



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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	126.00	17,746.82	29,453.18	47,200.00	(1,000.00)
				Legal	0.00	16,462.57	537.43	17,000.00	0.00
				Other	11.94	398.30	7,266.70	7,665.00	0.00
				Total	137.94	34,607.69	77,257.31	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 : 03/01/2024 - 03/31/2024

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	170.30	46,765.06	4,684.94	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		170.30	57,864.67	39,475.22	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	296.30	341,272.85	34,138.12	375,410.97	(21,598.50)	
	Legal	0.00	53,884.79	8,406.63	62,291.42	0.00	
	Other	11.94	25,413.58	12,953.37	38,366.95	(12,214.66)	
Total		308.24	525,422.78	116,732.53	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 : 03/01/2024 - 03/31/2024

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	3,978.55	3,978.55	2,521.45	6,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	382.04	382.04	917.96	1,300.00	0.00
	Total	4,360.59	4,360.59	3,439.41	7,800.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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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	3,978.55	977,600.10	16,635.05	994,235.15	0.00
	Legal	0.00	15,318.80	600.00	15,918.80	0.00
	Other	382.04	71,718.47	3,743.14	75,461.61	(3,864.70)
	Total	4,360.59	1,788,825.84	27,703.22	1,816,529.06	(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 : 03/01/2024 - 03/31/2024

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 7	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,950.58	1,997.62	11,052.38	13,050.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	152.19	152.19	2,797.81	2,950.00	0.00
	Total	2,102.77	2,149.81	13,850.19	16,000.00	0.00

Atchison County 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	1,950.58	1,997.62	11,052.38	13,050.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	152.19	152.19	2,797.81	2,950.00	0.00
	Total	2,102.77	2,149.81	13,850.19	16,000.00	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 : 03/01/2024 - 03/31/2024

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 : 03/01/2024 - 03/31/2024

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	3,142.10	204,474.81	173,037.68	377,512.49	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	6,203.48	1,002,554.68	408,619.73	1,411,174.41	(258.82)
					Legal	0.00	8,289.90	44,560.10	52,850.00	0.00
					Other	546.14	100,309.41	68,490.59	168,800.00	(28,149.84)
					Total	9,891.72	1,315,628.80	694,708.10	2,010,336.90	(28,408.66)
				Bourbon County Total 309	Indemnity	3,142.10	584,200.69	173,037.68	757,238.37	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	6,203.48	1,761,171.31	408,619.73	2,169,791.04	(14,906.82)
					Legal	0.00	23,139.25	44,560.10	67,699.35	(5,986.67)
					Other	546.14	198,768.74	68,490.59	267,259.33	(152,883.54)
					Total	9,891.72	2,567,279.99	694,708.10	3,261,988.09	(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 : 03/01/2024 - 03/31/2024

Closed Total 91	Indemnity	0.00	254,143.69	0.00	254,143.69	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	372,457.78	0.00	372,457.78	0.00
	Legal	0.00	9,293.80	0.00	9,293.80	0.00
	Other	0.00	24,313.81	0.00	24,313.81	(944.56)
	Total	0.00	660,209.08	0.00	660,209.08	(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	
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	2,719.90	2,719.90	4,780.10	7,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	129.09	129.09	1,470.91	1,600.00	0.00
					Total	2,848.99	2,848.99	6,251.01	9,100.00	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	3,979.83	0.00	3,979.83	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	466.32	10,700.24	33.68	10,733.92	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	39.83	652.15	60.17	712.32	0.00
					Total	506.15	15,332.22	93.85	15,426.07	0.00



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

Brown County Total 94	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	3,186.22	385,877.92	4,813.78	390,691.70	0.00
	Legal	0.00	9,293.80	0.00	9,293.80	0.00
	Other	168.92	25,095.05	1,531.08	26,626.13	(944.56)
	Total	3,355.14	678,390.29	6,344.86	684,735.15	(944.56)

ORG1 DESC : Butler 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 28					Indemnity	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	270.35	2,899.17	0.00	2,899.17
					Legal	0.00	0.00	0.00	0.00
					Other	28.73	985.98	0.00	985.98
					Total	299.08	3,885.15	0.00	3,885.15

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 16					Indemnity	0.00	0.00	18,000.00	18,000.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	2,835.85	17,390.68	30,109.32	47,500.00
					Legal	0.00	0.00	0.00	0.00
					Other	576.40	1,499.96	8,660.04	10,160.00
					Total	3,412.25	18,890.64	56,769.36	75,660.00



Claim Summary - Workers Compensation

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Butler County Total 44	Indemnity	0.00	0.00	18,000.00	18,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,106.20	20,289.85	30,109.32	50,399.17	(1,849.17)
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	605.13	2,485.94	8,660.04	11,145.98	0.00
	Total	3,711.33	22,775.79	56,769.36	79,545.15	(1,849.17)

ORG1 DESC : Chase 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 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	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	1,322.76	23,753.76	25,076.52	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	565.12	32,207.04	26,242.96	58,450.00	0.00
					Legal	0.00	548.70	7,951.30	8,500.00	0.00
					Other	139.31	4,434.31	5,328.19	9,762.50	0.00
					Total	704.43	38,512.81	63,276.21	101,789.02	0.00



Claim Summary - Workers Compensation

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Chase County Total 33	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	565.12	51,657.36	26,242.96	77,900.32	0.00
	Legal	0.00	548.70	7,951.30	8,500.00	0.00
	Other	139.31	5,347.04	5,328.19	10,675.23	0.00
	Total	704.43	61,355.50	63,276.21	124,631.71	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	
Closed Total 99					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	13.74	448,214.04	0.00	448,214.04	0.00
					Legal	0.00	2,026.50	0.00	2,026.50	0.00
					Other	9.69	43,602.61	0.00	43,602.61	(11,977.87)
					Total	23.43	731,029.12	0.00	731,029.12	(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	
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	3,999.15	4,268.49	8,231.51	12,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	783.04	829.20	2,170.80	3,000.00	0.00
					Total	4,782.19	5,097.69	10,402.31	15,500.00	0.00



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PERIOD : 03/01/2024 - 03/31/2024

Chautauqua County Total 102		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	4,012.89	452,482.53	8,231.51	460,714.04	0.00
		Legal	0.00	2,026.50	0.00	2,026.50	0.00
		Other	792.73	44,431.81	2,170.80	46,602.61	(11,977.87)
		Total	4,805.62	736,126.81	10,402.31	746,529.12	(11,977.87)

ORG1 DESC : Cherokee 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 422							
			Indemnity		0.00	1,036,852.02	0.00	1,036,852.02	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		0.00	1,331,326.09	0.00	1,331,326.09	0.00
			Legal		0.00	64,242.76	0.00	64,242.76	0.00
			Other		0.00	123,215.24	0.00	123,215.24	(33,794.04)
			Total		0.00	2,555,636.11	0.00	2,555,636.11	(33,794.04)

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 12							
			Indemnity		0.00	94,271.67	68,860.45	163,132.12	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		714.90	136,181.13	52,617.25	188,798.38	0.00
			Legal		0.00	997.50	19,602.50	20,600.00	0.00
			Other		0.00	14,481.95	15,108.05	29,590.00	0.00
			Total		714.90	245,932.25	156,188.25	402,120.50	0.00



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

Cherokee County Total 434	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	714.90	1,467,507.22	52,617.25	1,520,124.47	0.00
	Legal	0.00	65,240.26	19,602.50	84,842.76	0.00
	Other	0.00	137,697.19	15,108.05	152,805.24	(33,794.04)
	Total	714.90	2,801,568.36	156,188.25	2,957,756.61	(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	
				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	
				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



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				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	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 3	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	2,851.47	157,520.63	51,479.37	209,000.00	(991.00)
					Legal	0.00	0.00	1,200.00	1,200.00	0.00
					Other	9.50	16,435.36	9,464.64	25,900.00	0.00
					Total	2,860.97	174,384.83	109,430.53	283,815.36	(991.00)



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

Clark County Total 28		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	0.00
	Medical	2,851.47	219,096.30	51,479.37	270,575.67	(4,642.20)	
	Legal	0.00	511.50	1,200.00	1,711.50	0.00	
	Other	9.50	24,632.79	9,464.64	34,097.43	0.00	
	Total	2,860.97	257,329.28	109,430.53	366,759.81	(4,642.20)	

ORG1 DESC : Clay 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 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	97.05	520,680.03	0.00	520,680.03	(15,087.26)
					Legal	0.00	7,444.00	0.00	7,444.00	0.00
					Other	2.07	60,204.67	0.00	60,204.67	(25,079.92)
					Total	99.12	778,712.77	0.00	778,712.77	(40,167.18)

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 5			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	1,831.99	119,576.71	107,123.29	226,700.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	254.15	13,788.12	12,311.88	26,100.00	0.00
					Total	2,086.14	136,409.65	166,990.35	303,400.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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	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
				Clay County Total 290	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	1,929.04	829,756.70	135,825.50	965,582.20	(15,087.26)
					Legal	0.00	8,419.50	3,624.50	12,044.00	0.00
					Other	256.22	93,107.77	13,196.90	106,304.67	(25,079.92)
					Total	2,185.26	1,219,989.16	199,602.08	1,419,591.24	(40,167.18)

ORG1 DESC : Cloud County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 408	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 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 : 03/01/2024 - 03/31/2024

Open Total 3	Indemnity	0.00	3,335.74	6,281.91	9,617.65	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,243.93	24,182.20	10,267.80	34,450.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	816.15	2,102.18	4,097.82	6,200.00	0.00
	Total	4,060.08	29,620.12	21,247.53	50,867.65	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	2,673.56	326.44	3,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	123.91	76.09	200.00	0.00
	Total	0.00	2,797.47	402.53	3,200.00	0.00

Cloud County Total 412	Indemnity	0.00	394,354.42	6,281.91	400,636.33	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,243.93	406,311.06	10,594.24	416,905.30	(4,807.87)
	Legal	0.00	1,376.00	600.00	1,976.00	0.00
	Other	816.15	34,355.98	4,173.91	38,529.89	(2,972.65)
	Total	4,060.08	836,397.46	21,650.06	858,047.52	(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
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Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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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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	99.00	297.00	10,403.00	10,700.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	39.45	58.45	2,541.55	2,600.00	0.00
	Total	138.45	355.45	12,944.55	13,300.00	0.00

Comanche County Total 142	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	99.00	186,364.08	10,403.00	196,767.08	0.00
	Legal	0.00	1,376.00	0.00	1,376.00	0.00
	Other	39.45	27,002.90	2,541.55	29,544.45	(7,532.69)
	Total	138.45	275,924.73	12,944.55	288,869.28	(7,532.69)

ORG1 DESC : Comanche Hospital

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 03/01/2024 - 03/31/2024

Closed Total 39	Indemnity	0.00	25,411.83	0.00	25,411.83	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	44,121.50	0.00	44,121.50	0.00
	Legal	0.00	492.00	0.00	492.00	0.00
	Other	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 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	1,823.09	0.00	1,823.09	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	140.05	59.95	200.00	0.00
	Total	0.00	1,963.14	59.95	2,023.09	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
	Medical	0.00	45,944.59	0.00	45,944.59	0.00
	Legal	0.00	492.00	0.00	492.00	0.00
	Other	0.00	4,341.38	59.95	4,401.33	0.00
	Total	0.00	76,189.80	59.95	76,249.75	0.00

ORG1 DESC : Cowley County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 03/01/2024 - 03/31/2024

Closed Total 193	Indemnity	0.00	164,130.30	0.00	164,130.30	(500.00)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	325,195.18	0.00	325,195.18	(37,669.77)
	Legal	0.00	10,911.50	0.00	10,911.50	0.00
	Other	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 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	37,700.00	2,300.00	40,000.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	159.96	52,364.94	21,885.06	74,250.00	(500.00)
					Legal	0.00	704.85	14,895.15	15,600.00	0.00
					Other	39.60	10,848.12	7,139.38	17,987.50	0.00
					Total	199.56	101,617.91	46,219.59	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	
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	59.50	881.42	3,118.58	4,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	42.29	341.47	658.53	1,000.00	0.00
					Total	101.79	1,222.89	3,777.11	5,000.00	0.00



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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	0.00
	Medical	219.46	378,441.54	25,003.64	403,445.18	(38,169.77)	
	Legal	0.00	11,616.35	14,895.15	26,511.50	0.00	
	Other	81.89	68,408.39	7,797.91	76,206.30	(15,139.56)	
	Total	301.35	660,296.58	49,996.70	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	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
				Closed Total 4	Indemnity	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	5,592.43	0.00	5,592.43
					Legal	0.00	0.00	0.00	0.00
					Other	0.00	183.90	0.00	183.90
					Total	0.00	5,776.33	0.00	5,776.33

				DDS-GEARY COUNTY Facility Total 4	Indemnity	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	5,592.43	0.00	5,592.43
					Legal	0.00	0.00	0.00	0.00
					Other	0.00	183.90	0.00	183.90
					Total	0.00	5,776.33	0.00	5,776.33

ORG1 DESC : Decatur County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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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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	78.11	2,034.88	1,465.12	3,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	14.77	128.08	571.92	700.00	0.00
	Total	92.88	2,162.96	2,037.04	4,200.00	0.00

Decatur County Total 163	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	78.11	355,212.91	1,465.12	356,678.03	0.00
	Legal	0.00	4,956.45	0.00	4,956.45	0.00
	Other	14.77	39,642.89	571.92	40,214.81	(25,000.00)
	Total	92.88	598,438.27	2,037.04	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
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Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

Closed Total 88		Indemnity	0.00	147,031.50	0.00	147,031.50	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	137,991.71	0.00	137,991.71	0.00
		Legal	0.00	3,974.50	0.00	3,974.50	0.00
		Other	0.00	39,981.80	0.00	39,981.80	(601.91)
		Total	0.00	328,979.51	0.00	328,979.51	(601.91)
Decatur Health Systems Total 88		Indemnity	0.00	147,031.50	0.00	147,031.50	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	137,991.71	0.00	137,991.71	0.00
		Legal	0.00	3,974.50	0.00	3,974.50	0.00
		Other	0.00	39,981.80	0.00	39,981.80	(601.91)
		Total	0.00	328,979.51	0.00	328,979.51	(601.91)

ORG1 DESC : Dickinson County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 419									
		Indemnity	0.00	631,033.28	0.00	631,033.28	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	898,395.38	0.00	898,395.38	0.00	(3,660.76)	0.00
		Legal	0.00	6,821.25	0.00	6,821.25	0.00	0.00	0.00
		Other	0.00	63,045.00	0.00	63,045.00	0.00	(104,198.93)	0.00
		Total	0.00	1,599,294.91	0.00	1,599,294.91	0.00	(107,859.69)	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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Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

Open Total 10		Indemnity	0.00	148,137.41	0.00	148,137.41	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	1,124.52	201,821.89	47,333.24	249,155.13	0.00
		Legal	0.00	14,697.05	0.00	14,697.05	0.00
		Other	99.96	14,122.86	8,157.14	22,280.00	0.00
		Total	1,224.48	378,779.21	55,490.38	434,269.59	0.00
Dickinson County Total 429		Indemnity	0.00	779,170.69	0.00	779,170.69	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	1,124.52	1,100,217.27	47,333.24	1,147,550.51	(3,660.76)
		Legal	0.00	21,518.30	0.00	21,518.30	0.00
		Other	99.96	77,167.86	8,157.14	85,325.00	(104,198.93)
		Total	1,224.48	1,978,074.12	55,490.38	2,033,564.50	(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
Closed Total 132									
		Indemnity	0.00	194,480.40	0.00	194,480.40	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	328,602.30	0.00	328,602.30	(8,975.99)	0.00	0.00
		Legal	0.00	790.50	0.00	790.50	0.00	0.00	0.00
		Other	0.00	21,623.33	0.00	21,623.33	(20,403.94)	0.00	0.00
		Total	0.00	545,496.53	0.00	545,496.53	(29,379.93)	0.00	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 03/01/2024 - 03/31/2024

Open Total 2	Indemnity	1,995.96	5,488.89	8,994.95	14,483.84	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,457.30	1,457.30	39,992.70	41,450.00	0.00
	Legal	0.00	0.00	650.00	650.00	0.00
	Other	206.05	215.55	6,384.45	6,600.00	0.00
	Total	3,659.31	7,161.74	56,022.10	63,183.84	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
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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	142.00	591.90	9,408.10	10,000.00	0.00
	Other	0.00	53.50	1,549.00	1,602.50	0.00
	Total	142.00	13,645.40	18,407.10	32,052.50	(403.40)

Doniphan County Total 135	Indemnity	1,995.96	212,969.29	8,994.95	221,964.24	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,457.30	330,059.60	47,442.70	377,502.30	(9,379.39)
	Legal	142.00	1,382.40	10,058.10	11,440.50	0.00
	Other	206.05	21,892.38	7,933.45	29,825.83	(20,403.94)
	Total	3,801.31	566,303.67	74,429.20	640,732.87	(29,783.33)

ORG1 DESC : Edwards County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 03/01/2024 - 03/31/2024

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 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	220.00	220.00	480.00	700.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	19.00	19.00	81.00	100.00	0.00
	Total	239.00	239.00	561.00	800.00	0.00

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	220.00	359,044.90	480.00	359,524.90	0.00
	Legal	0.00	492.00	0.00	492.00	0.00
	Other	19.00	30,534.23	81.00	30,615.23	(177.82)
	Total	239.00	598,442.14	561.00	599,003.14	(177.82)

ORG1 DESC : Elk County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 03/01/2024 - 03/31/2024

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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 4					Indemnity	1,722.98	1,722.98	124.91	1,847.89	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,435.17	4,210.39	9,789.61	14,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	118.11	358.17	3,141.83	3,500.00	0.00
					Total	3,276.26	6,291.54	13,056.35	19,347.89	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	15,472.79	15,000.00	30,472.79	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	104.80	243,855.44	91,495.06	335,350.50	(77,617.07)
					Legal	0.00	1,403.75	7,096.25	8,500.00	0.00
					Other	0.00	17,231.99	11,893.01	29,125.00	0.00
					Total	104.80	277,963.97	125,484.32	403,448.29	(77,617.07)



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

Elk County Total 136	Indemnity	1,722.98	423,897.79	15,124.91	439,022.70	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,539.97	666,841.51	101,284.67	768,126.18	(115,449.95)
	Legal	0.00	7,363.10	7,096.25	14,459.35	0.00
	Other	118.11	62,721.48	15,034.84	77,756.32	0.00
	Total	3,381.06	1,160,823.88	138,540.67	1,299,364.55	(115,449.95)

ORG1 DESC : Ellis County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
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	86.70	681,318.25	0.00	681,318.25	0.00
					Legal	0.00	8,014.60	0.00	8,014.60	0.00
					Other	15.35	57,254.53	0.00	57,254.53	(57,317.78)
					Total	102.05	1,049,097.69	0.00	1,049,097.69	(57,317.78)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 7					Indemnity	0.00	13,992.30	2,027.70	16,020.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	922.88	16,378.20	26,571.80	42,950.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	227.79	1,725.56	5,974.44	7,700.00	0.00
					Total	1,150.67	32,096.06	35,173.94	67,270.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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	0.00	2,872.75	627.25	3,500.00	
					Legal	0.00	0.00	0.00	0.00	
					Other	0.00	566.02	633.98	1,200.00	
					Total	0.00	3,438.77	1,261.23	4,700.00	
				Ellis County Total 352	Indemnity	0.00	316,502.61	2,027.70	318,530.31	0.00
					Rehab	0.00	0.00	0.00	0.00	
					Medical	1,009.58	700,569.20	27,199.05	727,768.25	0.00
					Legal	0.00	8,014.60	600.00	8,614.60	0.00
					Other	243.14	59,546.11	6,608.42	66,154.53	(57,317.78)
					Total	1,252.72	1,084,632.52	36,435.17	1,121,067.69	(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	
				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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Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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
	Medical	2,083.58	2,179.88	6,420.12	8,600.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	252.94	270.11	2,029.89	2,300.00	0.00
	Total	2,336.52	2,449.99	8,450.01	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	2,083.58	710,393.62	6,420.12	716,813.74	(188,250.83)
	Legal	0.00	42,272.91	0.00	42,272.91	0.00
	Other	252.94	64,715.94	2,029.89	66,745.83	0.00
	Total	2,336.52	1,167,456.48	8,450.01	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	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 6	Indemnity	0.00	11,108.88	0.00	11,108.88	0.00			0.00
	Rehab	0.00	0.00	0.00	0.00	0.00			0.00
	Medical	0.00	30,030.39	0.00	30,030.39	0.00			(2,500.00)
	Legal	0.00	524.50	0.00	524.50	0.00			0.00
	Other	0.00	1,427.37	0.00	1,427.37	0.00			(304.49)
	Total	0.00	43,091.14	0.00	43,091.14	0.00			(2,804.49)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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	81.28	81.28	3,418.72	3,500.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	44.60	44.60	655.40	700.00	0.00
		Total	125.88	125.88	4,074.12	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	81.28	30,111.67	3,418.72	33,530.39	(2,500.00)
		Legal	0.00	524.50	0.00	524.50	0.00
		Other	44.60	1,471.97	655.40	2,127.37	(304.49)
		Total	125.88	43,217.02	4,074.12	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	
Closed Total 72					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	208.51	33,936.78	0.00	33,936.78	0.00
					Legal	0.00	505.00	0.00	505.00	0.00
					Other	17.91	2,651.22	0.00	2,651.22	0.00
					Total	226.42	40,046.80	0.00	40,046.80	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 : 03/01/2024 - 03/31/2024

Open Total 12		Indemnity	0.00	32,833.77	17,127.59	49,961.36	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	172.90	52,985.13	25,314.87	78,300.00	0.00
		Legal	0.00	492.00	708.00	1,200.00	0.00
		Other	53.41	2,248.81	11,021.19	13,270.00	0.00
		Total	226.31	88,559.71	54,171.65	142,731.36	0.00
Finney County Total 84		Indemnity	0.00	35,787.57	17,127.59	52,915.16	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	381.41	86,921.91	25,314.87	112,236.78	0.00
		Legal	0.00	997.00	708.00	1,705.00	0.00
		Other	71.32	4,900.03	11,021.19	15,921.22	0.00
		Total	452.73	128,606.51	54,171.65	182,778.16	0.00

ORG1 DESC : Ford County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 563									
		Indemnity	0.00	1,057,874.32	0.00	1,057,874.32	0.00	0.00	
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	
		Medical	0.00	952,176.12	0.00	952,176.12	(3,873.46)	0.00	
		Legal	0.00	22,006.80	0.00	22,006.80	0.00	0.00	
		Other	0.00	93,904.64	0.00	93,904.64	(39,155.80)	0.00	
		Total	0.00	2,125,961.88	0.00	2,125,961.88	(43,029.26)	0.00	

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 03/01/2024 - 03/31/2024

Open Total 22	Indemnity	750.11	20,346.83	143,233.17	163,580.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	4,380.09	267,823.02	152,226.98	420,050.00	0.00
	Legal	298.50	2,522.50	26,527.50	29,050.00	0.00
	Other	435.44	19,046.71	33,168.29	52,215.00	0.00
	Total	5,864.14	309,739.06	355,155.94	664,895.00	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	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 586	Indemnity	750.11	1,078,221.15	145,233.17	1,223,454.32	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	4,380.09	1,220,187.54	155,226.98	1,375,414.52	(3,873.46)
	Legal	298.50	24,529.30	28,527.50	53,056.80	0.00
	Other	435.44	112,970.45	33,258.79	146,229.24	(39,155.80)
	Total	5,864.14	2,435,908.44	362,246.44	2,798,154.88	(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
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Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

Closed Total 739	Indemnity	0.00	942,308.48	0.00	942,308.48	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,414,357.83	0.00	1,414,357.83	(17,114.66)
	Legal	0.00	41,032.45	0.00	41,032.45	0.00
	Other	0.00	156,529.87	0.00	156,529.87	(22,962.95)
	Total	0.00	2,554,228.63	0.00	2,554,228.63	(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	
Open Total 14					Indemnity	0.00	246,251.17	44,150.79	290,401.96	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	8,296.70	248,722.68	72,077.32	320,800.00	0.00
					Legal	157.00	937.90	12,662.10	13,600.00	0.00
					Other	1,753.72	39,496.35	28,151.15	67,647.50	0.00
					Total	10,207.42	535,408.10	157,041.36	692,449.46	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	
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



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

Franklin County Total 755	Indemnity	0.00	1,228,339.65	57,150.79	1,285,490.44	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	8,296.70	1,694,604.95	81,129.08	1,775,734.03	(17,114.66)
	Legal	157.00	46,040.06	15,092.39	61,132.45	0.00
	Other	1,753.72	201,235.24	31,472.15	232,707.39	(22,962.95)
	Total	10,207.42	3,170,219.90	184,844.41	3,355,064.31	(40,077.61)

ORG1 DESC : Geary 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 777					Indemnity	0.00	828,652.93	0.00	828,652.93	0.00
					Rehab	0.00	0.00	0.00	0.00	
					Medical	83.47	1,381,988.13	0.00	1,381,988.13	(49,476.59)
					Legal	0.00	40,400.79	0.00	40,400.79	(33.50)
					Other	14.12	192,475.69	0.00	192,475.69	(30,701.97)
					Total	97.59	2,443,517.54	0.00	2,443,517.54	(80,212.06)

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 14					Indemnity	1,165.08	10,478.03	53,348.55	63,826.58	0.00
					Rehab	0.00	0.00	0.00	0.00	
					Medical	7,317.23	42,574.85	108,925.15	151,500.00	0.00
					Legal	0.00	1,569.00	19,131.00	20,700.00	0.00
					Other	384.32	12,158.82	23,741.18	35,900.00	0.00
					Total	8,866.63	66,780.70	205,145.88	271,926.58	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 : 03/01/2024 - 03/31/2024

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	0.00	135.84	564.16	700.00	
					Legal	0.00	0.00	0.00	0.00	
					Other	0.00	19.00	121.00	140.00	
					Total	0.00	154.84	685.16	840.00	
				Geary County Total 792	Indemnity	1,165.08	839,130.96	53,348.55	892,479.51	0.00
					Rehab	0.00	0.00	0.00	0.00	
					Medical	7,400.70	1,424,698.82	109,489.31	1,534,188.13	(49,476.59)
					Legal	0.00	41,969.79	19,131.00	61,100.79	(33.50)
					Other	398.44	204,653.51	23,862.18	228,515.69	(30,701.97)
					Total	8,964.22	2,510,453.08	205,831.04	2,716,284.12	(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
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Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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	6,098.78	265,235.12	13,780.49	279,015.61	(49,733.03)
	Legal	0.00	378.80	9,171.20	9,550.00	0.00
	Other	261.38	25,250.98	20,974.02	46,225.00	0.00
	Total	6,360.16	295,143.24	124,047.37	419,190.61	(49,733.03)
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	6,098.78	622,399.22	13,780.49	636,179.71	(49,733.03)
	Legal	0.00	21,375.97	9,171.20	30,547.17	0.00
	Other	261.38	71,903.48	20,974.02	92,877.50	(5,352.49)
	Total	6,360.16	1,191,484.90	124,047.37	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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 40	Indemnity	0.00	79,939.18	0.00	79,939.18	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	145,906.56	0.00	145,906.56	0.00	0.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	11,978.24	0.00	11,978.24	0.00	0.00	0.00	0.00
	Total	0.00	237,823.98	0.00	237,823.98	0.00	0.00	0.00	0.00
Graham County-OLD Total 40	Indemnity	0.00	79,939.18	0.00	79,939.18	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	145,906.56	0.00	145,906.56	0.00	0.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	11,978.24	0.00	11,978.24	0.00	0.00	0.00	0.00
	Total	0.00	237,823.98	0.00	237,823.98	0.00	0.00	0.00	0.00

ORG1 DESC : Grant County
CLAIMANT STATUS DESC : Closed



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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 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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 5					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,361.61	4,012.86	6,687.14	10,700.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	193.71	327.08	1,772.92	2,100.00	0.00
					Total	2,555.32	4,339.94	8,460.06	12,800.00	0.00
Grant County Total 282					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	2,361.61	518,456.21	6,687.14	525,143.35	(13,770.43)
					Legal	0.00	392.00	0.00	392.00	0.00
					Other	193.71	19,772.96	1,772.92	21,545.88	0.00
					Total	2,555.32	700,106.22	8,460.06	708,566.28	(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
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Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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
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Open Total 4	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	842.67	104,523.07	18,026.93	122,550.00	0.00
	Legal	0.00	913.15	16,586.85	17,500.00	0.00
	Other	192.50	15,225.37	11,209.63	26,435.00	0.00
	Total	1,035.17	153,655.55	133,801.54	287,457.09	0.00

Gray County Total 203	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	842.67	685,790.78	18,026.93	703,817.71	(118,439.57)
	Legal	0.00	25,915.97	16,586.85	42,502.82	0.00
	Other	192.50	57,838.02	11,209.63	69,047.65	0.00
	Total	1,035.17	1,157,981.33	133,801.54	1,291,782.87	(118,439.57)

ORG1 DESC : Greeley 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 : 03/01/2024 - 03/31/2024

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
Greeley County 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

ORG1 DESC : Greenwood County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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 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 : 03/01/2024 - 03/31/2024

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

Claim 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	349.00	5,922.47	77.53	6,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	9.50	758.09	41.91	800.00	0.00
	Total	358.50	6,680.56	119.44	6,800.00	0.00

Greenwood County Total 195	Indemnity	0.00	618,066.67	0.00	618,066.67	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	349.00	686,132.15	6,013.74	692,145.89	0.00
	Legal	0.00	4,809.70	0.00	4,809.70	0.00
	Other	9.50	87,494.61	1,436.09	88,930.70	(5,183.55)
	Total	358.50	1,396,503.13	7,449.83	1,403,952.96	(5,183.55)

ORG1 DESC : Hamilton County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 03/01/2024 - 03/31/2024

Closed Total 244	Indemnity	0.00	173,148.20	0.00	173,148.20	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	366,516.29	0.00	366,516.29	0.00
	Legal	0.00	9,580.00	0.00	9,580.00	0.00
	Other	0.00	24,928.62	0.00	24,928.62	0.00
	Total	0.00	574,173.11	0.00	574,173.11	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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
					Medical	15,765.46	63,979.00	12,471.00	76,450.00	0.00
					Legal	0.00	0.00	1,200.00	1,200.00	0.00
					Other	(1,663.91)	1,608.41	9,441.59	11,050.00	0.00
					Total	14,101.55	80,151.43	47,862.49	128,013.92	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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	176.87	1,304.48	1,195.52	2,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	14.80	75.16	24.84	100.00	0.00
					Total	191.67	1,379.64	1,220.36	2,600.00	0.00



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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
	Medical	15,942.33	431,799.77	13,666.52	445,466.29	0.00
	Legal	0.00	9,580.00	1,200.00	10,780.00	0.00
	Other	(1,649.11)	26,612.19	9,466.43	36,078.62	0.00
	Total	14,293.22	655,704.18	49,082.85	704,787.03	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
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	342,466.75	0.00	342,466.75	0.00
					Legal	0.00	590.50	0.00	590.50	0.00
					Other	0.00	29,170.17	0.00	29,170.17	0.00
					Total	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
					Medical	0.00	342,466.75	0.00	342,466.75	0.00
					Legal	0.00	590.50	0.00	590.50	0.00
					Other	0.00	29,170.17	0.00	29,170.17	0.00
					Total	0.00	616,115.38	0.00	616,115.38	0.00

ORG1 DESC : Harper County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

Closed Total 427	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	159.55	986,891.38	0.00	986,891.38	0.00
	Legal	0.00	2,742.81	0.00	2,742.81	0.00
	Other	66.20	96,492.90	0.00	96,492.90	(10,299.81)
	Total	225.75	1,791,980.93	0.00	1,791,980.93	(10,299.81)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 2	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	235.35	12,902.51	17,157.49	30,060.00	0.00
	Legal	0.00	1,316.90	3,683.10	5,000.00	0.00
	Other	35.56	444.54	4,967.46	5,412.00	0.00
	Total	270.91	14,663.95	49,563.75	64,227.70	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	394.90	999,793.89	17,157.49	1,016,951.38	0.00
	Legal	0.00	4,059.71	3,683.10	7,742.81	0.00
	Other	101.76	96,937.44	4,967.46	101,904.90	(10,299.81)
	Total	496.66	1,806,644.88	49,563.75	1,856,208.63	(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 : 03/01/2024 - 03/31/2024

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	136,309.10	223,086.49	0.00
					Legal	0.00	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	0.00	152,233.77	221,257.72	373,491.49	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 : 03/01/2024 - 03/31/2024

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	142,534.36	855,742.98	(3,296.65)
	Legal	0.00	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	0.00	1,538,609.07	227,841.26	1,766,450.33	(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	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	541.27	0.00	541.27	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	15.51	0.00	15.51	0.00
					Total	0.00	556.78	0.00	556.78	0.00
				Harvey-Marion CDDO Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	541.27	0.00	541.27	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	15.51	0.00	15.51	0.00
					Total	0.00	556.78	0.00	556.78	0.00

ORG1 DESC : Haskell County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 03/01/2024 - 03/31/2024

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	0.00	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	0.00	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	0.00	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	492.00	492.00	108.00	600.00	0.00
					Other	0.00	8,992.33	2,631.18	11,623.51	0.00
					Total	492.00	293,534.79	15,667.27	309,202.06	0.00



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

Haskell County Total 87	Indemnity	0.00	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	492.00	2,255.50	108.00	2,363.50	0.00
	Other	0.00	29,497.36	3,131.18	32,628.54	(41,425.31)
	Total	492.00	1,023,969.11	18,667.27	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 : 03/01/2024 - 03/31/2024

Closed Total 299	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	0.00	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	0.00	66,719.32	0.00	66,719.32	(60,027.53)
	Total	0.00	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	4,581.37	85,386.25	66,113.75	151,500.00	0.00
					Legal	0.00	17,572.00	3,928.00	21,500.00	0.00
					Other	160.70	3,712.71	6,787.29	10,500.00	(500.00)
					Total	4,742.07	199,170.96	76,829.04	276,000.00	(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	1,035.59	272,073.75	85,246.65	357,320.40	0.00
					Legal	0.00	3,831.00	669.00	4,500.00	0.00
					Other	139.47	56,719.08	28,780.92	85,500.00	(29,327.84)
					Total	1,175.06	444,712.87	139,696.57	584,409.44	(29,327.84)



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

Jackson County Total 304	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	5,616.96	903,111.70	151,360.40	1,054,472.10	(17,266.67)
	Legal	0.00	33,160.73	4,597.00	37,757.73	0.00
	Other	300.17	127,151.11	35,568.21	162,719.32	(89,855.37)
	Total	5,917.13	1,539,252.50	216,525.61	1,755,778.11	(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 5					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	1,464.58	2,047.51	14,152.49	16,200.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	105.16	528.34	4,611.66	5,140.00	0.00
					Total	1,569.74	2,575.85	29,103.19	31,679.04	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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	375.00	22,747.02	30,572.98	53,320.00	0.00
					Legal	0.00	0.00	9,500.00	9,500.00	0.00
					Other	0.00	1,401.62	6,671.22	8,072.84	0.00
					Total	375.00	52,450.70	71,744.20	124,194.90	0.00
Jefferson County Total 495					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	1,839.58	1,036,463.19	44,725.47	1,081,188.66	(461.12)
					Legal	0.00	28,261.84	10,100.00	38,361.84	0.00
					Other	105.16	121,148.37	11,282.88	132,431.25	(98,366.06)
					Total	1,944.74	1,913,452.51	100,847.39	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 : 03/01/2024 - 03/31/2024

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	455.40	260,880.46	62,469.54	323,350.00	0.00
					Legal	0.00	16,873.44	8,126.56	25,000.00	0.00
					Other	61.40	12,409.35	4,865.65	17,275.00	0.00
					Total	516.80	434,993.55	97,961.75	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	455.40	761,326.95	62,469.54	823,796.49	0.00
					Legal	0.00	36,105.94	8,126.56	44,232.50	0.00
					Other	61.40	55,978.38	4,865.65	60,844.03	(1,157.51)
					Total	516.80	1,577,634.87	97,961.75	1,675,596.62	(1,157.51)

ORG1 DESC : Kansas Association Of Counties

CLAIMANT STATUS DESC : Closed



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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 64	Indemnity	0.00	54,462.28	0.00	54,462.28	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	75,836.47	0.00	75,836.47	0.00
					Legal	0.00	1,282.50	0.00	1,282.50	0.00
					Other	0.00	3,350.86	0.00	3,350.86	0.00
					Total	0.00	134,932.11	0.00	134,932.11	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 03/01/2024 - 03/31/2024

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	25,212.24	30,961.00	6,089.00	37,050.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	459.34	809.07	5,990.93	6,800.00	0.00
	Total	25,671.58	31,770.07	16,887.45	48,657.52	0.00
Kearny County Total 68	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	25,212.24	106,797.47	6,089.00	112,886.47	0.00
	Legal	0.00	1,282.50	600.00	1,882.50	0.00
	Other	459.34	4,159.93	5,990.93	10,150.86	0.00
	Total	25,671.58	166,702.18	16,887.45	183,589.63	0.00

ORG1 DESC : Kingman County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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	1,387.91	15,758.27	6,941.73	22,700.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	107.36	8,172.87	4,927.13	13,100.00	0.00
		Total	1,495.27	24,556.87	14,187.77	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	1,387.91	80,737.13	6,941.73	87,678.86	0.00
		Legal	0.00	492.00	0.00	492.00	0.00
		Other	107.36	11,177.15	4,927.13	16,104.28	0.00
		Total	1,495.27	113,547.78	14,187.77	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
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		0.00	1,479.17	0.00	1,479.17	0.00
			Legal		0.00	0.00	0.00	0.00	0.00
			Other		0.00	123.22	0.00	123.22	0.00
			Total		0.00	1,602.39	0.00	1,602.39	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 03/01/2024 - 03/31/2024

Open Total 3		Indemnity	2,199.80	9,349.15	145,650.85	155,000.00	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		423.27	290,007.09	402,992.91	693,000.00	0.00
	Legal		0.00	0.00	13,000.00	13,000.00	0.00
	Other		19.41	31,055.45	79,944.55	111,000.00	0.00
Total			2,642.48	330,411.69	641,588.31	972,000.00	0.00

Kiowa County Total 6		Indemnity	2,199.80	9,349.15	145,650.85	155,000.00	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		423.27	291,486.26	402,992.91	694,479.17	0.00
	Legal		0.00	0.00	13,000.00	13,000.00	0.00
	Other		19.41	31,178.67	79,944.55	111,123.22	0.00
Total			2,642.48	332,014.08	641,588.31	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
	Rehab		0.00		0.00		0.00	0.00	0.00
	Medical		0.00		115,133.04		0.00	115,133.04	0.00
	Legal		0.00		5,183.75		0.00	5,183.75	0.00
	Other		0.00		12,394.02		0.00	12,394.02	0.00
Total			0.00		187,582.89		0.00	187,582.89	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 : 03/01/2024 - 03/31/2024

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

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	
		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)

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 : 03/01/2024 - 03/31/2024

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 308					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	2,211.36	48,216.28	479,963.92	528,180.20	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,381.79	284,987.56	209,090.27	494,077.83	0.00
					Legal	0.00	10,108.89	10,041.11	20,150.00	0.00
					Other	229.35	16,068.64	61,051.08	77,119.72	0.00
					Total	3,822.50	359,381.37	760,146.38	1,119,527.75	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 : 03/01/2024 - 03/31/2024

Linn County Total 318	Indemnity	2,211.36	529,322.07	485,034.44	1,014,356.51	(14,013.80)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,381.79	1,055,147.89	219,714.34	1,274,862.23	(19,661.57)
	Legal	0.00	13,695.39	10,591.11	24,286.50	0.00
	Other	229.35	81,530.14	63,137.70	144,667.84	0.00
	Total	3,822.50	1,679,695.49	778,477.59	2,458,173.08	(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 735					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	440.44	1,336,708.22	0.00	1,336,708.22	(607.18)
					Legal	0.00	33,847.20	0.00	33,847.20	0.00
					Other	216.20	189,602.97	0.00	189,602.97	(8,160.28)
					Total	656.64	2,495,027.91	0.00	2,495,027.91	(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	4,950.62	31,972.08	118,752.59	150,724.67	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	8,156.92	166,943.57	120,126.84	287,070.41	0.00
					Legal	400.00	796.25	18,553.75	19,350.00	0.00
					Other	1,198.09	20,897.19	24,646.56	45,543.75	0.00
					Total	14,705.63	220,609.09	282,079.74	502,688.83	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Run Date: 04/02/2024 08:04:24

TRISTAR - Confidential

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Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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	30,000.00	33,331.95	609.47	33,941.42	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	26,028.56	10,971.44	37,000.00	0.00
					Legal	0.00	380.00	12,670.00	13,050.00	0.00
					Other	0.00	1,978.14	2,821.86	4,800.00	0.00
					Total	30,000.00	61,718.65	27,072.77	88,791.42	0.00
				Lyon County Total 747	Indemnity	34,950.62	1,000,173.55	119,362.06	1,119,535.61	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	8,597.36	1,529,680.35	131,098.28	1,660,778.63	(607.18)
					Legal	400.00	35,023.45	31,223.75	66,247.20	0.00
					Other	1,414.29	212,478.30	27,468.42	239,946.72	(8,160.28)
					Total	45,362.27	2,777,355.65	309,152.51	3,086,508.16	(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 : 03/01/2024 - 03/31/2024

Open Total 10	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	2,154.35	10,566.14	41,583.86	52,150.00	0.00
	Legal	0.00	373.75	10,226.25	10,600.00	0.00
	Other	215.16	622.22	8,877.78	9,500.00	0.00
	Total	2,369.51	13,062.11	73,187.89	86,250.00	0.00
Marion County Total 326	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	2,154.35	686,123.50	41,583.86	727,707.36	(20,844.68)
	Legal	0.00	16,971.91	10,226.25	27,198.16	0.00
	Other	215.16	65,415.85	8,877.78	74,293.63	(29,697.36)
	Total	2,369.51	1,108,083.03	73,187.89	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 : 03/01/2024 - 03/31/2024

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

<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 80					Indemnity	0.00	276,345.20	0.00	276,345.20	(500.00)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	562,720.68	0.00	562,720.68	(15,510.66)
					Legal	0.00	32,988.60	0.00	32,988.60	0.00
					Other	0.00	72,008.33	0.00	72,008.33	0.00
					Total	0.00	944,062.81	0.00	944,062.81	(16,010.66)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 03/01/2024 - 03/31/2024

Open Total 6	Indemnity	699.30	18,145.16	33,723.95	51,869.11	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,578.44	33,249.28	41,150.72	74,400.00	(500.00)
	Legal	0.00	436.25	10,763.75	11,200.00	0.00
	Other	168.51	3,398.07	12,601.93	16,000.00	0.00
	Total	2,446.25	55,228.76	98,240.35	153,469.11	(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 1	Indemnity	0.00	1,363.45	16,058.55	17,422.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	106.63	20,096.69	4,806.31	24,903.00	(500.00)
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	11.01	1,523.11	3,656.89	5,180.00	0.00
	Total	117.64	22,983.25	25,721.75	48,705.00	(500.00)

McPherson County Total 87	Indemnity	699.30	295,853.81	49,782.50	345,636.31	(500.00)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,685.07	616,066.65	45,957.03	662,023.68	(16,510.66)
	Legal	0.00	33,424.85	11,363.75	44,788.60	0.00
	Other	179.52	76,929.51	16,258.82	93,188.33	0.00
	Total	2,563.89	1,022,274.82	123,962.10	1,146,236.92	(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 : 03/01/2024 - 03/31/2024

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 3	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	102.76	2,585.13	27,164.87	29,750.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	43.60	219.45	5,180.55	5,400.00	0.00
	Total	146.36	2,804.58	42,437.62	45,242.20	0.00

Meade County Total 218	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	102.76	673,302.36	27,164.87	700,467.23	0.00
	Legal	0.00	16,591.01	0.00	16,591.01	0.00
	Other	43.60	45,637.41	5,180.55	50,817.96	(7,381.97)
	Total	146.36	1,024,099.62	42,437.62	1,066,537.24	(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 : 03/01/2024 - 03/31/2024

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	2,641.72	3,805.64	6,194.36	10,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	370.60	529.25	1,470.75	2,000.00	0.00
	Total	3,012.32	4,334.89	7,665.11	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	2,641.72	172,208.94	6,194.36	178,403.30	(382.84)
	Legal	0.00	910.00	0.00	910.00	0.00
	Other	370.60	15,457.56	1,470.75	16,928.31	(1,376.32)
	Total	3,012.32	281,121.29	7,665.11	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 : 03/01/2024 - 03/31/2024

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 14					Indemnity	3,791.49	54,962.98	44,595.75	99,558.73	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	20,166.76	172,423.57	125,334.21	297,757.78	0.00
					Legal	0.00	12,985.89	13,814.11	26,800.00	0.00
					Other	1,965.27	21,115.16	32,047.34	53,162.50	0.00
					Total	25,923.52	261,487.60	215,791.41	477,279.01	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	0.00	6,040.33	1,457.26	7,497.59	0.00
					Total	0.00	16,159.02	66,218.09	82,377.11	0.00



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

Miami County Total 735	Indemnity	3,791.49	1,371,446.67	89,595.75	1,461,042.42	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	20,166.76	2,065,350.56	137,592.74	2,202,943.30	(2,784.23)
	Legal	0.00	29,684.28	21,316.41	51,000.69	0.00
	Other	1,965.27	193,387.04	33,504.60	226,891.64	(212,591.31)
	Total	25,923.52	3,659,868.55	282,009.50	3,941,878.05	(215,375.54)

ORG1 DESC : Mitchell County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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 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	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 : 03/01/2024 - 03/31/2024

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 38					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 7					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,290.45	1,588.41	23,111.59	24,700.00	0.00
					Legal	0.00	0.00	3,000.00	3,000.00	0.00
					Other	715.71	772.81	4,127.19	4,900.00	0.00
					Total	2,006.16	2,361.22	30,238.78	32,600.00	0.00



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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	1,290.45	27,053.38	23,111.59	50,164.97	0.00
		Legal	0.00	485.00	3,000.00	3,485.00	0.00
		Other	715.71	6,963.44	4,127.19	11,090.63	0.00
		Total	2,006.16	52,389.89	30,238.78	82,628.67	0.00

ORG1 DESC : Morris County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
		Closed Total 121							
					Indemnity	0.00	79,067.63	0.00	79,067.63
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	184,643.30	0.00	184,643.30
					Legal	0.00	343.50	0.00	343.50
					Other	0.00	10,530.98	0.00	10,530.98
					Total	0.00	274,585.41	0.00	274,585.41

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
		Open Total 2							
					Indemnity	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	13.88	1,886.12	1,900.00
					Legal	0.00	0.00	0.00	0.00
					Other	0.00	9.50	440.50	450.00
					Total	0.00	23.38	2,326.62	2,350.00



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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	170,047.75	191,860.25	361,908.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	676.97	5,894.93	34,505.07	40,400.00	0.00
					Legal	0.00	4,685.16	2,814.84	7,500.00	0.00
					Other	55.09	502.16	4,447.84	4,950.00	0.00
					Total	3,680.06	181,130.00	233,628.00	414,758.00	0.00



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

Morton County Total 155	Indemnity	2,948.00	302,653.72	191,860.25	494,513.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	676.97	268,381.20	34,505.07	302,886.27	0.00
	Legal	0.00	14,419.46	2,814.84	17,234.30	0.00
	Other	55.09	31,569.62	4,447.84	36,017.46	(176.00)
	Total	3,680.06	617,024.00	233,628.00	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	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	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	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

Open Total 3		Indemnity	0.00	0.00	3,000.00	3,000.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	339.64	430.00	22,570.00	23,000.00	0.00
		Legal	0.00	0.00	600.00	600.00	0.00
		Other	55.13	67.34	3,632.66	3,700.00	0.00
		Total	394.77	497.34	29,802.66	30,300.00	0.00
Nemaha County Total 3		Indemnity	0.00	0.00	3,000.00	3,000.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	339.64	430.00	22,570.00	23,000.00	0.00
		Legal	0.00	0.00	600.00	600.00	0.00
		Other	55.13	67.34	3,632.66	3,700.00	0.00
		Total	394.77	497.34	29,802.66	30,300.00	0.00

ORG1 DESC : Neosho County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 333									
		Indemnity	0.00		411,775.36	0.00	411,775.36	0.00	
		Rehab	0.00		0.00	0.00	0.00	0.00	
		Medical	0.00		591,286.27	0.00	591,286.27	(89,773.41)	
		Legal	105.00		25,812.00	0.00	25,812.00	0.00	
		Other	0.00		74,466.91	0.00	74,466.91	(54,824.28)	
		Total	105.00		1,103,340.54	0.00	1,103,340.54	(144,597.69)	

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 : 03/01/2024 - 03/31/2024

Open Total 3		Indemnity	0.00	90,776.25	0.00	90,776.25	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	399,121.36	96,369.54	495,490.90	(434.96)
		Legal	0.00	2,029.34	15,229.04	17,258.38	0.00
		Other	0.00	36,467.38	9,032.62	45,500.00	(500.00)
		Total	0.00	528,394.33	120,631.20	649,025.53	(934.96)
Neosho County Total 336		Indemnity	0.00	502,551.61	0.00	502,551.61	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	990,407.63	96,369.54	1,086,777.17	(90,208.37)
		Legal	105.00	27,841.34	15,229.04	43,070.38	0.00
		Other	0.00	110,934.29	9,032.62	119,966.91	(55,324.28)
		Total	105.00	1,631,734.87	120,631.20	1,752,366.07	(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									
					0.00	93,069.77	0.00	93,069.77	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	123,226.50	198.90	123,425.40	0.00
					0.00	9,110.35	0.00	9,110.35	0.00
					0.00	9,701.26	0.00	9,701.26	(15,000.00)
					0.00	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 : 03/01/2024 - 03/31/2024

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
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	0.00	123,226.50	2,698.90	125,925.40	0.00
	Legal	0.00	9,110.35	0.00	9,110.35	0.00
	Other	0.00	9,701.26	500.00	10,201.26	(15,000.00)
	Total	0.00	235,107.88	3,198.90	238,306.78	(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 65					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	2,043.36	30,208.64	0.00	30,208.64	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	194.73	5,863.63	0.00	5,863.63	0.00
					Total	2,238.09	39,212.75	0.00	39,212.75	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 : 03/01/2024 - 03/31/2024

Open Total 14	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	2,240.76	7,747.32	45,452.68	53,200.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	585.50	1,768.89	11,131.11	12,900.00	0.00
	Total	2,826.26	9,673.67	61,109.55	70,783.22	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	0.00	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	0.00	2,945.21	654.79	3,600.00	0.00

North Central Kansas Regional Juvenile Detention Total 80	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	4,284.12	40,489.04	45,919.60	86,408.64	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	780.23	8,044.65	11,318.98	19,363.63	0.00
	Total	5,064.35	51,831.63	61,764.34	113,595.97	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 : 03/01/2024 - 03/31/2024

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

<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 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)

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 : 03/01/2024 - 03/31/2024

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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Norton County Total 176	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	700.00	420,035.48	(9,141.56)
	Legal	0.00	511.50	0.00	511.50	0.00
	Other	0.00	41,688.77	100.00	41,788.77	(34,632.43)
	Total	0.00	673,762.61	800.00	674,562.61	(43,773.99)

ORG1 DESC : Osage County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 341									
					0.00	504,631.53	0.00	504,631.53	(14,660.57)
					0.00	0.00	0.00	0.00	0.00
					0.00	837,454.71	136.27	837,590.98	(4,005.96)
					0.00	9,771.00	0.00	9,771.00	0.00
					0.00	68,169.17	11.44	68,180.61	(50,779.03)
					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
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Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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	0.00	35,489.65	42,078.87	77,568.52	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	0.00	2,114.85	6,585.15	8,700.00	0.00
	Total	0.00	47,525.52	55,264.02	102,789.54	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
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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	2,042.20	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

Osage County Total 349	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	0.00	874,986.56	43,172.94	918,159.50	(4,005.96)
	Legal	0.00	9,771.00	600.00	10,371.00	0.00
	Other	0.00	70,467.71	7,212.90	77,680.61	(50,779.03)
	Total	0.00	1,469,777.82	56,985.84	1,526,763.66	(69,445.56)

ORG1 DESC : Osborne County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 03/01/2024 - 03/31/2024

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 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	7,000.00	7,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	12,317.49	14,998.40	16,701.60	31,700.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	1,232.56	1,441.14	4,858.86	6,300.00	0.00
	Total	13,550.05	16,439.54	29,160.46	45,600.00	0.00

Osborne County Total 240	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	12,317.49	201,641.87	16,701.60	218,343.47	0.00
	Legal	0.00	1,508.50	600.00	2,108.50	0.00
	Other	1,232.56	26,243.39	4,858.86	31,102.25	0.00
	Total	13,550.05	319,246.95	29,160.46	348,407.41	0.00

ORG1 DESC : Ottawa County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 03/01/2024 - 03/31/2024

Closed Total 217	Indemnity	0.00	119,103.91	0.00	119,103.91	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	264,190.75	0.00	264,190.75	0.00
	Legal	50.00	6,345.52	0.00	6,345.52	0.00
	Other	0.00	33,787.52	0.00	33,787.52	(31,291.15)
	Total	50.00	423,427.70	0.00	423,427.70	(31,291.15)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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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	3,508.92	5,890.01	9,609.99	15,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	225.20	406.26	3,293.74	3,700.00	0.00
	Total	3,734.12	6,296.27	12,903.73	19,200.00	0.00

Ottawa County Total 220	Indemnity	0.00	119,103.91	0.00	119,103.91	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,508.92	270,080.76	9,609.99	279,690.75	0.00
	Legal	50.00	6,345.52	0.00	6,345.52	0.00
	Other	225.20	34,193.78	3,293.74	37,487.52	(31,291.15)
	Total	3,784.12	429,723.97	12,903.73	442,627.70	(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
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Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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	1,780.80	349,076.37	208,827.13	557,903.50	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,293.74	85,681.80	26,490.20	112,172.00	0.00
					Legal	0.00	1,438.75	12,211.25	13,650.00	0.00
					Other	169.77	13,261.92	4,833.08	18,095.00	0.00
					Total	3,244.31	449,458.84	252,361.66	701,820.50	0.00
				Pawnee County Total 188	Indemnity	1,780.80	414,630.74	208,827.13	623,457.87	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,293.74	262,116.74	26,490.20	288,606.94	0.00
					Legal	0.00	1,943.75	12,211.25	14,155.00	0.00
					Other	169.77	22,570.82	4,833.08	27,403.90	(5,743.63)
					Total	3,244.31	701,262.05	252,361.66	953,623.71	(5,743.63)

ORG1 DESC : Phillips County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 03/01/2024 - 03/31/2024

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 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	491.52	2,801.96	3,293.48	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	767.88	2,497.17	11,502.83	14,000.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	258.69	615.44	2,884.56	3,500.00	0.00
	Total	1,026.57	3,604.13	17,789.35	21,393.48	0.00

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	767.88	481,951.60	11,502.83	493,454.43	(38,473.40)
	Legal	0.00	2,588.10	600.00	3,188.10	0.00
	Other	258.69	114,905.99	2,884.56	117,790.55	(291.80)
	Total	1,026.57	1,021,369.35	17,789.35	1,039,158.70	(38,765.20)

ORG1 DESC : Pottawatomie County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 03/01/2024 - 03/31/2024

Closed Total 592	Indemnity	0.00	745,958.35	0.00	745,958.35	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	942,927.64	0.00	942,927.64	(38,114.59)
	Legal	0.00	37,252.99	0.00	37,252.99	(197.00)
	Other	0.00	92,937.90	0.00	92,937.90	(72,608.23)
	Total	0.00	1,819,076.88	0.00	1,819,076.88	(110,919.82)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 7					Indemnity	0.00	125,000.00	0.00	125,000.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	928.11	106,571.70	29,067.06	135,638.76	(37.84)
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	74.46	18,571.97	5,628.03	24,200.00	(500.00)
					Total	1,002.57	250,143.67	34,695.09	284,838.76	(537.84)

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	0.00	19,319.48	0.00	19,319.48	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,046.98	63,356.75	14,143.25	77,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	80.17	1,026.24	3,473.76	4,500.00	0.00
					Total	1,127.15	83,702.47	17,617.01	101,319.48	0.00



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

Pottawatomie County Total 601	Indemnity	0.00	890,277.83	0.00	890,277.83	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,975.09	1,112,856.09	43,210.31	1,156,066.40	(38,152.43)
	Legal	0.00	37,252.99	0.00	37,252.99	(197.00)
	Other	154.63	112,536.11	9,101.79	121,637.90	(73,108.23)
	Total	2,129.72	2,152,923.02	52,312.10	2,205,235.12	(111,457.66)

ORG1 DESC : Pratt 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 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
					Medical	0.00	44,161.71	0.00	44,161.71	0.00
					Legal	0.00	1,981.00	0.00	1,981.00	0.00
					Other	0.00	4,523.11	0.00	4,523.11	0.00
					Total	0.00	79,357.32	0.00	79,357.32	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
					Medical	0.00	44,161.71	0.00	44,161.71	0.00
					Legal	0.00	1,981.00	0.00	1,981.00	0.00
					Other	0.00	4,523.11	0.00	4,523.11	0.00
					Total	0.00	79,357.32	0.00	79,357.32	0.00

ORG1 DESC : Public Wholesale Water Supply District No 11

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

Closed 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
		Medical	0.00	1,473.64	0.00	1,473.64	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	523.53	0.00	523.53	0.00
Total			0.00	5,709.67	0.00	5,709.67	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
		Medical	0.00	1,473.64	0.00	1,473.64	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	523.53	0.00	523.53	0.00
Total			0.00	5,709.67	0.00	5,709.67	0.00

ORG1 DESC : Rawlins County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 90					0.00	33,547.07	0.00	33,547.07	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	189,083.66	0.00	189,083.66	0.00
					0.00	1,415.00	0.00	1,415.00	0.00
					29.95	9,489.36	0.00	9,489.36	(825.25)
Total					29.95	233,535.09	0.00	233,535.09	(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
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Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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
	Medical	0.00	177.00	3,023.00	3,200.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	9.50	21.11	578.89	600.00	0.00
	Total	9.50	198.11	3,601.89	3,800.00	0.00
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Rawlins County Total 92	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	3,023.00	192,283.66	0.00
	Legal	0.00	1,415.00	0.00	1,415.00	0.00
	Other	39.45	9,510.47	578.89	10,089.36	(825.25)
	Total	39.45	233,733.20	3,601.89	237,335.09	(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	
Closed Total 1782										
					Indemnity	0.00	2,907,058.48	0.00	2,907,058.48	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	5,090,145.09	0.00	5,090,145.09	(640.30)
					Legal	92.00	34,186.48	0.00	34,186.48	0.00
					Other	0.00	602,073.40	0.00	602,073.40	(2,326,633.54)
					Total	92.00	8,633,463.45	0.00	8,633,463.45	(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
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Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

Open Total 31	Indemnity	20,000.00	283,549.22	65,471.29	349,020.51	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	18,649.46	598,547.56	186,380.17	784,927.73	0.00
	Legal	16,111.45	19,707.75	23,892.25	43,600.00	0.00
	Other	3,602.00	61,087.32	40,070.31	101,157.63	0.00
	Total	58,362.91	962,891.85	315,814.02	1,278,705.87	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
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Re-Open Total 2	Indemnity	0.00	60,207.51	60,598.31	120,805.82	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,236.21	241,802.86	50,696.02	292,498.88	(26,674.88)
	Legal	0.00	3,231.60	7,268.40	10,500.00	0.00
	Other	(65.32)	31,351.34	3,648.66	35,000.00	(21,398.16)
	Total	3,170.89	336,593.31	122,211.39	458,804.70	(48,073.04)

Reno County Total 1815	Indemnity	20,000.00	3,250,815.21	126,069.60	3,376,884.81	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	21,885.67	5,930,495.51	237,076.19	6,167,571.70	(27,315.18)
	Legal	16,203.45	57,125.83	31,160.65	88,286.48	0.00
	Other	3,536.68	694,512.06	43,718.97	738,231.03	(2,348,031.70)
	Total	61,625.80	9,932,948.61	438,025.41	10,370,974.02	(2,375,346.88)

ORG1 DESC : Republic County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 03/01/2024 - 03/31/2024

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 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	19,620.29	7,930.16	27,550.45	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	770.37	56,417.89	22,439.51	78,857.40	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	79.79	2,581.96	8,418.04	11,000.00	0.00
					Total	850.16	78,620.14	38,787.71	117,407.85	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	1,608.11	28,000.00	29,608.11	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	459.10	32,186.99	25,064.00	57,250.99	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	9.50	646.94	11,627.17	12,274.11	0.00
					Total	468.60	34,442.04	64,691.17	99,133.21	0.00



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

Republic County Total 230	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	1,229.47	446,822.68	47,503.51	494,326.19	0.00
	Legal	0.00	2,833.70	0.00	2,833.70	0.00
	Other	89.29	44,753.93	20,045.21	64,799.14	(10,186.58)
	Total	1,318.76	682,567.38	103,478.88	786,046.26	(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 111	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	0.00	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	0.00	45,363.10	0.00	45,363.10	(23,763.43)
					Total	0.00	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	
				Open Total 9	Indemnity	2,464.24	46,201.73	16,143.13	62,344.86	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	5,844.91	250,448.47	44,201.53	294,650.00	(3,000.00)
					Legal	0.00	1,042.50	657.50	1,700.00	0.00
					Other	229.59	26,765.30	23,679.70	50,445.00	0.00
					Total	8,538.74	324,458.00	84,681.86	409,139.86	(3,000.00)



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

Rice County Total 120	Indemnity	2,464.24	280,771.01	16,143.13	296,914.14	(802.34)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	5,844.91	645,938.52	44,201.53	690,140.05	(35,855.74)
	Legal	0.00	9,253.10	657.50	9,910.60	0.00
	Other	229.59	72,128.40	23,679.70	95,808.10	(23,763.43)
	Total	8,538.74	1,008,091.03	84,681.86	1,092,772.89	(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
Open Total 2					Indemnity	449.54	3,146.78	753.22	3,900.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	338.12	1,426.56	6,773.44	8,200.00
					Legal	0.00	0.00	0.00	0.00
					Other	74.27	168.89	1,931.11	2,100.00
					Total	861.93	4,742.23	9,457.77	14,200.00



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

Rooks County Total 4		Indemnity	449.54	3,146.78	753.22	3,900.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	338.12	5,210.03	6,773.44	11,983.47	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	74.27	521.69	1,931.11	2,452.80	0.00	0.00
	Total	861.93	8,878.50	9,457.77	18,336.27	0.00	0.00

ORG1 DESC : Rush County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 116									
	Indemnity	0.00			212,816.83	0.00	212,816.83	0.00	0.00
	Rehab	0.00			0.00	0.00	0.00	0.00	0.00
	Medical	0.00			615,950.44	0.00	615,950.44	0.00	0.00
	Legal	0.00			2,514.50	0.00	2,514.50	0.00	0.00
	Other	0.00			31,045.90	0.00	31,045.90	0.00	0.00
	Total	0.00			862,327.67	0.00	862,327.67	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
Open Total 2									
	Indemnity	0.00			1,215.00	23,785.00	25,000.00	0.00	0.00
	Rehab	0.00			0.00	0.00	0.00	0.00	0.00
	Medical	526.40			47,612.19	16,387.81	64,000.00	0.00	0.00
	Legal	0.00			0.00	600.00	600.00	0.00	0.00
	Other	138.58			7,825.53	2,674.47	10,500.00	0.00	0.00
	Total	664.98			56,652.72	43,447.28	100,100.00	0.00	0.00



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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	526.40	663,562.63	16,387.81	679,950.44	0.00
	Legal	0.00	2,514.50	600.00	3,114.50	0.00
	Other	138.58	38,871.43	2,674.47	41,545.90	0.00
	Total	664.98	918,980.39	43,447.28	962,427.67	0.00

ORG1 DESC : Russell County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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	
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	90.36	99.81	2,400.19	2,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	12.21	25.06	474.94	500.00	0.00
					Total	102.57	124.87	2,875.13	3,000.00	0.00



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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	90.36	406,745.25	2,400.19	409,145.44	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	12.21	40,903.23	474.94	41,378.17	(16,491.48)
	Total	102.57	670,803.38	2,875.13	673,678.51	(16,491.48)

ORG1 DESC : Saline County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 1251									
			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		0.00	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		0.00	189,041.20	0.00	189,041.20	(67,682.97)
			Total		0.00	2,524,525.04	(9.00)	2,524,516.04	(82,872.10)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Open Total 14									
			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		1,885.81	101,049.47	83,530.72	184,580.19	0.00
			Legal		0.00	0.00	600.00	600.00	0.00
			Other		434.64	29,299.23	15,576.07	44,875.30	0.00
			Total		2,320.45	136,502.97	112,342.06	248,845.03	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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	0.00	0.00	2,500.00	2,500.00	
					Legal	0.00	0.00	0.00	0.00	
					Other	0.00	0.00	500.00	500.00	
					Total	0.00	0.00	3,000.00	3,000.00	
				Saline County Total 1266	Indemnity	0.00	916,264.91	12,635.27	928,900.18	0.00
					Rehab	0.00	0.00	0.00	0.00	
					Medical	1,885.81	1,499,454.20	86,021.72	1,585,475.92	(9,808.31)
					Legal	0.00	26,968.47	600.00	27,568.47	(5,380.82)
					Other	434.64	218,340.43	16,076.07	234,416.50	(67,682.97)
					Total	2,320.45	2,661,028.01	115,333.06	2,776,361.07	(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	
				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	
					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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Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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
		Medical	0.00	1,401.48	3,998.52	5,400.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	610.98	789.02	1,400.00	0.00
Total			0.00	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	0.00	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	0.00	9,624.31	789.02	10,413.33	0.00
Total			0.00	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	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 159					0.00	495,927.96	0.00	495,927.96	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	447,482.35	0.00	447,482.35	0.00
					0.00	1,663.50	0.00	1,663.50	0.00
					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	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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	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
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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

<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 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

<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 : 03/01/2024 - 03/31/2024

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	0.00	4,371.30	628.70	5,000.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	267.96	432.04	700.00	0.00	0.00
	Total	0.00	4,639.26	1,060.74	5,700.00	0.00	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	0.00
	Medical	0.00	355,368.49	628.70	355,997.19	0.00	0.00
	Legal	0.00	25,808.23	0.00	25,808.23	0.00	0.00
	Other	0.00	21,003.62	432.04	21,435.66	0.00	0.00
	Total	0.00	497,456.53	1,060.74	498,517.27	0.00	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	
		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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Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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	2,281.65	2,462.33	5,937.67	8,400.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	204.03	237.95	1,462.05	1,700.00	0.00
		Total	2,485.68	2,700.28	7,399.72	10,100.00	0.00
Smith County Total 103		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	2,281.65	290,457.39	5,937.67	296,395.06	(8,186.50)
		Legal	0.00	15,452.71	0.00	15,452.71	0.00
		Other	204.03	24,841.03	1,462.05	26,303.08	0.00
		Total	2,485.68	564,796.82	7,399.72	572,196.54	(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
Closed Total 27									
		Indemnity	0.00	84,221.14	0.00	84,221.14	0.00	0.00	
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	
		Medical	0.00	140,513.13	0.00	140,513.13	0.00	0.00	
		Legal	0.00	7,061.27	0.00	7,061.27	0.00	0.00	
		Other	0.00	4,517.12	0.00	4,517.12	0.00	0.00	
		Total	0.00	236,312.66	0.00	236,312.66	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 : 03/01/2024 - 03/31/2024

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
	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	29.95	42.09	957.91	1,000.00	0.00
	Total	29.95	157.85	5,842.15	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	29.95	4,559.21	957.91	5,517.12	0.00
	Total	29.95	236,470.51	5,842.15	242,312.66	0.00

ORG1 DESC : Stanton 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 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

<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 : 03/01/2024 - 03/31/2024

Open Total 2		Indemnity	458.28	458.28	2,757.72	3,216.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	104.77	8,395.23	8,500.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	7.10	2,492.90	2,500.00	0.00
		Total	458.28	570.15	13,645.85	14,216.00	0.00
Stanton County Total 107		Indemnity	458.28	209,804.91	2,757.72	212,562.63	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	396,220.58	8,395.23	404,615.81	0.00
		Legal	0.00	882.00	0.00	882.00	0.00
		Other	0.00	22,835.56	2,492.90	25,328.46	(5,990.28)
		Total	458.28	629,743.05	13,645.85	643,388.90	(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
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 Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 207	Indemnity	0.00	199,916.95	0.00	199,916.95	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	418,457.40	0.00	418,457.40	0.00
					Legal	0.00	4,036.84	0.00	4,036.84	0.00
					Other	0.00	35,084.74	0.00	35,084.74	0.00
					Total	0.00	657,495.93	0.00	657,495.93	0.00
				Stevens Health Systems Total 207	Indemnity	0.00	199,916.95	0.00	199,916.95	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	418,457.40	0.00	418,457.40	0.00
					Legal	0.00	4,036.84	0.00	4,036.84	0.00
					Other	0.00	35,084.74	0.00	35,084.74	0.00
					Total	0.00	657,495.93	0.00	657,495.93	0.00

ORG1 DESC : Sumner County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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 246					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	
Open Total 12					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,261.59	14,326.12	16,373.88	30,700.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	293.45	1,715.70	4,484.30	6,200.00	0.00
					Total	1,555.04	16,041.82	20,858.18	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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Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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
		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 259		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	1,261.59	350,638.59	16,653.49	367,292.08	0.00
		Legal	0.00	784.00	0.00	784.00	0.00
		Other	293.45	27,406.80	4,765.34	32,172.14	(2,355.43)
		Total	1,555.04	544,496.25	21,418.83	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
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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Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

Open Total 2	Indemnity	0.00	0.00	35,000.00	35,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	266.63	2,374.92	28,325.08	30,700.00	0.00
	Legal	0.00	526.00	8,474.00	9,000.00	0.00
	Other	46.56	264.13	5,335.87	5,600.00	0.00
	Total	313.19	3,165.05	77,134.95	80,300.00	0.00
Trego County Total 123	Indemnity	0.00	81,541.12	35,000.00	116,541.12	(1,403.88)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	266.63	247,976.21	28,325.08	276,301.29	(2,835.19)
	Legal	0.00	1,502.00	8,474.00	9,976.00	0.00
	Other	46.56	14,580.16	5,335.87	19,916.03	(515.12)
	Total	313.19	345,599.49	77,134.95	422,734.44	(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	
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
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Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

Open Total 4		Indemnity	1,043.12	4,990.07	1,776.13	6,766.20	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	5,315.40	5,729.71	9,520.29	15,250.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	250.16	310.69	3,689.31	4,000.00	0.00
		Total	6,608.68	11,030.47	14,985.73	26,016.20	0.00
Wabaunsee County Total 8		Indemnity	1,043.12	4,990.07	1,776.13	6,766.20	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	5,315.40	5,729.71	9,520.29	15,250.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	250.16	310.69	3,689.31	4,000.00	0.00
		Total	6,608.68	11,030.47	14,985.73	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
Closed Total 1									
					Indemnity	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	110.02	0.00	110.02
					Legal	0.00	0.00	0.00	0.00
					Other	0.00	15.53	0.00	15.53
					Total	0.00	125.55	0.00	125.55
Wabaunsee County RWD No 2 Total 1					Indemnity	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	110.02	0.00	110.02
					Legal	0.00	0.00	0.00	0.00
					Other	0.00	15.53	0.00	15.53
					Total	0.00	125.55	0.00	125.55

ORG1 DESC : Wallace County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid 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 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	183.18	2,316.82	2,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	12.08	487.92	500.00	0.00
					Total	0.00	195.26	2,804.74	3,000.00	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
					Medical	0.00	153,200.85	2,316.82	155,517.67	0.00
					Legal	0.00	424.50	0.00	424.50	0.00
					Other	0.00	5,691.44	487.92	6,179.36	0.00
					Total	0.00	193,655.76	2,804.74	196,460.50	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
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Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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 Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 41					0.00	25,084.42	0.00	25,084.42	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	51,004.49	0.00	51,004.49	0.00
					0.00	984.00	0.00	984.00	0.00
					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	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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	371.14	2,642.23	11,607.77	14,250.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	49.25	184.51	2,615.49	2,800.00	0.00	0.00
	Total	420.39	2,826.74	14,223.26	17,050.00	0.00	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	0.00
	Medical	371.14	53,646.72	11,607.77	65,254.49	0.00	0.00
	Legal	0.00	984.00	0.00	984.00	0.00	0.00
	Other	49.25	3,533.03	2,615.49	6,148.52	0.00	0.00
	Total	420.39	83,248.17	14,223.26	97,471.43	0.00	0.00

ORG1 DESC :

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	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	0.00
	Medical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total 1		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	0.00
	Medical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

Kansas Workers Risk Cooperative for Counties Total 22039	Indemnity	81,772.78	32,663,921.34	2,728,874.81	35,392,796.15	(51,121.92)
	Rehab	0.00	573.00	2,500.00	3,073.00	0.00
	Medical	225,816.29	54,193,557.98	3,877,595.47	58,071,153.45	(1,026,785.07)
	Legal	17,847.95	1,088,894.41	423,405.68	1,512,300.09	(11,597.99)
	Other	21,314.59	5,546,059.03	858,504.25	6,404,563.28	(3,956,045.40)
	Total	346,751.61	93,493,005.76	7,891,480.21	101,384,485.97	(5,045,550.38)

Grand Total: 22039	Indemnity	81,772.78	32,663,921.34	2,728,874.81	35,392,796.15	(51,121.92)
	Rehab	0.00	573.00	2,500.00	3,073.00	0.00
	Medical	225,816.29	54,193,557.98	3,877,595.47	58,071,153.45	(1,026,785.07)
	Legal	17,847.95	1,088,894.41	423,405.68	1,512,300.09	(11,597.99)
	Other	21,314.59	5,546,059.03	858,504.25	6,404,563.28	(3,956,045.40)
	Total	346,751.61	93,493,005.76	7,891,480.21	101,384,485.97	(5,045,550.38)



Claim Summary - Workers Compensation

PERIOD : 03/01/2024 - 03/31/2024

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)