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 : 02/01/2024 - 02/29/2024

Open Total 4		Indemnity	0.00	14,564.02	24,749.90	39,313.92	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	5,646.05	48,213.54	19,736.46	67,950.00	0.00	0.00
	Legal	0.00	0.00	1,200.00	1,200.00	0.00	0.00
	Other	46.72	3,272.32	7,777.68	11,050.00	0.00	0.00
Total		5,692.77	66,049.88	53,464.04	119,513.92		0.00

Hamilton County Total 249		Indemnity	0.00	187,712.22	24,749.90	212,462.12	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	5,646.05	415,857.44	19,736.46	435,593.90	0.00	0.00
	Legal	0.00	9,580.00	1,200.00	10,780.00	0.00	0.00
	Other	46.72	28,261.30	7,777.68	36,038.98	0.00	0.00
Total		5,692.77	641,410.96	53,464.04	694,875.00		0.00

ORG1 DESC : Hamilton Health Systems
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 135									
	Indemnity	0.00	243,887.96		0.00	243,887.96	0.00	0.00	0.00
	Rehab	0.00	0.00		0.00	0.00	0.00	0.00	0.00
	Medical	0.00	342,466.75		0.00	342,466.75	0.00	0.00	0.00
	Legal	0.00	590.50		0.00	590.50	0.00	0.00	0.00
	Other	0.00	29,170.17		0.00	29,170.17	0.00	0.00	0.00
Total		0.00	616,115.38		0.00	616,115.38	0.00	616,115.38	0.00

Hamilton Health Systems Total 135		Indemnity	0.00	243,887.96	0.00	243,887.96	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	342,466.75	0.00	342,466.75	0.00	0.00
	Legal	0.00	590.50	0.00	590.50	0.00	0.00
	Other	0.00	29,170.17	0.00	29,170.17	0.00	0.00
Total		0.00	616,115.38	0.00	616,115.38		0.00

ORG1 DESC : Harper County
CLAIMANT STATUS DESC : Closed



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 425	Indemnity	0.00	705,853.84	0.00	705,853.84	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	986,167.78	0.00	986,167.78	0.00
					Legal	0.00	2,742.81	0.00	2,742.81	0.00
					Other	0.00	96,371.77	0.00	96,371.77	(10,299.81)
					Total	0.00	1,791,136.20	0.00	1,791,136.20	(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	
				Open Total 4	Indemnity	0.00	0.00	23,755.70	23,755.70	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	564.05	13,231.21	21,828.79	35,060.00	0.00
					Legal	0.00	1,316.90	3,683.10	5,000.00	0.00
					Other	54.93	463.91	5,948.09	6,412.00	0.00
					Total	618.98	15,012.02	55,215.68	70,227.70	0.00
				Harper County Total 429	Indemnity	0.00	705,853.84	23,755.70	729,609.54	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	564.05	999,398.99	21,828.79	1,021,227.78	0.00
					Legal	0.00	4,059.71	3,683.10	7,742.81	0.00
					Other	54.93	96,835.68	5,948.09	102,783.77	(10,299.81)
					Total	618.98	1,806,148.22	55,215.68	1,861,363.90	(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 : 02/01/2024 - 02/29/2024

Closed Total 280	Indemnity	0.00	645,289.16	0.00	645,289.16	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	563,156.49	0.00	563,156.49	(3,296.65)
	Legal	0.00	45,617.45	0.00	45,617.45	0.00
	Other	0.00	61,791.70	0.00	61,791.70	(4,524.15)
	Total	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	
				Open Total 1	Indemnity	0.00	49,922.80	70,482.20	120,405.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	86,777.39	236,309.10	323,086.49	0.00
					Legal	1,110.50	2,989.00	10,511.00	13,500.00	0.00
					Other	0.00	12,544.58	3,955.42	16,500.00	0.00
					Total	1,110.50	152,233.77	321,257.72	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	
				Re-Open Total 1	Indemnity	0.00	4,604.04	0.00	4,604.04	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	63,274.74	6,225.26	69,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	2,641.72	358.28	3,000.00	0.00
					Total	0.00	70,520.50	6,583.54	77,104.04	0.00



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Harvey County Total 282	Indemnity	0.00	699,816.00	70,482.20	770,298.20	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	713,208.62	242,534.36	955,742.98	(3,296.65)
	Legal	1,110.50	48,606.45	10,511.00	59,117.45	0.00
	Other	0.00	76,978.00	4,313.70	81,291.70	(4,524.15)
	Total	1,110.50	1,538,609.07	327,841.26	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
				Closed Total 2	Indemnity	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	541.27	0.00	541.27
					Legal	0.00	0.00	0.00	0.00
					Other	0.00	15.51	0.00	15.51
					Total	0.00	556.78	0.00	556.78
				Harvey-Marion CDDO Total 2	Indemnity	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	541.27	0.00	541.27
					Legal	0.00	0.00	0.00	0.00
					Other	0.00	15.51	0.00	15.51
					Total	0.00	556.78	0.00	556.78

ORG1 DESC : Haskell County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number 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 : 02/01/2024 - 02/29/2024

Closed Total 84	Indemnity	0.00	170,962.73	0.00	170,962.73	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	537,203.06	0.00	537,203.06	0.00
	Legal	487.50	1,763.50	0.00	1,763.50	0.00
	Other	0.00	20,505.03	0.00	20,505.03	(41,425.31)
	Total	487.50	730,434.32	0.00	730,434.32	(41,425.31)

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	
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	0.00	2,500.00	2,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	0.00	500.00	500.00	0.00
					Total	0.00	0.00	3,000.00	3,000.00	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	
Re-Open Total 2					Indemnity	6,814.65	104,112.53	1,703.63	105,816.16	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	179,937.93	11,224.46	191,162.39	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	0.00	8,992.33	2,631.18	11,623.51	0.00
					Total	6,814.65	293,042.79	16,159.27	309,202.06	0.00



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Haskell County Total 87	Indemnity	6,814.65	275,075.26	1,703.63	276,778.89	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	717,140.99	13,724.46	730,865.45	0.00
	Legal	487.50	1,763.50	600.00	2,363.50	0.00
	Other	0.00	29,497.36	3,131.18	32,628.54	(41,425.31)
	Total	7,302.15	1,023,477.11	19,159.27	1,042,636.38	(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	
				Closed Total 30	Indemnity	0.00	18,126.46	0.00	18,126.46	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	56,903.81	0.00	56,903.81	0.00
					Legal	0.00	5,095.77	0.00	5,095.77	0.00
					Other	0.00	3,142.28	0.00	3,142.28	0.00
					Total	0.00	83,268.32	0.00	83,268.32	0.00
				Hodgeman County Total 30	Indemnity	0.00	18,126.46	0.00	18,126.46	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	56,903.81	0.00	56,903.81	0.00
					Legal	0.00	5,095.77	0.00	5,095.77	0.00
					Other	0.00	3,142.28	0.00	3,142.28	0.00
					Total	0.00	83,268.32	0.00	83,268.32	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 : 02/01/2024 - 02/29/2024

Closed Total 298	Indemnity	0.00	271,239.92	0.00	271,239.92	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	95.38	545,651.70	0.00	545,651.70	(17,266.67)
	Legal	0.00	11,757.73	0.00	11,757.73	0.00
	Other	10.86	66,719.32	0.00	66,719.32	(60,027.53)
	Total	106.24	895,368.67	0.00	895,368.67	(77,294.20)

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	
Open Total 4					Indemnity	0.00	92,500.00	0.00	92,500.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	153.54	80,804.88	64,195.12	145,000.00	0.00
					Legal	0.00	17,572.00	3,928.00	21,500.00	0.00
					Other	27.60	3,552.01	6,447.99	10,000.00	(500.00)
					Total	181.14	194,428.89	74,571.11	269,000.00	(500.00)

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 1					Indemnity	0.00	112,089.04	25,000.00	137,089.04	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,195.48	271,038.16	86,282.24	357,320.40	0.00
					Legal	3,831.00	3,831.00	669.00	4,500.00	0.00
					Other	404.69	56,579.61	28,920.39	85,500.00	(29,327.84)
					Total	6,431.17	443,537.81	140,871.63	584,409.44	(29,327.84)



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Jackson County Total 303	Indemnity	0.00	475,828.96	25,000.00	500,828.96	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,444.40	897,494.74	150,477.36	1,047,972.10	(17,266.67)
	Legal	3,831.00	33,160.73	4,597.00	37,757.73	0.00
	Other	443.15	126,850.94	35,368.38	162,219.32	(89,855.37)
	Total	6,718.55	1,533,335.37	215,442.74	1,748,778.11	(107,122.04)

ORG1 DESC : Jefferson County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 488	Indemnity	0.00	699,277.05	0.00	699,277.05	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	1,011,668.66	0.00	1,011,668.66	(461.12)
					Legal	0.00	28,261.84	0.00	28,261.84	0.00
					Other	0.00	119,218.41	0.00	119,218.41	(98,366.06)
					Total	0.00	1,858,425.96	0.00	1,858,425.96	(98,827.18)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 4	Indemnity	0.00	0.00	9,739.04	9,739.04	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	118.93	582.93	15,617.07	16,200.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	407.47	423.18	4,716.82	5,140.00	0.00
					Total	526.40	1,006.11	30,672.93	31,679.04	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 2					Indemnity	0.00	28,302.06	25,000.00	53,302.06	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	353.78	22,372.02	30,947.98	53,320.00	0.00
					Legal	0.00	0.00	9,500.00	9,500.00	0.00
					Other	24.48	1,401.62	6,671.22	8,072.84	0.00
					Total	378.26	52,075.70	72,119.20	124,194.90	0.00
Jefferson County Total 494					Indemnity	0.00	727,579.11	34,739.04	762,318.15	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	472.71	1,034,623.61	46,565.05	1,081,188.66	(461.12)
					Legal	0.00	28,261.84	10,100.00	38,361.84	0.00
					Other	431.95	121,043.21	11,388.04	132,431.25	(98,366.06)
					Total	904.66	1,911,507.77	102,792.13	2,014,299.90	(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	
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	181.94	0.00	181.94	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	13.31	0.00	13.31	0.00
					Total	0.00	195.25	0.00	195.25	0.00
Jefferson County RWD 12 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	181.94	0.00	181.94	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	13.31	0.00	13.31	0.00
					Total	0.00	195.25	0.00	195.25	0.00



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

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	
				Closed Total 273	Indemnity	0.00	579,393.30	0.00	579,393.30	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	500,446.49	0.00	500,446.49	0.00
					Legal	0.00	19,232.50	0.00	19,232.50	0.00
					Other	0.00	43,569.03	0.00	43,569.03	(1,157.51)
					Total	0.00	1,142,641.32	0.00	1,142,641.32	(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	
				Open Total 3	Indemnity	0.00	144,830.30	20,000.00	164,830.30	0.00
					Rehab	0.00	0.00	2,500.00	2,500.00	0.00
					Medical	11,985.33	260,425.06	62,924.94	323,350.00	0.00
					Legal	0.00	16,873.44	8,126.56	25,000.00	0.00
					Other	622.63	12,347.95	4,927.05	17,275.00	0.00
					Total	12,607.96	434,476.75	98,478.55	532,955.30	0.00
				Jewell County Total 276	Indemnity	0.00	724,223.60	20,000.00	744,223.60	0.00
					Rehab	0.00	0.00	2,500.00	2,500.00	0.00
					Medical	11,985.33	760,871.55	62,924.94	823,796.49	0.00
					Legal	0.00	36,105.94	8,126.56	44,232.50	0.00
					Other	622.63	55,916.98	4,927.05	60,844.03	(1,157.51)
					Total	12,607.96	1,577,118.07	98,478.55	1,675,596.62	(1,157.51)

ORG1 DESC : Kansas Association Of Counties

CLAIMANT STATUS DESC : Closed



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				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	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	0.00	0.00	0.00	0.00
					Total	0.00	0.00	0.00	0.00	0.00
				Kansas Association Of Counties 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	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	0.00	0.00	0.00	0.00
					Total	0.00	0.00	0.00	0.00	0.00

ORG1 DESC : Kearny County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 63	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	74,826.14	0.00	74,826.14	0.00
					Legal	0.00	1,282.50	0.00	1,282.50	0.00
					Other	0.00	3,290.37	0.00	3,290.37	0.00
					Total	0.00	133,861.29	0.00	133,861.29	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 : 02/01/2024 - 02/29/2024

Open Total 4		Indemnity	0.00	0.00	4,207.52	4,207.52	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	585.41	6,759.09	31,590.91	38,350.00	0.00
		Legal	0.00	0.00	600.00	600.00	0.00
		Other	34.18	410.22	6,789.78	7,200.00	0.00
		Total	619.59	7,169.31	43,188.21	50,357.52	0.00
Kearny County Total 67		Indemnity	0.00	54,462.28	4,207.52	58,669.80	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	585.41	81,585.23	31,590.91	113,176.14	0.00
		Legal	0.00	1,282.50	600.00	1,882.50	0.00
		Other	34.18	3,700.59	6,789.78	10,490.37	0.00
		Total	619.59	141,030.60	43,188.21	184,218.81	0.00

ORG1 DESC : Kingman County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 19									
		Indemnity	0.00	20,515.77	0.00	20,515.77	0.00	0.00	
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	
		Medical	0.00	64,978.86	0.00	64,978.86	0.00	0.00	
		Legal	0.00	492.00	0.00	492.00	0.00	0.00	
		Other	0.00	3,004.28	0.00	3,004.28	0.00	0.00	
		Total	0.00	88,990.91	0.00	88,990.91	0.00	0.00	

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 02/01/2024 - 02/29/2024

Open Total 2		Indemnity	0.00	625.73	2,318.91	2,944.64	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	450.15	14,370.36	8,329.64	22,700.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	42.25	8,065.51	5,034.49	13,100.00	0.00
		Total	492.40	23,061.60	15,683.04	38,744.64	0.00
Kingman County Total 21		Indemnity	0.00	21,141.50	2,318.91	23,460.41	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	450.15	79,349.22	8,329.64	87,678.86	0.00
		Legal	0.00	492.00	0.00	492.00	0.00
		Other	42.25	11,069.79	5,034.49	16,104.28	0.00
		Total	492.40	112,052.51	15,683.04	127,735.55	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
Closed Total 3									
		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	1,479.17	0.00	1,479.17	0.00	0.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	123.22	0.00	123.22	0.00	0.00	0.00
		Total	0.00	1,602.39	0.00	1,602.39	0.00	0.00	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 02/01/2024 - 02/29/2024

Open Total 3		Indemnity	2,199.80	7,149.35	147,850.65	155,000.00	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		203,130.59	289,583.82	403,416.18	693,000.00	0.00
	Legal		0.00	0.00	13,000.00	13,000.00	0.00
	Other		30,515.63	31,036.04	79,963.96	111,000.00	0.00
Total			235,846.02	327,769.21	644,230.79	972,000.00	0.00

Kiowa County Total 6		Indemnity	2,199.80	7,149.35	147,850.65	155,000.00	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		203,130.59	291,062.99	403,416.18	694,479.17	0.00
	Legal		0.00	0.00	13,000.00	13,000.00	0.00
	Other		30,515.63	31,159.26	79,963.96	111,123.22	0.00
Total			235,846.02	329,371.60	644,230.79	973,602.39	0.00

ORG1 DESC : Lane 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
Closed Total 107									
	Indemnity		0.00		54,872.08	0.00	54,872.08	0.00	0.00
	Rehab		0.00		0.00	0.00	0.00	0.00	0.00
	Medical		0.00		115,133.04	0.00	115,133.04	0.00	0.00
	Legal		0.00		5,183.75	0.00	5,183.75	0.00	0.00
	Other		0.00		12,394.02	0.00	12,394.02	0.00	0.00
Total			0.00		187,582.89	0.00	187,582.89	0.00	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 : 02/01/2024 - 02/29/2024

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	0.00	700.00	700.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	100.00	100.00	0.00
	Total	0.00	0.00	800.00	800.00	0.00
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Lane County Total 108	Indemnity	0.00	54,872.08	0.00	54,872.08	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	115,133.04	700.00	115,833.04	0.00
	Legal	0.00	5,183.75	0.00	5,183.75	0.00
	Other	0.00	12,394.02	100.00	12,494.02	0.00
	Total	0.00	187,582.89	800.00	188,382.89	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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Closed Total 275					Indemnity	0.00	216,912.26	0.00	216,912.26	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	518,073.47	0.00	518,073.47	0.00
					Legal	0.00	518.00	0.00	518.00	0.00
					Other	0.00	37,412.25	0.00	37,412.25	(756.73)
					Total	0.00	772,915.98	0.00	772,915.98	(756.73)
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Lincoln County Total 275					Indemnity	0.00	216,912.26	0.00	216,912.26	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	518,073.47	0.00	518,073.47	0.00
					Legal	0.00	518.00	0.00	518.00	0.00
					Other	0.00	37,412.25	0.00	37,412.25	(756.73)
					Total	0.00	772,915.98	0.00	772,915.98	(756.73)

ORG1 DESC : Linn County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 307					Indemnity	0.00	479,676.31	0.00	479,676.31	(14,013.80)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	759,284.40	0.00	759,284.40	(19,661.57)
					Legal	0.00	3,586.50	0.00	3,586.50	0.00
					Other	0.00	64,148.12	0.00	64,148.12	0.00
					Total	0.00	1,306,695.33	0.00	1,306,695.33	(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	
Open Total 9					Indemnity	0.00	46,004.92	482,175.28	528,180.20	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	940.18	283,605.77	207,972.06	491,577.83	0.00
					Legal	0.00	10,108.89	10,041.11	20,150.00	0.00
					Other	79.19	15,839.29	60,780.43	76,619.72	0.00
					Total	1,019.37	355,558.87	760,968.88	1,116,527.75	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	
Re-Open Total 1					Indemnity	0.00	1,429.48	5,070.52	6,500.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	10,875.93	10,624.07	21,500.00	0.00
					Legal	0.00	0.00	550.00	550.00	0.00
					Other	0.00	1,313.38	2,086.62	3,400.00	0.00
					Total	0.00	13,618.79	18,331.21	31,950.00	0.00



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Linn County Total 317	Indemnity	0.00	527,110.71	487,245.80	1,014,356.51	(14,013.80)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	940.18	1,053,766.10	218,596.13	1,272,362.23	(19,661.57)
	Legal	0.00	13,695.39	10,591.11	24,286.50	0.00
	Other	79.19	81,300.79	62,867.05	144,167.84	0.00
	Total	1,019.37	1,675,872.99	779,300.09	2,455,173.08	(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	
				Closed Total 734	Indemnity	0.00	934,869.52	0.00	934,869.52	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	1,336,257.37	0.00	1,336,257.37	(607.18)
					Legal	0.00	33,847.20	0.00	33,847.20	0.00
					Other	0.00	189,376.96	0.00	189,376.96	(8,160.28)
					Total	0.00	2,494,351.05	0.00	2,494,351.05	(8,767.46)

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	
				Open Total 11	Indemnity	0.00	27,021.46	123,703.21	150,724.67	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	746.43	158,797.06	127,773.35	286,570.41	0.00
					Legal	0.00	396.25	18,953.75	19,350.00	0.00
					Other	88.71	19,708.91	25,734.84	45,443.75	0.00
					Total	835.14	205,923.68	296,165.15	502,088.83	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Re-Open Total 1	Indemnity	0.00	3,331.95	28,609.47	31,941.42	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	550.00	26,028.56	20,971.44	47,000.00	0.00
					Legal	0.00	380.00	10,670.00	11,050.00	0.00
					Other	0.00	1,978.14	5,321.86	7,300.00	0.00
					Total	550.00	31,718.65	65,572.77	97,291.42	0.00
				Lyon County Total 746	Indemnity	0.00	965,222.93	152,312.68	1,117,535.61	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,296.43	1,521,082.99	148,744.79	1,669,827.78	(607.18)
					Legal	0.00	34,623.45	29,623.75	64,247.20	0.00
					Other	88.71	211,064.01	31,056.70	242,120.71	(8,160.28)
					Total	1,385.14	2,731,993.38	361,737.92	3,093,731.30	(8,767.46)

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	
				Closed Total 316	Indemnity	0.00	338,071.77	0.00	338,071.77	(12,859.30)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	675,557.36	0.00	675,557.36	(20,844.68)
					Legal	0.00	16,598.16	0.00	16,598.16	0.00
					Other	0.00	64,793.63	0.00	64,793.63	(29,697.36)
					Total	0.00	1,095,020.92	0.00	1,095,020.92	(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 : 02/01/2024 - 02/29/2024

Open Total 7	Indemnity	0.00	1,500.00	12,500.00	14,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	317.56	8,411.79	43,738.21	52,150.00	0.00
	Legal	0.00	373.75	10,226.25	10,600.00	0.00
	Other	33.70	407.06	9,092.94	9,500.00	0.00
	Total	351.26	10,692.60	75,557.40	86,250.00	0.00
Marion County Total 323	Indemnity	0.00	339,571.77	12,500.00	352,071.77	(12,859.30)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	317.56	683,969.15	43,738.21	727,707.36	(20,844.68)
	Legal	0.00	16,971.91	10,226.25	27,198.16	0.00
	Other	33.70	65,200.69	9,092.94	74,293.63	(29,697.36)
	Total	351.26	1,105,713.52	75,557.40	1,181,270.92	(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	
Closed Total 222					Indemnity	0.00	172,657.84	0.00	172,657.84	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	337,776.30	0.00	337,776.30	0.00
					Legal	0.00	890.50	0.00	890.50	0.00
					Other	0.00	28,577.26	0.00	28,577.26	(63,662.41)
					Total	0.00	539,901.90	0.00	539,901.90	(63,662.41)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 02/01/2024 - 02/29/2024

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	112.21	2,387.79	2,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	11.10	488.90	500.00	0.00
	Total	0.00	123.31	2,876.69	3,000.00	0.00
Marshall County Total 223	Indemnity	0.00	172,657.84	0.00	172,657.84	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	337,888.51	2,387.79	340,276.30	0.00
	Legal	0.00	890.50	0.00	890.50	0.00
	Other	0.00	28,588.36	488.90	29,077.26	(63,662.41)
	Total	0.00	540,025.21	2,876.69	542,901.90	(63,662.41)

ORG1 DESC : McPherson 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	
Closed Total 79					Indemnity	0.00	244,395.44	0.00	244,395.44	(500.00)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	440,159.08	0.00	440,159.08	(15,010.66)
					Legal	0.00	32,496.60	0.00	32,496.60	0.00
					Other	0.00	62,318.95	0.00	62,318.95	0.00
					Total	0.00	779,370.07	0.00	779,370.07	(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
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Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Open Total 5	Indemnity	691.30	17,445.86	29,423.25	46,869.11	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,950.48	31,670.84	31,529.16	63,200.00	(500.00)
	Legal	0.00	436.25	10,763.75	11,200.00	0.00
	Other	189.62	3,229.56	9,670.44	12,900.00	0.00
	Total	3,831.40	52,782.51	81,386.60	134,169.11	(500.00)

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Re-Open Total 2	Indemnity	0.00	33,313.21	16,058.55	49,371.76	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,998.11	142,551.66	4,912.94	147,464.60	(1,000.00)
	Legal	0.00	492.00	600.00	1,092.00	0.00
	Other	165.71	11,201.48	3,701.63	14,903.11	0.00
	Total	3,163.82	187,558.35	25,873.12	213,431.47	(1,000.00)

McPherson County Total 86	Indemnity	691.30	295,154.51	45,481.80	340,636.31	(500.00)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	5,948.59	614,381.58	36,442.10	650,823.68	(16,510.66)
	Legal	0.00	33,424.85	11,363.75	44,788.60	0.00
	Other	355.33	76,749.99	13,372.07	90,122.06	0.00
	Total	6,995.22	1,019,710.93	107,259.72	1,126,970.65	(17,010.66)

ORG1 DESC : Meade County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 02/01/2024 - 02/29/2024

Closed Total 215	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	0.00	670,717.23	0.00	670,717.23	0.00
	Legal	0.00	16,591.01	0.00	16,591.01	0.00
	Other	0.00	45,417.96	0.00	45,417.96	(7,381.97)
	Total	0.00	1,021,295.04	0.00	1,021,295.04	(7,381.97)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 1	Indemnity	0.00	0.00	10,092.20	10,092.20	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	2,482.37	22,267.63	24,750.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	175.85	4,224.15	4,400.00	0.00
	Total	0.00	2,658.22	36,583.98	39,242.20	0.00

Meade County Total 216	Indemnity	0.00	288,568.84	10,092.20	298,661.04	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	673,199.60	22,267.63	695,467.23	0.00
	Legal	0.00	16,591.01	0.00	16,591.01	0.00
	Other	0.00	45,593.81	4,224.15	49,817.96	(7,381.97)
	Total	0.00	1,023,953.26	36,583.98	1,060,537.24	(7,381.97)

ORG1 DESC : Metropolitan Topeka Airport Authority

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 02/01/2024 - 02/29/2024

Closed Total 80	Indemnity	0.00	92,544.79	0.00	92,544.79	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	168,403.30	0.00	168,403.30	(382.84)
	Legal	0.00	910.00	0.00	910.00	0.00
	Other	0.00	14,928.31	0.00	14,928.31	(1,376.32)
	Total	0.00	276,786.40	0.00	276,786.40	(1,759.16)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 4	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	1,163.92	8,836.08	10,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	158.65	1,841.35	2,000.00	0.00
	Total	0.00	1,322.57	10,677.43	12,000.00	0.00

Metropolitan Topeka Airport Authority Total 84	Indemnity	0.00	92,544.79	0.00	92,544.79	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	169,567.22	8,836.08	178,403.30	(382.84)
	Legal	0.00	910.00	0.00	910.00	0.00
	Other	0.00	15,086.96	1,841.35	16,928.31	(1,376.32)
	Total	0.00	278,108.97	10,677.43	288,786.40	(1,759.16)

ORG1 DESC : Miami County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 02/01/2024 - 02/29/2024

Closed Total 720	Indemnity	0.00	1,316,483.69	0.00	1,316,483.69	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,883,906.00	0.00	1,883,906.00	(2,784.23)
	Legal	0.00	15,600.69	0.00	15,600.69	0.00
	Other	0.00	166,231.55	0.00	166,231.55	(212,591.31)
	Total	0.00	3,382,221.93	0.00	3,382,221.93	(215,375.54)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 13					Indemnity	5,772.35	51,171.49	48,387.24	99,558.73	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	12,300.30	152,256.81	143,000.97	295,257.78	0.00
					Legal	0.00	12,985.89	13,814.11	26,800.00	0.00
					Other	6,720.32	19,149.89	33,512.61	52,662.50	0.00
					Total	24,792.97	235,564.08	238,714.93	474,279.01	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	
Re-Open Total 1					Indemnity	0.00	0.00	45,000.00	45,000.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	9,020.99	12,258.53	21,279.52	0.00
					Legal	0.00	1,097.70	7,502.30	8,600.00	0.00
					Other	36.50	6,040.33	1,457.26	7,497.59	0.00
					Total	36.50	16,159.02	66,218.09	82,377.11	0.00



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Miami County Total 734	Indemnity	5,772.35	1,367,655.18	93,387.24	1,461,042.42	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	12,300.30	2,045,183.80	155,259.50	2,200,443.30	(2,784.23)
	Legal	0.00	29,684.28	21,316.41	51,000.69	0.00
	Other	6,756.82	191,421.77	34,969.87	226,391.64	(212,591.31)
	Total	24,829.47	3,633,945.03	304,933.02	3,938,878.05	(215,375.54)

ORG1 DESC : Mitchell 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	
Closed Total 139					Indemnity	0.00	333,289.29	0.00	333,289.29	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	456,184.26	0.00	456,184.26	0.00
					Legal	0.00	1,476.00	0.00	1,476.00	0.00
					Other	0.00	42,049.05	0.00	42,049.05	(45,137.43)
					Total	0.00	832,998.60	0.00	832,998.60	(45,137.43)

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	
Open Total 1					Indemnity	0.00	4,705.29	10,092.39	14,797.68	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	27,177.32	4,572.68	31,750.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	0.00	6,141.42	3,058.58	9,200.00	0.00
					Total	0.00	38,024.03	18,323.65	56,347.68	0.00



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Mitchell County Total 140	Indemnity	0.00	337,994.58	10,092.39	348,086.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	483,361.58	4,572.68	487,934.26	0.00
	Legal	0.00	1,476.00	600.00	2,076.00	0.00
	Other	0.00	48,190.47	3,058.58	51,249.05	(45,137.43)
	Total	0.00	871,022.63	18,323.65	889,346.28	(45,137.43)

ORG1 DESC : Montgomery County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 37	Indemnity	0.00	17,888.07	0.00	17,888.07	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	25,464.97	0.00	25,464.97	0.00
					Legal	0.00	485.00	0.00	485.00	0.00
					Other	0.00	6,190.63	0.00	6,190.63	0.00
					Total	0.00	50,028.67	0.00	50,028.67	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	
				Open Total 8	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	297.96	23,602.04	23,900.00	0.00
					Legal	0.00	0.00	3,000.00	3,000.00	0.00
					Other	0.00	57.10	4,642.90	4,700.00	0.00
					Total	0.00	355.06	31,244.94	31,600.00	0.00



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Montgomery County Total 45	Indemnity	0.00	17,888.07	0.00	17,888.07	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	25,762.93	23,602.04	49,364.97	0.00
	Legal	0.00	485.00	3,000.00	3,485.00	0.00
	Other	0.00	6,247.73	4,642.90	10,890.63	0.00
	Total	0.00	50,383.73	31,244.94	81,628.67	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	
				Closed Total 121	Indemnity	0.00	79,067.63	0.00	79,067.63	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	184,643.30	0.00	184,643.30	0.00
					Legal	0.00	343.50	0.00	343.50	0.00
					Other	0.00	10,530.98	0.00	10,530.98	(1,485.81)
					Total	0.00	274,585.41	0.00	274,585.41	(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	
				Open Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	13.88	1,886.12	1,900.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	9.50	440.50	450.00	0.00
					Total	0.00	23.38	2,326.62	2,350.00	0.00



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Morris County Total 123	Indemnity	0.00	79,067.63	0.00	79,067.63	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	184,657.18	1,886.12	186,543.30	0.00
	Legal	0.00	343.50	0.00	343.50	0.00
	Other	0.00	10,540.48	440.50	10,980.98	(1,485.81)
	Total	0.00	274,608.79	2,326.62	276,935.41	(1,485.81)

ORG1 DESC : Morton County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 151					Indemnity	0.00	132,605.97	0.00	132,605.97	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	262,486.27	0.00	262,486.27	0.00
					Legal	0.00	9,734.30	0.00	9,734.30	0.00
					Other	0.00	31,067.46	0.00	31,067.46	(176.00)
					Total	0.00	435,894.00	0.00	435,894.00	(176.00)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 4					Indemnity	2,948.00	167,099.75	194,808.25	361,908.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	680.26	5,217.96	35,182.04	40,400.00	0.00
					Legal	0.00	4,685.16	2,814.84	7,500.00	0.00
					Other	45.25	447.07	4,502.93	4,950.00	0.00
					Total	3,673.51	177,449.94	237,308.06	414,758.00	0.00



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Morton County Total 155	Indemnity	2,948.00	299,705.72	194,808.25	494,513.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	680.26	267,704.23	35,182.04	302,886.27	0.00
	Legal	0.00	14,419.46	2,814.84	17,234.30	0.00
	Other	45.25	31,514.53	4,502.93	36,017.46	(176.00)
	Total	3,673.51	613,343.94	237,308.06	850,652.00	(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	
Closed Total 279					Indemnity	0.00	133,602.17	0.00	133,602.17	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	302,536.08	0.00	302,536.08	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	35,351.89	0.00	35,351.89	0.00
					Total	0.00	471,490.14	0.00	471,490.14	0.00

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

ORG1 DESC : Nemaha County

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 : 02/01/2024 - 02/29/2024

Open Total 3		Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	90.36	8,409.64	8,500.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	12.21	1,687.79	1,700.00	0.00	0.00
Total		0.00	102.57	10,097.43	10,200.00	0.00	0.00

Nemaha County Total 3		Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	90.36	8,409.64	8,500.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	12.21	1,687.79	1,700.00	0.00	0.00
Total		0.00	102.57	10,097.43	10,200.00	0.00	0.00

ORG1 DESC : Neosho County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 332									
	Indemnity	0.00			396,445.12	0.00	396,445.12	0.00	0.00
	Rehab	0.00			0.00	0.00	0.00	0.00	0.00
	Medical	0.00			577,027.69	0.00	577,027.69	(89,773.41)	0.00
	Legal	0.00			25,307.00	0.00	25,307.00	0.00	0.00
	Other	0.00			73,845.66	0.00	73,845.66	(54,824.28)	0.00
Total		0.00			1,072,625.47	0.00	1,072,625.47	(144,597.69)	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 : 02/01/2024 - 02/29/2024

Open Total 4		Indemnity	0.00	106,106.49	469.76	106,576.25	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	413,379.94	98,310.96	511,690.90	(434.96)
		Legal	400.00	2,429.34	15,479.04	17,908.38	0.00
		Other	0.00	37,088.63	11,511.37	48,600.00	(500.00)
		Total	400.00	559,004.40	125,771.13	684,775.53	(934.96)
Neosho County Total 336		Indemnity	0.00	502,551.61	469.76	503,021.37	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	990,407.63	98,310.96	1,088,718.59	(90,208.37)
		Legal	400.00	27,736.34	15,479.04	43,215.38	0.00
		Other	0.00	110,934.29	11,511.37	122,445.66	(55,324.28)
		Total	400.00	1,631,629.87	125,771.13	1,757,401.00	(145,532.65)

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
Closed Total 37									
			Indemnity		0.00	93,069.77	0.00	93,069.77	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		76.77	123,226.50	198.90	123,425.40	0.00
			Legal		0.00	9,110.35	0.00	9,110.35	0.00
			Other		0.00	9,701.26	0.00	9,701.26	(15,000.00)
			Total		76.77	235,107.88	198.90	235,306.78	(15,000.00)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 02/01/2024 - 02/29/2024

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	0.00	700.00	700.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	100.00	100.00	0.00
	Total	0.00	0.00	800.00	800.00	0.00
Ness County Total 38	Indemnity	0.00	93,069.77	0.00	93,069.77	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	76.77	123,226.50	898.90	124,125.40	0.00
	Legal	0.00	9,110.35	0.00	9,110.35	0.00
	Other	0.00	9,701.26	100.00	9,801.26	(15,000.00)
	Total	76.77	235,107.88	998.90	236,106.78	(15,000.00)

ORG1 DESC : North Central Kansas Regional Juvenile Detention

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 64					Indemnity	0.00	3,140.48	0.00	3,140.48	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	28,165.28	0.00	28,165.28	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	5,668.90	0.00	5,668.90	0.00
					Total	0.00	36,974.66	0.00	36,974.66	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 02/01/2024 - 02/29/2024

Open Total 12	Indemnity	0.00	157.46	3,925.76	4,083.22	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,395.10	5,506.56	42,393.44	47,900.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	541.29	1,183.39	10,816.61	12,000.00	0.00
	Total	2,936.39	6,847.41	57,735.81	64,583.22	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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Re-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	922.17	2,533.08	466.92	3,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	412.13	187.87	600.00	0.00
	Total	922.17	2,945.21	654.79	3,600.00	0.00

North Central Kansas Regional Juvenile Detention Total 77	Indemnity	0.00	3,297.94	3,925.76	7,223.70	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,317.27	36,204.92	42,860.36	79,065.28	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	541.29	7,264.42	11,004.48	18,268.90	0.00
	Total	3,858.56	46,767.28	58,390.60	105,157.88	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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Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Closed Total 13		Indemnity	0.00	82.43	0.00	82.43	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	15,902.70	0.00	15,902.70	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	883.97	0.00	883.97	0.00
		Total	0.00	16,869.10	0.00	16,869.10	0.00

Northwest Kansas Regional Recycling Center Total 13		Indemnity	0.00	82.43	0.00	82.43	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	15,902.70	0.00	15,902.70	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	883.97	0.00	883.97	0.00
		Total	0.00	16,869.10	0.00	16,869.10	0.00

ORG1 DESC : Norton County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Closed Total 175		Indemnity	0.00	212,226.86	0.00	212,226.86	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	419,335.48	0.00	419,335.48	(9,141.56)
		Legal	0.00	511.50	0.00	511.50	0.00
		Other	0.00	41,688.77	0.00	41,688.77	(34,632.43)
		Total	0.00	673,762.61	0.00	673,762.61	(43,773.99)

Norton County Total 175		Indemnity	0.00	212,226.86	0.00	212,226.86	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	419,335.48	0.00	419,335.48	(9,141.56)
		Legal	0.00	511.50	0.00	511.50	0.00
		Other	0.00	41,688.77	0.00	41,688.77	(34,632.43)
		Total	0.00	673,762.61	0.00	673,762.61	(43,773.99)

ORG1 DESC : Osage County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 340	Indemnity	0.00	504,631.53	0.00	504,631.53	(14,660.57)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	837,454.71	136.27	837,590.98	(4,005.96)
					Legal	0.00	9,771.00	0.00	9,771.00	0.00
					Other	0.00	68,169.17	11.44	68,180.61	(50,779.03)
					Total	0.00	1,420,026.41	147.71	1,420,174.12	(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	
				Open Total 7	Indemnity	0.00	9,921.02	6,000.00	15,921.02	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,199.17	35,489.65	39,278.87	74,768.52	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	194.92	2,114.85	5,985.15	8,100.00	0.00
					Total	1,394.09	47,525.52	51,864.02	99,389.54	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Re-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	2,042.20	957.80	3,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	183.69	616.31	800.00	0.00
					Total	0.00	2,225.89	1,574.11	3,800.00	0.00



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Osage County Total 348	Indemnity	0.00	514,552.55	6,000.00	520,552.55	(14,660.57)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,199.17	874,986.56	40,372.94	915,359.50	(4,005.96)
	Legal	0.00	9,771.00	600.00	10,371.00	0.00
	Other	194.92	70,467.71	6,612.90	77,080.61	(50,779.03)
	Total	1,394.09	1,469,777.82	53,585.84	1,523,363.66	(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	
Closed Total 237					Indemnity	0.00	89,853.19	0.00	89,853.19	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	186,643.47	0.00	186,643.47	0.00
					Legal	0.00	1,508.50	0.00	1,508.50	0.00
					Other	0.00	24,802.25	0.00	24,802.25	0.00
					Total	0.00	302,807.41	0.00	302,807.41	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	
Open Total 2					Indemnity	0.00	0.00	7,000.00	7,000.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,680.91	2,680.91	25,519.09	28,200.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	208.58	208.58	5,391.42	5,600.00	0.00
					Total	2,889.49	2,889.49	38,510.51	41,400.00	0.00



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Osborne County Total 239	Indemnity	0.00	89,853.19	7,000.00	96,853.19	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,680.91	189,324.38	25,519.09	214,843.47	0.00
	Legal	0.00	1,508.50	600.00	2,108.50	0.00
	Other	208.58	25,010.83	5,391.42	30,402.25	0.00
	Total	2,889.49	305,696.90	38,510.51	344,207.41	0.00

ORG1 DESC : Ottawa County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 215					Indemnity	0.00	103,722.72	0.00	103,722.72	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	232,086.71	0.00	232,086.71	0.00
					Legal	0.00	5,853.52	0.00	5,853.52	0.00
					Other	0.00	31,128.91	0.00	31,128.91	(31,291.15)
					Total	0.00	372,791.86	0.00	372,791.86	(31,291.15)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 5					Indemnity	0.00	15,381.19	329.81	15,711.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	290.14	34,485.13	10,614.87	45,100.00	0.00
					Legal	92.00	442.00	158.00	600.00	0.00
					Other	33.87	2,839.67	4,140.33	6,980.00	0.00
					Total	416.01	53,147.99	15,243.01	68,391.00	0.00



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Ottawa County Total 220	Indemnity	0.00	119,103.91	329.81	119,433.72	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	290.14	266,571.84	10,614.87	277,186.71	0.00
	Legal	92.00	6,295.52	158.00	6,453.52	0.00
	Other	33.87	33,968.58	4,140.33	38,108.91	(31,291.15)
	Total	416.01	425,939.85	15,243.01	441,182.86	(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	
Closed Total 184										
					Indemnity	0.00	65,554.37	0.00	65,554.37	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	176,434.94	0.00	176,434.94	0.00
					Legal	0.00	505.00	0.00	505.00	0.00
					Other	0.00	9,308.90	0.00	9,308.90	(5,743.63)
					Total	0.00	251,803.21	0.00	251,803.21	(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	
Open Total 4										
					Indemnity	3,561.60	347,295.57	210,607.93	557,903.50	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	84,388.06	27,783.94	112,172.00	0.00
					Legal	0.00	1,438.75	12,211.25	13,650.00	0.00
					Other	0.00	13,092.15	5,002.85	18,095.00	0.00
					Total	3,561.60	446,214.53	255,605.97	701,820.50	0.00



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Pawnee County Total 188	Indemnity	3,561.60	412,849.94	210,607.93	623,457.87	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	260,823.00	27,783.94	288,606.94	0.00
	Legal	0.00	1,943.75	12,211.25	14,155.00	0.00
	Other	0.00	22,401.05	5,002.85	27,403.90	(5,743.63)
	Total	3,561.60	698,017.74	255,605.97	953,623.71	(5,743.63)

ORG1 DESC : Phillips County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 151					Indemnity	0.00	421,432.14	0.00	421,432.14	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	479,454.43	0.00	479,454.43	(38,473.40)
					Legal	0.00	2,588.10	0.00	2,588.10	0.00
					Other	0.00	114,290.55	0.00	114,290.55	(291.80)
					Total	0.00	1,017,765.22	0.00	1,017,765.22	(38,765.20)

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	
Open Total 4					Indemnity	0.00	491.52	2,801.96	3,293.48	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	1,729.29	12,270.71	14,000.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	0.00	356.75	3,143.25	3,500.00	0.00
					Total	0.00	2,577.56	18,815.92	21,393.48	0.00



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Phillips County Total 155	Indemnity	0.00	421,923.66	2,801.96	424,725.62	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	481,183.72	12,270.71	493,454.43	(38,473.40)
	Legal	0.00	2,588.10	600.00	3,188.10	0.00
	Other	0.00	114,647.30	3,143.25	117,790.55	(291.80)
	Total	0.00	1,020,342.78	18,815.92	1,039,158.70	(38,765.20)

ORG1 DESC : Pottawatomie County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 590					Indemnity	0.00	661,677.35	0.00	661,677.35	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	922,628.22	0.00	922,628.22	(37,614.59)
					Legal	0.00	28,671.59	0.00	28,671.59	(197.00)
					Other	0.00	87,765.24	0.00	87,765.24	(72,608.23)
					Total	0.00	1,700,742.40	0.00	1,700,742.40	(110,419.82)

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	
Open Total 7					Indemnity	0.00	128,441.12	578.88	129,020.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	556.79	110,210.49	30,178.27	140,388.76	(37.84)
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	67.78	18,719.32	6,980.68	25,700.00	(500.00)
					Total	624.57	257,370.93	37,737.83	295,108.76	(537.84)

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Re-Open Total 3	Indemnity	0.00	100,159.36	0.00	100,159.36	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	78,042.29	19,957.71	98,000.00	(500.00)
					Legal	0.00	8,581.40	5,418.60	14,000.00	0.00
					Other	0.00	5,896.92	5,103.08	11,000.00	0.00
					Total	0.00	192,679.97	30,479.39	223,159.36	(500.00)
				Pottawatomie County Total 600	Indemnity	0.00	890,277.83	578.88	890,856.71	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	556.79	1,110,881.00	50,135.98	1,161,016.98	(38,152.43)
					Legal	0.00	37,252.99	5,418.60	42,671.59	(197.00)
					Other	67.78	112,381.48	12,083.76	124,465.24	(73,108.23)
					Total	624.57	2,150,793.30	68,217.22	2,219,010.52	(111,457.66)

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	
				Closed Total 11	Indemnity	0.00	28,691.50	0.00	28,691.50	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	43,689.96	0.00	43,689.96	0.00
					Legal	0.00	1,981.00	0.00	1,981.00	0.00
					Other	0.00	4,448.29	0.00	4,448.29	0.00
					Total	0.00	78,810.75	0.00	78,810.75	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 : 02/01/2024 - 02/29/2024

Re-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	0.00
	Medical	218.00	471.75	28.25	500.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	74.82	0.00	74.82	0.00	0.00
Total		218.00	546.57	28.25	574.82	0.00	0.00

Pratt County Total 12		Indemnity	0.00	28,691.50	0.00	28,691.50	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	218.00	44,161.71	28.25	44,189.96	0.00	0.00
	Legal	0.00	1,981.00	0.00	1,981.00	0.00	0.00
	Other	0.00	4,523.11	0.00	4,523.11	0.00	0.00
Total		218.00	79,357.32	28.25	79,385.57	0.00	0.00

ORG1 DESC : Public Wholesale Water Supply District No 11
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
Closed Total 1									
	Indemnity	0.00			3,712.50	0.00	3,712.50	0.00	0.00
	Rehab	0.00			0.00	0.00	0.00	0.00	0.00
	Medical	0.00			1,473.64	0.00	1,473.64	0.00	0.00
	Legal	0.00			0.00	0.00	0.00	0.00	0.00
	Other	0.00			523.53	0.00	523.53	0.00	0.00
Total		0.00			5,709.67	0.00	5,709.67	0.00	0.00

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

ORG1 DESC : Rawlins County
CLAIMANT STATUS DESC : Closed



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 88					Indemnity	0.00	33,547.07	0.00	33,547.07	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	188,983.26	0.00	188,983.26	0.00
					Legal	0.00	1,415.00	0.00	1,415.00	0.00
					Other	0.00	9,430.91	0.00	9,430.91	(825.25)
					Total	0.00	233,376.24	0.00	233,376.24	(825.25)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 3					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	277.40	3,622.60	3,900.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	19.00	40.11	809.89	850.00	0.00
					Total	19.00	317.51	4,432.49	4,750.00	0.00
Rawlins County Total 91					Indemnity	0.00	33,547.07	0.00	33,547.07	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	189,260.66	3,622.60	192,883.26	0.00
					Legal	0.00	1,415.00	0.00	1,415.00	0.00
					Other	19.00	9,471.02	809.89	10,280.91	(825.25)
					Total	19.00	233,693.75	4,432.49	238,126.24	(825.25)

ORG1 DESC : Reno County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 02/01/2024 - 02/29/2024

Closed Total 1778	Indemnity	0.00	2,896,883.98	0.00	2,896,883.98	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	5,066,507.65	0.00	5,066,507.65	(640.30)
	Legal	0.00	33,694.48	0.00	33,694.48	0.00
	Other	0.00	601,398.93	0.00	601,398.93	(2,326,633.54)
	Total	0.00	8,598,485.04	0.00	8,598,485.04	(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	
Open Total 28					Indemnity	464.12	263,549.22	97,086.29	360,635.51	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,311.83	579,898.10	218,529.63	798,427.73	0.00
					Legal	125.00	3,596.30	24,003.70	27,600.00	0.00
					Other	115.87	57,485.32	43,972.31	101,457.63	0.00
					Total	3,016.82	904,528.94	383,591.93	1,288,120.87	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	
Re-Open Total 3					Indemnity	10,174.50	70,382.01	64,346.81	134,728.82	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	262,204.09	59,744.79	321,948.88	(26,307.26)
					Legal	400.00	3,631.60	7,468.40	11,100.00	0.00
					Other	0.00	32,091.13	8,798.87	40,890.00	(21,398.16)
					Total	10,574.50	368,308.83	140,358.87	508,667.70	(47,705.42)



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Reno County Total 1809		Indemnity	10,638.62	3,230,815.21	161,433.10	3,392,248.31	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		2,311.83	5,908,609.84	278,274.42	6,186,884.26	(26,947.56)
	Legal		525.00	40,922.38	31,472.10	72,394.48	0.00
	Other		115.87	690,975.38	52,771.18	743,746.56	(2,348,031.70)
	Total		13,591.32	9,871,322.81	523,950.80	10,395,273.61	(2,374,979.26)

ORG1 DESC : Republic County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
		Closed Total 226							
			Indemnity		0.00	166,928.67	0.00	166,928.67	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		0.00	358,217.80	0.00	358,217.80	0.00
			Legal		0.00	2,833.70	0.00	2,833.70	0.00
			Other		0.00	41,525.03	0.00	41,525.03	(10,186.58)
			Total		0.00	569,505.20	0.00	569,505.20	(10,186.58)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
		Open Total 2							
			Indemnity		0.00	19,620.29	7,930.16	27,550.45	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		805.63	55,647.52	20,709.88	76,357.40	0.00
			Legal		0.00	0.00	0.00	0.00	0.00
			Other		20.95	2,502.17	7,997.83	10,500.00	0.00
			Total		826.58	77,769.98	36,637.87	114,407.85	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Re-Open Total 1	Indemnity	0.00	1,608.11	28,000.00	29,608.11	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	969.12	31,727.89	25,523.10	57,250.99	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	19.00	637.44	11,636.67	12,274.11	0.00
					Total	988.12	33,973.44	65,159.77	99,133.21	0.00
				Republic County Total 229	Indemnity	0.00	188,157.07	35,930.16	224,087.23	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,774.75	445,593.21	46,232.98	491,826.19	0.00
					Legal	0.00	2,833.70	0.00	2,833.70	0.00
					Other	39.95	44,664.64	19,634.50	64,299.14	(10,186.58)
					Total	1,814.70	681,248.62	101,797.64	783,046.26	(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	
				Closed Total 109	Indemnity	0.00	234,569.28	0.00	234,569.28	(802.34)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	660.46	395,490.05	0.00	395,490.05	(32,855.74)
					Legal	0.00	8,210.60	0.00	8,210.60	0.00
					Other	37.03	45,363.10	0.00	45,363.10	(23,763.43)
					Total	697.49	683,633.03	0.00	683,633.03	(57,421.51)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 02/01/2024 - 02/29/2024

Open Total 8	Indemnity	0.00	43,737.49	13,678.89	57,416.38	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	4,374.40	244,603.56	41,546.44	286,150.00	(3,000.00)
	Legal	0.00	1,042.50	657.50	1,700.00	0.00
	Other	35.08	26,535.71	22,009.29	48,545.00	0.00
	Total	4,409.48	315,919.26	77,892.12	393,811.38	(3,000.00)
Rice County Total 117	Indemnity	0.00	278,306.77	13,678.89	291,985.66	(802.34)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	5,034.86	640,093.61	41,546.44	681,640.05	(35,855.74)
	Legal	0.00	9,253.10	657.50	9,910.60	0.00
	Other	72.11	71,898.81	22,009.29	93,908.10	(23,763.43)
	Total	5,106.97	999,552.29	77,892.12	1,077,444.41	(60,421.51)

ORG1 DESC : Rooks 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
Closed Total 2					Indemnity	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	3,783.47	0.00	3,783.47
					Legal	0.00	0.00	0.00	0.00
					Other	0.00	352.80	0.00	352.80
					Total	0.00	4,136.27	0.00	4,136.27

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 : 02/01/2024 - 02/29/2024

Open Total 2	Indemnity	1,798.16	2,697.24	1,202.76	3,900.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	87.40	1,088.44	7,111.56	8,200.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	32.88	94.62	2,005.38	2,100.00	0.00
	Total	1,918.44	3,880.30	10,319.70	14,200.00	0.00
Rooks County Total 4	Indemnity	1,798.16	2,697.24	1,202.76	3,900.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	87.40	4,871.91	7,111.56	11,983.47	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	32.88	447.42	2,005.38	2,452.80	0.00
	Total	1,918.44	8,016.57	10,319.70	18,336.27	0.00

ORG1 DESC : Rush 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>	
Closed Total 116					Indemnity	0.00	212,816.83	0.00	212,816.83	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	615,950.44	0.00	615,950.44	0.00
					Legal	0.00	2,514.50	0.00	2,514.50	0.00
					Other	0.00	31,045.90	0.00	31,045.90	0.00
					Total	0.00	862,327.67	0.00	862,327.67	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 : 02/01/2024 - 02/29/2024

Open Total 2	Indemnity	0.00	1,215.00	23,785.00	25,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,958.69	47,085.79	16,914.21	64,000.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	67.41	7,686.95	2,813.05	10,500.00	0.00
	Total		3,026.10	55,987.74	44,112.26	100,100.00
Rush County Total 118	Indemnity	0.00	214,031.83	23,785.00	237,816.83	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,958.69	663,036.23	16,914.21	679,950.44	0.00
	Legal	0.00	2,514.50	600.00	3,114.50	0.00
	Other	67.41	38,732.85	2,813.05	41,545.90	0.00
	Total		3,026.10	918,315.41	44,112.26	962,427.67

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	
Closed Total 270					Indemnity	0.00	223,154.90	0.00	223,154.90	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	406,645.44	0.00	406,645.44	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	40,878.17	0.00	40,878.17	(16,491.48)
					Total	0.00	670,678.51	0.00	670,678.51	(16,491.48)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 02/01/2024 - 02/29/2024

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	9.45	9.45	2,490.55	2,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	12.85	12.85	487.15	500.00	0.00
	Total	22.30	22.30	2,977.70	3,000.00	0.00
Russell County Total 271	Indemnity	0.00	223,154.90	0.00	223,154.90	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	9.45	406,654.89	2,490.55	409,145.44	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	12.85	40,891.02	487.15	41,378.17	(16,491.48)
	Total	22.30	670,700.81	2,977.70	673,678.51	(16,491.48)

ORG1 DESC : Saline 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>	
Closed Total 1249					Indemnity	0.00	910,110.64	0.00	910,110.64	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,633.95	1,398,404.73	(9.00)	1,398,395.73	(9,808.31)
					Legal	0.00	26,968.47	0.00	26,968.47	(5,380.82)
					Other	106.62	189,041.20	0.00	189,041.20	(67,682.97)
					Total	1,740.57	2,524,525.04	(9.00)	2,524,516.04	(82,872.10)

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 : 02/01/2024 - 02/29/2024

Open Total 10	Indemnity	0.00	6,154.27	12,635.27	18,789.54	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,098.36	99,163.66	82,916.53	182,080.19	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	268.98	28,864.59	15,510.71	44,375.30	0.00
	Total	2,367.34	134,182.52	111,662.51	245,845.03	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Re-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	0.00	2,500.00	2,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	500.00	500.00	0.00
	Total	0.00	0.00	3,000.00	3,000.00	0.00

Saline County Total 1260	Indemnity	0.00	916,264.91	12,635.27	928,900.18	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,732.31	1,497,568.39	85,407.53	1,582,975.92	(9,808.31)
	Legal	0.00	26,968.47	600.00	27,568.47	(5,380.82)
	Other	375.60	217,905.79	16,010.71	233,916.50	(67,682.97)
	Total	4,107.91	2,658,707.56	114,653.51	2,773,361.07	(82,872.10)

ORG1 DESC : Scott County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 02/01/2024 - 02/29/2024

Closed Total 48	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	83,758.77	0.00	83,758.77	0.00
	Legal	0.00	4,727.60	0.00	4,727.60	0.00
	Other	0.00	9,013.33	0.00	9,013.33	0.00
	Total	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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Open Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	219.10	1,401.48	3,998.52	5,400.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	101.12	610.98	789.02	1,400.00	0.00
	Total	320.22	2,012.46	4,787.54	6,800.00	0.00

Scott County Total 50	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	219.10	85,160.25	3,998.52	89,158.77	0.00
	Legal	0.00	4,727.60	0.00	4,727.60	0.00
	Other	101.12	9,624.31	789.02	10,413.33	0.00
	Total	320.22	118,320.63	4,787.54	123,108.17	0.00

ORG1 DESC : Sheridan 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 : 02/01/2024 - 02/29/2024

Closed Total 159	Indemnity	0.00	495,927.96	0.00	495,927.96	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	447,482.35	0.00	447,482.35	0.00
	Legal	0.00	1,663.50	0.00	1,663.50	0.00
	Other	0.00	31,695.87	0.00	31,695.87	0.00
	Total	0.00	976,769.68	0.00	976,769.68	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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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	3,217.20	282.80	3,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	93.89	606.11	700.00	0.00
	Total	0.00	3,311.09	888.91	4,200.00	0.00

Sheridan County Total 160	Indemnity	0.00	495,927.96	0.00	495,927.96	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	450,699.55	282.80	450,982.35	0.00
	Legal	0.00	1,663.50	0.00	1,663.50	0.00
	Other	0.00	31,789.76	606.11	32,395.87	0.00
	Total	0.00	980,080.77	888.91	980,969.68	0.00

ORG1 DESC : Sherman County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 02/01/2024 - 02/29/2024

Closed Total 149	Indemnity	0.00	95,276.19	0.00	95,276.19	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	350,997.19	0.00	350,997.19	0.00
	Legal	0.00	25,808.23	0.00	25,808.23	0.00
	Other	0.00	20,735.66	0.00	20,735.66	0.00
	Total	0.00	492,817.27	0.00	492,817.27	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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Re-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	350.00	4,371.30	628.70	5,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	19.40	267.96	432.04	700.00	0.00
	Total	369.40	4,639.26	1,060.74	5,700.00	0.00

Sherman County Total 150	Indemnity	0.00	95,276.19	0.00	95,276.19	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	350.00	355,368.49	628.70	355,997.19	0.00
	Legal	0.00	25,808.23	0.00	25,808.23	0.00
	Other	19.40	21,003.62	432.04	21,435.66	0.00
	Total	369.40	497,456.53	1,060.74	498,517.27	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 : 02/01/2024 - 02/29/2024

Closed Total 97	Indemnity	0.00	234,045.69	0.00	234,045.69	(3,813.50)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	287,995.06	0.00	287,995.06	(8,186.50)
	Legal	0.00	15,452.71	0.00	15,452.71	0.00
	Other	0.00	24,603.08	0.00	24,603.08	0.00
	Total	0.00	562,096.54	0.00	562,096.54	(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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Open Total 4	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	180.68	180.68	7,519.32	7,700.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	24.42	33.92	1,566.08	1,600.00	0.00
	Total	205.10	214.60	9,085.40	9,300.00	0.00

Smith County Total 101	Indemnity	0.00	234,045.69	0.00	234,045.69	(3,813.50)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	180.68	288,175.74	7,519.32	295,695.06	(8,186.50)
	Legal	0.00	15,452.71	0.00	15,452.71	0.00
	Other	24.42	24,637.00	1,566.08	26,203.08	0.00
	Total	205.10	562,311.14	9,085.40	571,396.54	(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 : 02/01/2024 - 02/29/2024

Closed Total 27	Indemnity	0.00	84,221.14	0.00	84,221.14	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	140,513.13	0.00	140,513.13	0.00
	Legal	0.00	7,061.27	0.00	7,061.27	0.00
	Other	0.00	4,517.12	0.00	4,517.12	0.00
	Total	0.00	236,312.66	0.00	236,312.66	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	115.76	4,884.24	5,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	12.14	987.86	1,000.00	0.00
	Total	0.00	127.90	5,872.10	6,000.00	0.00

Stafford County Total 29	Indemnity	0.00	84,221.14	0.00	84,221.14	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	140,628.89	4,884.24	145,513.13	0.00
	Legal	0.00	7,061.27	0.00	7,061.27	0.00
	Other	0.00	4,529.26	987.86	5,517.12	0.00
	Total	0.00	236,440.56	5,872.10	242,312.66	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 : 02/01/2024 - 02/29/2024

Closed Total 105	Indemnity	0.00	209,346.63	0.00	209,346.63	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	396,115.81	0.00	396,115.81	0.00
	Legal	0.00	882.00	0.00	882.00	0.00
	Other	0.00	22,828.46	0.00	22,828.46	(5,990.28)
	Total	0.00	629,172.90	0.00	629,172.90	(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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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	104.77	104.77	2,395.23	2,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	7.10	7.10	492.90	500.00	0.00
	Total	111.87	111.87	2,888.13	3,000.00	0.00

Stanton County Total 106	Indemnity	0.00	209,346.63	0.00	209,346.63	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	104.77	396,220.58	2,395.23	398,615.81	0.00
	Legal	0.00	882.00	0.00	882.00	0.00
	Other	7.10	22,835.56	492.90	23,328.46	(5,990.28)
	Total	111.87	629,284.77	2,888.13	632,172.90	(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 : 02/01/2024 - 02/29/2024

Closed Total 445		Indemnity	0.00	450,259.74	0.00	450,259.74	(568.53)
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	856,641.33	0.00	856,641.33	(8,276.57)
		Legal	0.00	12,169.92	0.00	12,169.92	0.00
		Other	0.00	61,786.76	0.00	61,786.76	(5,000.00)
		Total	0.00	1,380,857.75	0.00	1,380,857.75	(13,845.10)
Stevens County Total 445		Indemnity	0.00	450,259.74	0.00	450,259.74	(568.53)
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	856,641.33	0.00	856,641.33	(8,276.57)
		Legal	0.00	12,169.92	0.00	12,169.92	0.00
		Other	0.00	61,786.76	0.00	61,786.76	(5,000.00)
		Total	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
Closed Total 207									
					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
					Total	0.00	657,495.93	0.00	657,495.93
Stevens Health Systems Total 207									
					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
					Total	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 : 02/01/2024 - 02/29/2024

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 170	Indemnity	0.00	542,965.83	0.00	542,965.83	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	716,419.71	0.00	716,419.71	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	91,961.52	0.00	91,961.52	(511.23)
					Total	0.00	1,351,347.06	0.00	1,351,347.06	(511.23)
				Sumner County Total 170	Indemnity	0.00	542,965.83	0.00	542,965.83	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	716,419.71	0.00	716,419.71	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	91,961.52	0.00	91,961.52	(511.23)
					Total	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	
				Closed Total 245	Indemnity	0.00	165,666.86	0.00	165,666.86	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	329,592.08	0.00	329,592.08	0.00
					Legal	0.00	784.00	0.00	784.00	0.00
					Other	0.00	23,972.14	0.00	23,972.14	(2,355.43)
					Total	0.00	520,015.08	0.00	520,015.08	(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 : 02/01/2024 - 02/29/2024

Open Total 9	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	10,113.31	13,064.53	17,635.47	30,700.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	778.94	1,422.25	4,777.75	6,200.00	0.00
	Total	10,892.25	14,486.78	22,413.22	36,900.00	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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Re-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	6,720.39	279.61	7,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	1,718.96	281.04	2,000.00	0.00
	Total	0.00	8,439.35	560.65	9,000.00	0.00

Thomas County Total 255	Indemnity	0.00	165,666.86	0.00	165,666.86	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	10,113.31	349,377.00	17,915.08	367,292.08	0.00
	Legal	0.00	784.00	0.00	784.00	0.00
	Other	778.94	27,113.35	5,058.79	32,172.14	(2,355.43)
	Total	10,892.25	542,941.21	22,973.87	565,915.08	(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 : 02/01/2024 - 02/29/2024

Closed Total 121	Indemnity	0.00	81,541.12	0.00	81,541.12	(1,403.88)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	245,601.29	0.00	245,601.29	(2,835.19)
	Legal	0.00	976.00	0.00	976.00	0.00
	Other	0.00	14,316.03	0.00	14,316.03	(515.12)
	Total	0.00	342,434.44	0.00	342,434.44	(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
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Open Total 2	Indemnity	0.00	0.00	15,000.00	15,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,439.57	2,108.29	11,091.71	13,200.00	0.00
	Legal	526.00	526.00	8,474.00	9,000.00	0.00
	Other	148.17	217.57	2,882.43	3,100.00	0.00
	Total	2,113.74	2,851.86	37,448.14	40,300.00	0.00

Trego County Total 123	Indemnity	0.00	81,541.12	15,000.00	96,541.12	(1,403.88)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,439.57	247,709.58	11,091.71	258,801.29	(2,835.19)
	Legal	526.00	1,502.00	8,474.00	9,976.00	0.00
	Other	148.17	14,533.60	2,882.43	17,416.03	(515.12)
	Total	2,113.74	345,286.30	37,448.14	382,734.44	(4,754.19)

ORG1 DESC : Wabaunsee 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 : 02/01/2024 - 02/29/2024

Closed Total 4	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	0.00	0.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00
	Total	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	
				Open Total 4	Indemnity	2,255.40	3,946.95	2,819.25	6,766.20	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	398.47	414.31	14,835.69	15,250.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	60.53	60.53	3,939.47	4,000.00	0.00
					Total	2,714.40	4,421.79	21,594.41	26,016.20	0.00
				Wabaunsee County Total 8	Indemnity	2,255.40	3,946.95	2,819.25	6,766.20	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	398.47	414.31	14,835.69	15,250.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	60.53	60.53	3,939.47	4,000.00	0.00
					Total	2,714.40	4,421.79	21,594.41	26,016.20	0.00

ORG1 DESC : Wabaunsee County RWD No 2

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 : 02/01/2024 - 02/29/2024

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	0.00
	Medical	0.00	110.02	0.00	110.02	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	15.53	0.00	15.53	0.00	0.00
	Total	0.00	125.55	0.00	125.55	0.00	0.00

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	0.00
	Medical	0.00	110.02	0.00	110.02	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	15.53	0.00	15.53	0.00	0.00
	Total	0.00	125.55	0.00	125.55	0.00	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	
		Closed Total 84			Indemnity	0.00	34,338.97	0.00	34,338.97	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	153,017.67	0.00	153,017.67	0.00
					Legal	0.00	424.50	0.00	424.50	0.00
					Other	0.00	5,679.36	0.00	5,679.36	0.00
					Total	0.00	193,460.50	0.00	193,460.50	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 : 02/01/2024 - 02/29/2024

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	0.00
	Medical	0.00	183.18	2,316.82	2,500.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	12.08	487.92	500.00	0.00	0.00
	Total	0.00	195.26	2,804.74	3,000.00	0.00	0.00

Wallace County Total 85		Indemnity	0.00	34,338.97	0.00	34,338.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	153,200.85	2,316.82	155,517.67	0.00	0.00
	Legal	0.00	424.50	0.00	424.50	0.00	0.00
	Other	0.00	5,691.44	487.92	6,179.36	0.00	0.00
	Total	0.00	193,655.76	2,804.74	196,460.50	0.00	0.00

ORG1 DESC : Wichita County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

Wichita County Total 78			Indemnity		0.00	389,769.08	0.00	389,769.08	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		0.00	90,812.55	0.00	90,812.55	0.00
			Legal		0.00	0.00	0.00	0.00	0.00
			Other		0.00	32,951.61	0.00	32,951.61	(12,500.00)
			Total		0.00	513,533.24	0.00	513,533.24	(12,500.00)

ORG1 DESC : Woodson County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 41	Indemnity	0.00	25,084.42	0.00	25,084.42	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	51,004.49	0.00	51,004.49	0.00
					Legal	0.00	984.00	0.00	984.00	0.00
					Other	0.00	3,348.52	0.00	3,348.52	0.00
					Total	0.00	80,421.43	0.00	80,421.43	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	
				Open Total 3	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,448.36	2,271.09	11,978.91	14,250.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	59.86	135.26	2,664.74	2,800.00	0.00
					Total	1,508.22	2,406.35	14,643.65	17,050.00	0.00

				Woodson County Total 44	Indemnity	0.00	25,084.42	0.00	25,084.42	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,448.36	53,275.58	11,978.91	65,254.49	0.00
					Legal	0.00	984.00	0.00	984.00	0.00
					Other	59.86	3,483.78	2,664.74	6,148.52	0.00
					Total	1,508.22	82,827.78	14,643.65	97,471.43	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 : 02/01/2024 - 02/29/2024

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	0.00	0.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00
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	0.00	0.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00
Kansas Workers Risk Cooperative for Counties Total 21964	Indemnity	137,352.33	32,582,148.56	2,790,359.50	35,372,508.06	(51,121.92)
	Rehab	0.00	573.00	2,500.00	3,073.00	0.00
	Medical	334,573.34	53,967,741.69	4,090,356.77	58,058,098.46	(1,026,417.45)
	Legal	20,690.22	1,071,046.46	434,629.29	1,505,675.75	(11,597.99)
	Other	46,906.08	5,524,744.44	862,707.48	6,387,451.92	(3,956,045.40)
	Total	539,521.97	93,146,254.15	8,181,153.04	101,327,407.19	(5,045,182.76)
Grand Total: 21964	Indemnity	137,352.33	32,582,148.56	2,790,359.50	35,372,508.06	(51,121.92)
	Rehab	0.00	573.00	2,500.00	3,073.00	0.00
	Medical	334,573.34	53,967,741.69	4,090,356.77	58,058,098.46	(1,026,417.45)
	Legal	20,690.22	1,071,046.46	434,629.29	1,505,675.75	(11,597.99)
	Other	46,906.08	5,524,744.44	862,707.48	6,387,451.92	(3,956,045.40)
	Total	539,521.97	93,146,254.15	8,181,153.04	101,327,407.19	(5,045,182.76)



Claim Summary - Workers Compensation

PERIOD : 02/01/2024 - 02/29/2024

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)