



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

ORG1 DESC : Allen County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
				Closed Total 54					
				Indemnity	0.00	32,308.26	0.00	32,308.26	(2,000.00)
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	0.00	153,949.39	0.00	153,949.39	(18,272.78)
				Legal	0.00	16,451.72	0.00	16,451.72	0.00
				Other	0.00	7,275.70	0.00	7,275.70	(12,214.66)
				Total	0.00	209,985.07	0.00	209,985.07	(32,487.44)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk 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	0.00	65,867.82	57,725.88	123,593.70	0.00
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	88.20	135,429.57	76,870.43	212,300.00	(2,000.00)
				Legal	50.00	8,161.55	14,888.45	23,050.00	0.00
				Other	12.15	14,628.92	14,061.08	28,690.00	0.00
				Total	150.35	224,087.86	163,545.84	387,633.70	(2,000.00)

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 : 10/01/2023 - 10/31/2023

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

Allen County Total 65		Indemnity	0.00	104,851.56	78,960.29	183,811.85	(2,000.00)
	Rehab	0.00	0.00		0.00	0.00	0.00
	Medical	88.20	335,973.72	81,725.67	417,699.39		(21,272.78)
	Legal	50.00	25,844.07	22,757.65	48,601.72		0.00
	Other	12.15	25,097.95	19,747.75	44,845.70		(12,214.66)
Total		150.35	491,767.30	203,191.36	694,958.66		(35,487.44)

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 200									
	Indemnity	0.00			670,348.73	0.00		670,348.73	0.00
	Rehab	0.00			573.00	0.00		573.00	0.00
	Medical	0.00			808,105.76	0.00		808,105.76	0.00
	Legal	0.00			13,807.30	0.00		13,807.30	0.00
	Other	0.00			58,032.18	0.00		58,032.18	(3,864.70)
Total		0.00			1,550,866.97	0.00		1,550,866.97	(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 : 10/01/2023 - 10/31/2023

Open Total 3	Indemnity	0.00	53,266.74	15,008.15	68,274.89	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	152,779.39	5,824.80	158,604.19	0.00
	Legal	0.00	195.00	3,905.00	4,100.00	0.00
	Other	0.00	11,926.93	3,561.93	15,488.86	0.00
	Total	0.00	218,168.06	28,299.88	246,467.94	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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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 204	Indemnity	0.00	723,615.47	21,733.18	745,348.65	0.00
	Rehab	0.00	573.00	0.00	573.00	0.00
	Medical	0.00	973,621.55	19,938.40	993,559.95	0.00
	Legal	0.00	14,002.30	4,505.00	18,507.30	0.00
	Other	0.00	71,336.43	6,387.11	77,723.54	(3,864.70)
	Total	0.00	1,783,148.75	52,563.69	1,835,712.44	(3,864.70)

ORG1 DESC : Barber County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Closed Total 271	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	392,412.43	0.00	392,412.43	0.00
	Legal	0.00	13,868.90	0.00	13,868.90	0.00
	Other	0.00	31,138.02	0.00	31,138.02	(2,201.73)
	Total	0.00	700,615.91	0.00	700,615.91	(2,201.73)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 3	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	787.10	6,712.90	7,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	55.95	1,444.05	1,500.00	0.00
	Total	0.00	843.05	8,156.95	9,000.00	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	393,199.53	6,712.90	399,912.43	0.00
	Legal	0.00	13,868.90	0.00	13,868.90	0.00
	Other	0.00	31,193.97	1,444.05	32,638.02	(2,201.73)
	Total	0.00	701,458.96	8,156.95	709,615.91	(2,201.73)

ORG1 DESC : Bourbon County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Closed Total 297	Indemnity	0.00	379,509.85	0.00	379,509.85	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	411.04	746,073.83	0.00	746,073.83	(14,648.00)
	Legal	0.00	14,849.35	0.00	14,849.35	(5,986.67)
	Other	32.23	96,339.52	0.00	96,339.52	(124,733.70)
	Total	443.27	1,236,772.55	0.00	1,236,772.55	(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 7	Indemnity	1,705.80	190,431.52	196,941.29	387,372.81	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	21,821.29	885,683.27	584,441.14	1,470,124.41	(258.82)
					Legal	0.00	8,289.90	30,160.10	38,450.00	0.00
					Other	2,395.58	122,960.64	46,464.36	169,425.00	(28,149.84)
					Total	25,922.67	1,207,365.33	858,006.89	2,065,372.22	(28,408.66)
				Bourbon County Total 304	Indemnity	1,705.80	569,941.37	196,941.29	766,882.66	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	22,232.33	1,631,757.10	584,441.14	2,216,198.24	(14,906.82)
					Legal	0.00	23,139.25	30,160.10	53,299.35	(5,986.67)
					Other	2,427.81	219,300.16	46,464.36	265,764.52	(152,883.54)
					Total	26,365.94	2,444,137.88	858,006.89	3,302,144.77	(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 : 10/01/2023 - 10/31/2023

Closed Total 88	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	367,565.89	0.00	367,565.89	0.00
	Legal	0.00	9,293.80	0.00	9,293.80	0.00
	Other	0.00	23,772.82	0.00	23,772.82	(944.56)
	Total	0.00	654,776.20	0.00	654,776.20	(944.56)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 4	Indemnity	0.00	3,979.83	160.21	4,140.04	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	551.76	14,308.81	11,941.19	26,250.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	36.03	1,075.57	3,624.43	4,700.00	0.00
	Total	587.79	19,364.21	15,725.83	35,090.04	0.00

Brown County Total 92	Indemnity	0.00	258,123.52	160.21	258,283.73	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	551.76	381,874.70	11,941.19	393,815.89	0.00
	Legal	0.00	9,293.80	0.00	9,293.80	0.00
	Other	36.03	24,848.39	3,624.43	28,472.82	(944.56)
	Total	587.79	674,140.41	15,725.83	689,866.24	(944.56)

ORG1 DESC : Butler County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Closed Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	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 19	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	853.92	2,177.48	36,522.52	38,700.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	161.40	866.09	5,933.91	6,800.00	0.00
	Total	1,015.32	3,043.57	42,456.43	45,500.00	0.00

Butler County Total 20	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	853.92	2,177.48	36,522.52	38,700.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	161.40	866.09	5,933.91	6,800.00	0.00
	Total	1,015.32	3,043.57	42,456.43	45,500.00	0.00

ORG1 DESC : Chase County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Closed Total 22	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	14,871.12	0.00	14,871.12	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	802.61	0.00	802.61	0.00
	Total	0.00	18,153.37	0.00	18,153.37	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 6	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	2,455.71	32,782.82	19,867.18	52,650.00	0.00
	Legal	0.00	548.70	7,951.30	8,500.00	0.00
	Other	336.22	1,913.78	6,748.72	8,662.50	0.00
	Total	2,791.93	36,568.06	58,320.96	94,889.02	0.00

Chase County Total 28	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	2,455.71	47,653.94	19,867.18	67,521.12	0.00
	Legal	0.00	548.70	7,951.30	8,500.00	0.00
	Other	336.22	2,716.39	6,748.72	9,465.11	0.00
	Total	2,791.93	54,721.43	58,320.96	113,042.39	0.00

ORG1 DESC : Chautauqua County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Closed Total 97	Indemnity	0.00	237,185.97	0.00	237,185.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	447,267.95	0.00	447,267.95	0.00
	Legal	0.00	2,026.50	0.00	2,026.50	0.00
	Other	0.00	43,509.91	0.00	43,509.91	(11,977.87)
	Total	0.00	729,990.33	0.00	729,990.33	(11,977.87)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	220.18	220.18	2,979.82	3,200.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	26.56	26.56	573.44	600.00	0.00
	Total	246.74	246.74	3,553.26	3,800.00	0.00

Chautauqua County 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	220.18	447,488.13	2,979.82	450,467.95	0.00
	Legal	0.00	2,026.50	0.00	2,026.50	0.00
	Other	26.56	43,536.47	573.44	44,109.91	(11,977.87)
	Total	246.74	730,237.07	3,553.26	733,790.33	(11,977.87)

ORG1 DESC : Cherokee County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Closed Total 416	Indemnity	0.00	959,649.09	0.00	959,649.09	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	30.08	1,206,827.54	0.00	1,206,827.54	0.00
	Legal	0.00	50,675.82	0.00	50,675.82	0.00
	Other	18.50	103,726.31	0.00	103,726.31	(33,794.04)
	Total	48.58	2,320,878.76	0.00	2,320,878.76	(33,794.04)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 10					Indemnity	0.00	169,769.60	79,989.46	249,759.06	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	6,342.97	234,153.36	80,545.02	314,698.38	0.00
					Legal	446.25	3,243.44	27,406.56	30,650.00	0.00
					Other	62.46	33,281.26	14,403.11	47,684.37	0.00
					Total	6,851.68	440,447.66	202,344.15	642,791.81	0.00

Cherokee County Total 426					Indemnity	0.00	1,129,418.69	79,989.46	1,209,408.15	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	6,373.05	1,440,980.90	80,545.02	1,521,525.92	0.00
					Legal	446.25	53,919.26	27,406.56	81,325.82	0.00
					Other	80.96	137,007.57	14,403.11	151,410.68	(33,794.04)
					Total	6,900.26	2,761,326.42	202,344.15	2,963,670.57	(33,794.04)

ORG1 DESC : Cheyenne County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Closed Total 36	Indemnity	0.00	7,617.62	0.00	7,617.62	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	75,139.13	0.00	75,139.13	0.00
	Legal	0.00	11,684.25	0.00	11,684.25	0.00
	Other	0.00	1,342.38	0.00	1,342.38	0.00
	Total	0.00	95,783.38	0.00	95,783.38	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	650.60	751.58	3,748.42	4,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	21.77	31.55	868.45	900.00	0.00
	Total	672.37	783.13	4,616.87	5,400.00	0.00

Cheyenne County Total 37	Indemnity	0.00	7,617.62	0.00	7,617.62	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	650.60	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	21.77	1,373.93	868.45	2,242.38	0.00
	Total	672.37	96,566.51	4,616.87	101,183.38	0.00

ORG1 DESC : Clark County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

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	(3,474.33)
	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	(3,474.33)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 2	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	7,665.46	117,738.54	52,761.46	170,500.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	107.27	15,010.05	6,389.95	21,400.00	0.00
	Total	7,772.73	132,748.59	99,751.41	232,500.00	0.00

Clark County Total 27	Indemnity	0.00	12,659.85	40,000.00	52,659.85	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	7,665.46	179,314.21	52,761.46	232,075.67	(3,474.33)
	Legal	0.00	511.50	600.00	1,111.50	0.00
	Other	107.27	23,207.48	6,389.95	29,597.43	0.00
	Total	7,772.73	215,693.04	99,751.41	315,444.45	(3,474.33)

ORG1 DESC : Clay County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Closed Total 272	Indemnity	0.00	190,384.07	0.00	190,384.07	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	517,412.39	0.00	517,412.39	(15,087.26)
	Legal	0.00	7,444.00	0.00	7,444.00	0.00
	Other	0.00	59,742.77	0.00	59,742.77	(25,079.92)
	Total	0.00	774,983.23	0.00	774,983.23	(40,167.18)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 7					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	1,469.37	110,966.87	122,533.13	233,500.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	92.57	13,354.12	14,145.88	27,500.00	0.00
					Total	1,561.94	127,365.81	184,234.19	311,600.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 2					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	277.00	189,875.84	34,826.33	224,702.17	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	60.87	19,203.82	1,296.18	20,500.00	0.00
					Total	337.87	304,355.96	36,122.51	340,478.47	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Clay County Total 281		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	1,746.37	818,255.10	157,359.46	975,614.56	(15,087.26)
		Legal	0.00	7,444.00	600.00	8,044.00	0.00
		Other	153.44	92,300.71	15,442.06	107,742.77	(25,079.92)
		Total	1,899.81	1,206,705.00	220,356.70	1,427,061.70	(40,167.18)

ORG1 DESC : Cloud County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 406	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	379,364.94	0.00	379,364.94	(4,807.87)
					Legal	0.00	1,376.00	0.00	1,376.00	0.00
					Other	0.00	32,117.68	0.00	32,117.68	(2,972.65)
					Total	0.00	803,877.30	0.00	803,877.30	(7,780.52)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 3	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	1,419.56	5,280.44	6,700.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	56.79	1,243.21	1,300.00	0.00
					Total	0.00	1,476.35	6,523.65	8,000.00	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Cloud County Total 409	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	380,784.50	5,280.44	386,064.94	(4,807.87)
	Legal	0.00	1,376.00	0.00	1,376.00	0.00
	Other	0.00	32,174.47	1,243.21	33,417.68	(2,972.65)
	Total	0.00	805,353.65	6,523.65	811,877.30	(7,780.52)

ORG1 DESC : Comanche County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 137					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	185,479.61	0.00	185,479.61	0.00
					Legal	0.00	1,376.00	0.00	1,376.00	0.00
					Other	0.00	26,874.98	0.00	26,874.98	(7,532.69)
					Total	0.00	274,912.34	0.00	274,912.34	(7,532.69)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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	0.00	3,200.00	3,200.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	0.00	600.00	600.00	0.00
					Total	0.00	0.00	3,800.00	3,800.00	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Comanche County 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	185,479.61	3,200.00	188,679.61	0.00
	Legal	0.00	1,376.00	0.00	1,376.00	0.00
	Other	0.00	26,874.98	600.00	27,474.98	(7,532.69)
	Total	0.00	274,912.34	3,800.00	278,712.34	(7,532.69)

ORG1 DESC : Comanche Hospital
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 36	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	(72.45)	42,082.05	0.00	42,082.05	0.00
					Legal	0.00	492.00	0.00	492.00	0.00
					Other	(16.55)	3,990.88	0.00	3,990.88	0.00
					Total	(89.00)	71,976.76	0.00	71,976.76	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				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	428.71	1,577.25	5,922.75	7,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	59.28	212.51	1,287.49	1,500.00	0.00
					Total	487.99	1,789.76	7,210.24	9,000.00	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Comanche Hospital 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	356.26	43,659.30	5,922.75	49,582.05	0.00
	Legal	0.00	492.00	0.00	492.00	0.00
	Other	42.73	4,203.39	1,287.49	5,490.88	0.00
	Total	398.99	73,766.52	7,210.24	80,976.76	0.00

ORG1 DESC : Cowley County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 185	Indemnity	0.00	163,546.07	0.00	163,546.07	(500.00)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	323,730.59	0.00	323,730.59	(37,669.77)
					Legal	0.00	10,911.50	0.00	10,911.50	0.00
					Other	0.00	56,648.90	0.00	56,648.90	(15,139.56)
					Total	0.00	554,837.06	0.00	554,837.06	(53,309.33)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 9	Indemnity	0.00	584.23	60,915.77	61,500.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,043.99	51,793.90	42,356.10	94,150.00	(500.00)
					Legal	0.00	381.35	10,218.65	10,600.00	0.00
					Other	369.99	11,273.54	11,953.96	23,227.50	0.00
					Total	1,413.98	64,033.02	125,444.48	189,477.50	(500.00)



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Cowley County Total 194	Indemnity	0.00	164,130.30	60,915.77	225,046.07	(500.00)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,043.99	375,524.49	42,356.10	417,880.59	(38,169.77)
	Legal	0.00	11,292.85	10,218.65	21,511.50	0.00
	Other	369.99	67,922.44	11,953.96	79,876.40	(15,139.56)
	Total	1,413.98	618,870.08	125,444.48	744,314.56	(53,809.33)

ORG1 DESC : DDS-GEARY COUNTY Facility

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
				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 : 10/01/2023 - 10/31/2023

Closed Total 159	Indemnity	0.00	197,287.62	0.00	197,287.62	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	275,409.92	0.00	275,409.92	0.00
	Legal	0.00	4,956.45	0.00	4,956.45	0.00
	Other	0.00	32,713.60	0.00	32,713.60	(25,000.00)
	Total	0.00	510,367.59	0.00	510,367.59	(25,000.00)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 2	Indemnity	0.00	1,338.40	18,661.60	20,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	146.48	79,724.88	86,475.12	166,200.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	27.98	6,914.52	21,085.48	28,000.00	0.00
	Total	174.46	87,977.80	126,822.20	214,800.00	0.00

Decatur County Total 161	Indemnity	0.00	198,626.02	18,661.60	217,287.62	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	146.48	355,134.80	86,475.12	441,609.92	0.00
	Legal	0.00	4,956.45	600.00	5,556.45	0.00
	Other	27.98	39,628.12	21,085.48	60,713.60	(25,000.00)
	Total	174.46	598,345.39	126,822.20	725,167.59	(25,000.00)

ORG1 DESC : Decatur Health Systems

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Closed Total 87	Indemnity	0.00	58,437.46	0.00	58,437.46	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	121,169.36	0.00	121,169.36	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	18,224.42	0.00	18,224.42	(601.91)
	Total	0.00	197,831.24	0.00	197,831.24	(601.91)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 1	Indemnity	0.00	88,594.04	21,522.00	110,116.04	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	16,822.35	18,351.53	35,173.88	0.00
	Legal	0.00	148.50	10,351.50	10,500.00	0.00
	Other	0.00	21,757.38	2,836.02	24,593.40	0.00
	Total	0.00	127,322.27	53,061.05	180,383.32	0.00

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

ORG1 DESC : Dickinson County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Closed Total 415	Indemnity	0.00	627,740.12	0.00	627,740.12	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	891,447.84	0.00	891,447.84	(3,660.76)
	Legal	0.00	6,329.25	0.00	6,329.25	0.00
	Other	0.00	62,158.15	0.00	62,158.15	(104,198.93)
	Total	0.00	1,587,675.36	0.00	1,587,675.36	(107,859.69)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 6	Indemnity	0.00	148,137.41	5,448.60	153,586.01	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	965.24	196,660.79	44,494.34	241,155.13	0.00
	Legal	0.00	14,697.05	600.00	15,297.05	0.00
	Other	173.00	13,818.70	6,761.30	20,580.00	0.00
	Total	1,138.24	373,313.95	57,304.24	430,618.19	0.00

Dickinson County Total 421	Indemnity	0.00	775,877.53	5,448.60	781,326.13	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	965.24	1,088,108.63	44,494.34	1,132,602.97	(3,660.76)
	Legal	0.00	21,026.30	600.00	21,626.30	0.00
	Other	173.00	75,976.85	6,761.30	82,738.15	(104,198.93)
	Total	1,138.24	1,960,989.31	57,304.24	2,018,293.55	(107,859.69)

ORG1 DESC : Doniphan County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

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

CLAIMANT STATUS DESC : 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	9,000.00	9,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	0.00	15,450.00	15,450.00	(403.40)
	Legal	0.00	349.90	6,650.10	7,000.00	0.00
	Other	0.00	53.50	2,299.00	2,352.50	0.00
	Total	0.00	403.40	33,399.10	33,802.50	(403.40)

Doniphan County Total 132	Indemnity	0.00	194,480.40	9,000.00	203,480.40	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	328,602.30	15,450.00	344,052.30	(9,379.39)
	Legal	0.00	1,140.40	6,650.10	7,790.50	0.00
	Other	0.00	21,676.83	2,299.00	23,975.83	(20,403.94)
	Total	0.00	545,899.93	33,399.10	579,299.03	(29,783.33)

ORG1 DESC : Edwards County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

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)
Edwards County 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)

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
Closed Total 129									
		Indemnity	0.00	403,491.36	0.00	403,491.36	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	416,297.91	0.00	416,297.91	0.00	(37,832.88)	0.00
		Legal	0.00	5,959.35	0.00	5,959.35	0.00	0.00	0.00
		Other	0.00	44,798.85	0.00	44,798.85	0.00	0.00	0.00
		Total	0.00	870,547.47	0.00	870,547.47	0.00	(37,832.88)	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Open Total 4	Indemnity	0.00	3,210.66	7,374.26	10,584.92	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	548.75	4,102.10	13,147.90	17,250.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	58.45	548.71	3,451.29	4,000.00	0.00
	Total	607.20	7,861.47	24,573.45	32,434.92	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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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	238.93	242,717.59	92,632.91	335,350.50	(70,270.55)
	Legal	0.00	1,403.75	7,096.25	8,500.00	0.00
	Other	9.50	17,159.84	11,965.16	29,125.00	0.00
	Total	248.43	276,753.97	126,694.32	403,448.29	(70,270.55)

Elk County Total 134	Indemnity	0.00	422,174.81	22,374.26	444,549.07	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	787.68	663,117.60	105,780.81	768,898.41	(108,103.43)
	Legal	0.00	7,363.10	7,696.25	15,059.35	0.00
	Other	67.95	62,507.40	15,416.45	77,923.85	0.00
	Total	855.63	1,155,162.91	151,267.77	1,306,430.68	(108,103.43)

ORG1 DESC : Ellis County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Closed Total 334	Indemnity	0.00	302,510.31	0.00	302,510.31	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	679,148.61	0.00	679,148.61	0.00
	Legal	0.00	8,014.60	0.00	8,014.60	0.00
	Other	0.00	56,595.72	0.00	56,595.72	(57,317.78)
	Total	0.00	1,046,269.24	0.00	1,046,269.24	(57,317.78)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 8					Indemnity	3,091.23	5,419.94	3,600.06	9,020.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,744.44	9,357.64	31,792.36	41,150.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	257.35	1,473.90	5,826.10	7,300.00	0.00
					Total	5,093.02	16,251.48	41,818.52	58,070.00	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	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	2,872.75	627.25	3,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	566.02	633.98	1,200.00	0.00
					Total	0.00	3,438.77	1,261.23	4,700.00	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Ellis County Total 343	Indemnity	3,091.23	307,930.25	3,600.06	311,530.31	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,744.44	691,379.00	32,419.61	723,798.61	0.00
	Legal	0.00	8,014.60	600.00	8,614.60	0.00
	Other	257.35	58,635.64	6,460.08	65,095.72	(57,317.78)
	Total	5,093.02	1,065,959.49	43,079.75	1,109,039.24	(57,317.78)

ORG1 DESC : Ellsworth 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 263					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	707,407.47	0.00	707,407.47	(188,250.83)
					Legal	0.00	42,272.91	0.00	42,272.91	0.00
					Other	0.00	64,356.14	0.00	64,356.14	0.00
					Total	0.00	1,164,110.53	0.00	1,164,110.53	(188,250.83)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 1					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	732.56	806.27	1,693.73	2,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	75.52	89.69	410.31	500.00	0.00
					Total	808.08	895.96	2,104.04	3,000.00	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Ellsworth County Total 264	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	732.56	708,213.74	1,693.73	709,907.47	(188,250.83)
	Legal	0.00	42,272.91	0.00	42,272.91	0.00
	Other	75.52	64,445.83	410.31	64,856.14	0.00
	Total	808.08	1,165,006.49	2,104.04	1,167,110.53	(188,250.83)

ORG1 DESC : Ellsworth County RWD No 1

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 5	Indemnity	0.00	11,108.88	0.00	11,108.88	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	29,155.53	0.00	29,155.53	(2,000.00)
					Legal	0.00	524.50	0.00	524.50	0.00
					Other	0.00	1,342.92	0.00	1,342.92	(304.49)
					Total	0.00	42,131.83	0.00	42,131.83	(2,304.49)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

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

ORG1 DESC : Finney County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 48					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	12,286.85	0.00	12,286.85	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	29.95	1,542.55	0.00	1,542.55	0.00
					Total	29.95	13,829.40	0.00	13,829.40	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 11					Indemnity	0.00	18,145.77	38,153.89	56,299.66	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	5,290.86	65,824.16	41,725.84	107,550.00	0.00
					Legal	0.00	492.00	1,308.00	1,800.00	0.00
					Other	770.27	2,788.96	14,581.04	17,370.00	0.00
					Total	6,061.13	87,250.89	95,768.77	183,019.66	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Finney County Total 59	Indemnity	0.00	18,145.77	38,153.89	56,299.66	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	5,290.86	78,111.01	41,725.84	119,836.85	0.00
	Legal	0.00	492.00	1,308.00	1,800.00	0.00
	Other	800.22	4,331.51	14,581.04	18,912.55	0.00
	Total	6,091.08	101,080.29	95,768.77	196,849.06	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 559					Indemnity	0.00	1,057,874.32	0.00	1,057,874.32	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	949,508.90	0.00	949,508.90	(3,873.46)
					Legal	0.00	22,006.80	0.00	22,006.80	0.00
					Other	0.00	93,625.39	0.00	93,625.39	(39,155.80)
					Total	0.00	2,123,015.41	0.00	2,123,015.41	(43,029.26)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 12					Indemnity	709.22	16,443.62	122,016.38	138,460.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,473.80	248,781.17	112,218.83	361,000.00	0.00
					Legal	0.00	0.00	18,800.00	18,800.00	0.00
					Other	90.25	17,691.37	31,523.63	49,215.00	0.00
					Total	2,273.27	282,916.16	284,558.84	567,475.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Re-Open Total 1	Indemnity	0.00	0.00	2,000.00	2,000.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	188.40	3,000.00	3,188.40	0.00
					Legal	0.00	0.00	2,000.00	2,000.00	0.00
					Other	0.00	19.10	90.50	109.60	0.00
					Total	0.00	207.50	7,090.50	7,298.00	0.00
				Ford County Total 572	Indemnity	709.22	1,074,317.94	124,016.38	1,198,334.32	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,473.80	1,198,478.47	115,218.83	1,313,697.30	(3,873.46)
					Legal	0.00	22,006.80	20,800.00	42,806.80	0.00
					Other	90.25	111,335.86	31,614.13	142,949.99	(39,155.80)
					Total	2,273.27	2,406,139.07	291,649.34	2,697,788.41	(43,029.26)

ORG1 DESC : Franklin County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 723	Indemnity	0.00	941,783.10	0.00	941,783.10	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	247.64	1,367,788.38	0.00	1,367,788.38	(17,114.66)
					Legal	0.00	41,032.45	0.00	41,032.45	0.00
					Other	(751.94)	147,912.97	0.00	147,912.97	(22,962.95)
					Total	(504.30)	2,498,516.90	0.00	2,498,516.90	(40,077.61)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Open Total 20	Indemnity	1,914.28	170,109.07	129,085.80	299,194.87	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	22,487.98	274,435.45	108,564.55	383,000.00	0.00
	Legal	0.00	530.90	17,674.10	18,205.00	0.00
	Other	1,595.17	44,704.17	35,043.33	79,747.50	0.00
	Total	25,997.43	489,779.59	290,367.78	780,147.37	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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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	360.00	31,524.44	9,051.76	40,576.20	0.00
	Legal	0.00	0.00	6,500.00	6,500.00	0.00
	Other	0.00	5,209.02	3,321.00	8,530.02	0.00
	Total	360.00	76,513.46	31,872.76	108,386.22	0.00

Franklin County Total 745	Indemnity	1,914.28	1,151,672.17	142,085.80	1,293,757.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	23,095.62	1,673,748.27	117,616.31	1,791,364.58	(17,114.66)
	Legal	0.00	41,563.35	24,174.10	65,737.45	0.00
	Other	843.23	197,826.16	38,364.33	236,190.49	(22,962.95)
	Total	25,853.13	3,064,809.95	322,240.54	3,387,050.49	(40,077.61)

ORG1 DESC : Geary County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Closed Total 769	Indemnity	0.00	828,652.93	0.00	828,652.93	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,377,150.55	0.00	1,377,150.55	(49,476.59)
	Legal	0.00	40,400.79	0.00	40,400.79	(33.50)
	Other	28.50	191,763.19	0.00	191,763.19	(30,701.97)
	Total	28.50	2,437,967.46	0.00	2,437,967.46	(80,212.06)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 16					Indemnity	493.12	493.12	35,753.94	36,247.06	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,992.22	8,716.51	83,483.49	92,200.00	0.00
					Legal	0.00	0.00	8,700.00	8,700.00	0.00
					Other	489.02	1,922.64	14,577.36	16,500.00	0.00
					Total	2,974.36	11,132.27	142,514.79	153,647.06	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 1					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	188.39	2,311.61	2,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	18.00	482.00	500.00	0.00
					Total	0.00	206.39	2,793.61	3,000.00	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Geary County Total 786	Indemnity	493.12	829,146.05	35,753.94	864,899.99	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,992.22	1,386,055.45	85,795.10	1,471,850.55	(49,476.59)
	Legal	0.00	40,400.79	8,700.00	49,100.79	(33.50)
	Other	517.52	193,703.83	15,059.36	208,763.19	(30,701.97)
	Total	3,002.86	2,449,306.12	145,308.40	2,594,614.52	(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 87										
					Indemnity	0.00	465,315.09	0.00	465,315.09	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	328,103.62	0.00	328,103.62	0.00
					Legal	0.00	20,505.17	0.00	20,505.17	0.00
					Other	0.00	44,988.58	0.00	44,988.58	(5,352.49)
					Total	0.00	858,912.46	0.00	858,912.46	(5,352.49)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 4										
					Indemnity	0.00	6,050.93	93,091.53	99,142.46	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,232.79	285,023.63	20,791.98	305,815.61	0.00
					Legal	0.00	378.80	9,771.20	10,150.00	0.00
					Other	133.46	25,983.52	24,591.48	50,575.00	0.00
					Total	2,366.25	317,436.88	148,246.19	465,683.07	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Gove County Total 91	Indemnity	0.00	471,366.02	93,091.53	564,457.55	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,232.79	613,127.25	20,791.98	633,919.23	0.00
	Legal	0.00	20,883.97	9,771.20	30,655.17	0.00
	Other	133.46	70,972.10	24,591.48	95,563.58	(5,352.49)
	Total	2,366.25	1,176,349.34	148,246.19	1,324,595.53	(5,352.49)

ORG1 DESC : Graham County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 39					Indemnity	0.00	56,095.87	0.00	56,095.87	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	89,755.01	0.00	89,755.01	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	7,693.89	0.00	7,693.89	0.00
					Total	0.00	153,544.77	0.00	153,544.77	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 1					Indemnity	0.00	23,843.31	0.00	23,843.31	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	305.00	56,151.55	1,195.00	57,346.55	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	4,284.35	470.05	4,754.40	0.00
					Total	305.00	84,279.21	1,665.05	85,944.26	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Graham County Total 40		Indemnity	0.00	79,939.18	0.00	79,939.18	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	305.00	145,906.56	1,195.00	147,101.56	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	11,978.24	470.05	12,448.29	0.00	0.00
	Total	305.00	237,823.98	1,665.05	239,489.03	0.00	0.00

ORG1 DESC : Grant County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
		Closed Total 275								
			Indemnity		0.00	161,485.05	0.00	161,485.05	0.00	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00	0.00
			Medical		0.00	512,449.24	0.00	512,449.24	(13,770.43)	0.00
			Legal		0.00	392.00	0.00	392.00	0.00	0.00
			Other		0.00	19,336.79	0.00	19,336.79	0.00	0.00
			Total		0.00	693,663.08	0.00	693,663.08	(13,770.43)	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	
		Open Total 5								
			Indemnity		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
			Medical		194.17	1,532.77	10,967.23	12,500.00	0.00	0.00
			Legal		0.00	0.00	0.00	0.00	0.00	0.00
			Other		21.72	125.09	2,374.91	2,500.00	0.00	0.00
			Total		215.89	1,657.86	13,342.14	15,000.00	0.00	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Grant County Total 280		Indemnity	0.00	161,485.05	0.00	161,485.05	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	194.17	513,982.01	10,967.23	524,949.24	(13,770.43)	
	Legal	0.00	392.00	0.00	392.00	0.00	
	Other	21.72	19,461.88	2,374.91	21,836.79	0.00	
	Total	215.89	695,320.94	13,342.14	708,663.08	(13,770.43)	

ORG1 DESC : Gray County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
		Closed Total 197			Indemnity	0.00	345,825.50	0.00	345,825.50	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	575,014.29	0.00	575,014.29	(118,439.57)
					Legal	0.00	24,510.82	0.00	24,510.82	0.00
					Other	0.00	41,901.27	0.00	41,901.27	0.00
					Total	0.00	987,251.88	0.00	987,251.88	(118,439.57)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
		Open Total 4			Indemnity	0.00	42,611.06	91,139.23	133,750.29	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	22,215.19	63,032.68	46,567.32	109,600.00	0.00
					Legal	492.00	1,405.15	16,644.85	18,050.00	0.00
					Other	12,019.40	15,560.50	12,782.00	28,342.50	0.00
					Total	34,726.59	122,609.39	167,133.40	289,742.79	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Gray County Total 201		Indemnity	0.00	388,436.56	91,139.23	479,575.79	0.00
	Rehab	0.00	0.00		0.00	0.00	0.00
	Medical	22,215.19	638,046.97	46,567.32	684,614.29	(118,439.57)	
	Legal	492.00	25,915.97	16,644.85	42,560.82	0.00	
	Other	12,019.40	57,461.77	12,782.00	70,243.77	0.00	
	Total	34,726.59	1,109,861.27	167,133.40	1,276,994.67	(118,439.57)	

ORG1 DESC : Greenwood County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	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			43,044.46		0.00	43,044.46	0.00
	Rehab	0.00			0.00		0.00	0.00	0.00
	Medical	1,301.15			58,947.32		6,735.61	65,682.93	0.00
	Legal	0.00			216.00		0.00	216.00	0.00
	Other	122.24			16,059.31		1,661.65	17,720.96	0.00
	Total	1,423.39			118,267.09		8,397.26	126,664.35	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Greenwood County Total 193	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	1,301.15	683,286.35	6,735.61	690,021.96	0.00
	Legal	0.00	4,809.70	0.00	4,809.70	0.00
	Other	122.24	87,269.73	1,661.65	88,931.38	(5,183.55)
	Total	1,423.39	1,393,432.45	8,397.26	1,401,829.71	(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	
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	367,508.90	0.00	367,508.90	0.00
					Legal	0.00	9,580.00	0.00	9,580.00	0.00
					Other	0.00	24,975.93	0.00	24,975.93	0.00
					Total	0.00	575,213.03	0.00	575,213.03	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 3										
					Indemnity	2,303.36	13,988.18	25,325.74	39,313.92	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,319.34	34,603.32	25,146.68	59,750.00	0.00
					Legal	0.00	0.00	1,200.00	1,200.00	0.00
					Other	435.96	3,270.87	7,429.13	10,700.00	0.00
					Total	5,058.66	51,862.37	59,101.55	110,963.92	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Hamilton County Total 247	Indemnity	2,303.36	187,136.38	25,325.74	212,462.12	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,319.34	402,112.22	25,146.68	427,258.90	0.00
	Legal	0.00	9,580.00	1,200.00	10,780.00	0.00
	Other	435.96	28,246.80	7,429.13	35,675.93	0.00
	Total	5,058.66	627,075.40	59,101.55	686,176.95	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 : 10/01/2023 - 10/31/2023

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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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	226.53	12,893.69	17,166.31	30,060.00	0.00
	Legal	0.00	1,316.90	3,683.10	5,000.00	0.00
	Other	25.79	434.77	4,977.23	5,412.00	0.00
	Total	252.32	14,645.36	49,582.34	64,227.70	0.00

Harper County Total 426	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	226.53	998,834.94	17,166.31	1,016,001.25	0.00
	Legal	0.00	4,059.71	3,683.10	7,742.81	0.00
	Other	25.79	96,780.75	4,977.23	101,757.98	(10,299.81)
	Total	252.32	1,805,529.24	49,582.34	1,855,111.58	(10,299.81)

ORG1 DESC : Harvey County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Closed Total 279	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	61,790.20	0.00	61,790.20	(4,524.15)
	Total	0.00	1,315,853.30	0.00	1,315,853.30	(7,820.80)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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	2,611.77	388.23	3,000.00	0.00
					Total	0.00	70,490.55	6,613.49	77,104.04	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Harvey County Total 281	Indemnity	0.00	699,816.00	70,482.20	770,298.20	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	713,208.62	242,534.36	955,742.98	(3,296.65)
	Legal	0.00	47,495.95	11,621.50	59,117.45	0.00
	Other	0.00	76,946.55	4,343.65	81,290.20	(4,524.15)
	Total	0.00	1,537,467.12	328,981.71	1,866,448.83	(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 : 10/01/2023 - 10/31/2023

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

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

ORG1 DESC : Hodgeman County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Closed Total 27	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	55,985.75	0.00	55,985.75	0.00
	Legal	0.00	5,095.77	0.00	5,095.77	0.00
	Other	0.00	3,071.50	0.00	3,071.50	0.00
	Total	0.00	82,279.48	0.00	82,279.48	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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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	918.06	4,081.94	5,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	70.78	929.22	1,000.00	0.00
	Total	0.00	988.84	5,011.16	6,000.00	0.00

Hodgeman County Total 29	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	4,081.94	60,985.75	0.00
	Legal	0.00	5,095.77	0.00	5,095.77	0.00
	Other	0.00	3,142.28	929.22	4,071.50	0.00
	Total	0.00	83,268.32	5,011.16	88,279.48	0.00

ORG1 DESC : Jackson County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Closed Total 295	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	544,349.80	0.00	544,349.80	(16,870.70)
	Legal	0.00	11,757.73	0.00	11,757.73	0.00
	Other	0.00	66,628.34	0.00	66,628.34	(60,027.53)
	Total	0.00	893,975.79	0.00	893,975.79	(76,898.23)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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	0.00	81,772.06	63,927.94	145,700.00	0.00
					Legal	0.00	17,572.00	3,928.00	21,500.00	0.00
					Other	0.00	3,595.03	6,504.97	10,100.00	(500.00)
					Total	0.00	195,439.09	74,360.91	269,800.00	(500.00)

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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	0.00	255,707.97	101,612.43	357,320.40	0.00
					Legal	0.00	0.00	4,500.00	4,500.00	0.00
					Other	0.00	53,735.69	31,764.31	85,500.00	(29,327.84)
					Total	0.00	421,532.70	162,876.74	584,409.44	(29,327.84)



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Jackson County Total 300	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	0.00	881,829.83	165,540.37	1,047,370.20	(16,870.70)
	Legal	0.00	29,329.73	8,428.00	37,757.73	0.00
	Other	0.00	123,959.06	38,269.28	162,228.34	(89,855.37)
	Total	0.00	1,510,947.58	237,237.65	1,748,185.23	(106,726.07)

ORG1 DESC : Jefferson County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 483					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	1,010,527.01	0.00	1,010,527.01	(461.12)
					Legal	0.00	28,261.84	0.00	28,261.84	0.00
					Other	0.00	119,070.44	0.00	119,070.44	(98,366.06)
					Total	0.00	1,857,136.34	0.00	1,857,136.34	(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 6					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	399.04	3,187.73	12,012.27	15,200.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	62.83	303.62	2,696.38	3,000.00	0.00
					Total	461.87	3,491.35	14,708.65	18,200.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

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	28,302.06	25,000.00	53,302.06	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	20,297.05	28,022.95	48,320.00	0.00
					Legal	0.00	0.00	9,500.00	9,500.00	0.00
					Other	0.00	1,209.10	5,863.74	7,072.84	0.00
					Total	0.00	49,808.21	68,386.69	118,194.90	0.00
				Jefferson County Total 490	Indemnity	0.00	727,579.11	25,000.00	752,579.11	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	399.04	1,034,011.79	40,035.22	1,074,047.01	(461.12)
					Legal	0.00	28,261.84	9,500.00	37,761.84	0.00
					Other	62.83	120,583.16	8,560.12	129,143.28	(98,366.06)
					Total	461.87	1,910,435.90	83,095.34	1,993,531.24	(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 : 10/01/2023 - 10/31/2023

ORG1 DESC : Jewell County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 270	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	499,868.49	0.00	499,868.49	0.00
					Legal	0.00	19,232.50	0.00	19,232.50	0.00
					Other	0.00	43,515.58	0.00	43,515.58	(1,157.51)
					Total	0.00	1,142,009.87	0.00	1,142,009.87	(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	0.00	237,226.54	70,623.46	307,850.00	0.00
					Legal	0.00	16,873.44	8,126.56	25,000.00	0.00
					Other	0.00	11,488.64	3,046.36	14,535.00	0.00
					Total	0.00	410,418.92	104,296.38	514,715.30	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

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	176.74	2,323.26	2,500.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	34.45	465.55	500.00	0.00	0.00
	Total	0.00	211.19	2,788.81	3,000.00	0.00	0.00
Jewell County Total 274		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	0.00
	Medical	0.00	737,271.77	72,946.72	810,218.49	0.00	0.00
	Legal	0.00	36,105.94	8,126.56	44,232.50	0.00	0.00
	Other	0.00	55,038.67	3,511.91	58,550.58	(1,157.51)	0.00
	Total	0.00	1,552,639.98	107,085.19	1,659,725.17	(1,157.51)	0.00

ORG1 DESC : Kansas Association Of Counties

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
				Closed Total 61					
				Indemnity	0.00	54,462.28	0.00	54,462.28	0.00
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	0.00	74,750.46	0.00	74,750.46	0.00
				Legal	0.00	1,282.50	0.00	1,282.50	0.00
				Other	0.00	3,274.80	0.00	3,274.80	0.00
				Total	0.00	133,770.04	0.00	133,770.04	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	0.00	0.00	0.00	0.00
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	0.00	1,091.16	4,608.84	5,700.00	0.00
				Legal	0.00	0.00	0.00	0.00	0.00
				Other	0.00	83.66	1,016.34	1,100.00	0.00
				Total	0.00	1,174.82	5,625.18	6,800.00	0.00

				Kearny County Total 65					
				Indemnity	0.00	54,462.28	0.00	54,462.28	0.00
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	0.00	75,841.62	4,608.84	80,450.46	0.00
				Legal	0.00	1,282.50	0.00	1,282.50	0.00
				Other	0.00	3,358.46	1,016.34	4,374.80	0.00
				Total	0.00	134,944.86	5,625.18	140,570.04	0.00

ORG1 DESC : Kingman County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Closed Total 17	Indemnity	0.00	1,453.21	0.00	1,453.21	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	16,359.52	0.00	16,359.52	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	1,400.80	0.00	1,400.80	0.00
	Total	0.00	19,213.53	0.00	19,213.53	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 2	Indemnity	8,644.56	19,062.56	7,591.67	26,654.23	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,342.07	48,619.34	9,980.66	58,600.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	79.21	1,603.48	5,996.52	7,600.00	0.00
	Total	12,065.84	69,285.38	24,168.85	93,454.23	0.00

Kingman County Total 19	Indemnity	8,644.56	20,515.77	7,591.67	28,107.44	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,342.07	64,978.86	9,980.66	74,959.52	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	79.21	3,004.28	5,996.52	9,000.80	0.00
	Total	12,065.84	88,498.91	24,168.85	112,667.76	0.00

ORG1 DESC : Kiowa County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Closed Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	701.32	0.00	701.32	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	55.07	0.00	55.07	0.00
	Total	0.00	756.39	0.00	756.39	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 3	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	29.24	7,470.76	7,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	31.31	1,468.69	1,500.00	0.00
	Total	0.00	60.55	8,939.45	9,000.00	0.00

Kiowa County 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	730.56	7,470.76	8,201.32	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	86.38	1,468.69	1,555.07	0.00
	Total	0.00	816.94	8,939.45	9,756.39	0.00

ORG1 DESC : Lane County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Closed Total 105	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	114,379.99	0.00	114,379.99	0.00
	Legal	0.00	5,183.75	0.00	5,183.75	0.00
	Other	0.00	12,419.91	0.00	12,419.91	0.00
	Total	0.00	186,855.73	0.00	186,855.73	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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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	312.96	2,187.04	2,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	23.45	476.55	500.00	0.00
	Total	0.00	336.41	2,663.59	3,000.00	0.00

Lane County Total 106	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	114,692.95	2,187.04	116,879.99	0.00
	Legal	0.00	5,183.75	0.00	5,183.75	0.00
	Other	0.00	12,443.36	476.55	12,919.91	0.00
	Total	0.00	187,192.14	2,663.59	189,855.73	0.00

ORG1 DESC : Lincoln County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Closed Total 274	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	515,482.96	0.00	515,482.96	0.00
	Legal	0.00	518.00	0.00	518.00	0.00
	Other	0.00	37,302.34	0.00	37,302.34	(756.73)
	Total	0.00	770,215.56	0.00	770,215.56	(756.73)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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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	2,590.51	909.49	3,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	109.91	590.09	700.00	0.00
	Total	0.00	2,700.42	1,499.58	4,200.00	0.00

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	909.49	518,982.96	0.00
	Legal	0.00	518.00	0.00	518.00	0.00
	Other	0.00	37,412.25	590.09	38,002.34	(756.73)
	Total	0.00	772,915.98	1,499.58	774,415.56	(756.73)

ORG1 DESC : Linn County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Closed Total 299	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	235.26	756,922.17	0.00	756,922.17	(19,661.57)
	Legal	0.00	3,586.50	0.00	3,586.50	0.00
	Other	12.84	63,993.06	0.00	63,993.06	0.00
	Total	248.10	1,304,178.04	0.00	1,304,178.04	(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 7					Indemnity	0.00	46,004.92	470,000.00	516,004.92	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	550.00	282,299.67	176,378.16	458,677.83	0.00
					Legal	0.00	10,108.89	9,391.11	19,500.00	0.00
					Other	0.00	14,767.88	53,451.84	68,219.72	0.00
					Total	550.00	353,181.36	709,221.11	1,062,402.47	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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 : 10/01/2023 - 10/31/2023

Linn County Total 307	Indemnity	0.00	527,110.71	475,070.52	1,002,181.23	(14,013.80)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	785.26	1,050,097.77	187,002.23	1,237,100.00	(19,661.57)
	Legal	0.00	13,695.39	9,941.11	23,636.50	0.00
	Other	12.84	80,074.32	55,538.46	135,612.78	0.00
	Total	798.10	1,670,978.19	727,552.32	2,398,530.51	(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 723	Indemnity	0.00	934,869.52	0.00	934,869.52	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	1,332,144.36	0.00	1,332,144.36	(1,770.30)
					Legal	0.00	33,847.20	0.00	33,847.20	0.00
					Other	0.00	186,509.81	0.00	186,509.81	(8,160.28)
					Total	0.00	2,487,370.89	0.00	2,487,370.89	(9,930.58)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 15	Indemnity	765.00	26,478.31	124,246.36	150,724.67	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,492.27	140,906.56	144,613.85	285,520.41	0.00
					Legal	396.25	396.25	18,953.75	19,350.00	0.00
					Other	365.44	19,057.84	28,845.91	47,903.75	0.00
					Total	4,018.96	186,838.96	316,659.87	503,498.83	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 1					Indemnity	0.00	3,331.95	28,609.47	31,941.42	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	24,996.48	22,003.52	47,000.00	0.00
					Legal	0.00	380.00	10,670.00	11,050.00	0.00
					Other	0.00	1,978.14	5,321.86	7,300.00	0.00
					Total	0.00	30,686.57	66,604.85	97,291.42	0.00
Lyon County Total 739					Indemnity	765.00	964,679.78	152,855.83	1,117,535.61	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,492.27	1,498,047.40	166,617.37	1,664,664.77	(1,770.30)
					Legal	396.25	34,623.45	29,623.75	64,247.20	0.00
					Other	365.44	207,545.79	34,167.77	241,713.56	(8,160.28)
					Total	4,018.96	2,704,896.42	383,264.72	3,088,161.14	(9,930.58)

ORG1 DESC : Marion County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 310					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	670,201.63	0.00	670,201.63	(20,844.68)
					Legal	0.00	16,598.16	0.00	16,598.16	0.00
					Other	0.00	64,466.90	0.00	64,466.90	(29,697.36)
					Total	0.00	1,089,338.46	0.00	1,089,338.46	(63,401.34)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

		Indemnity	Rehab	Medical	Legal	Other	Total
Open Total 8		0.00	0.00	15,750.00	15,750.00	0.00	
		0.00	0.00	0.00	0.00	0.00	
		502.27	12,360.19	18,039.81	30,400.00	0.00	
		0.00	373.75	8,226.25	8,600.00	0.00	
		16.64	582.46	4,757.54	5,340.00	0.00	
	Total	518.91	13,316.40	46,773.60	60,090.00	0.00	
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Marion County Total 318		0.00	338,071.77	15,750.00	353,821.77	(12,859.30)	
		0.00	0.00	0.00	0.00	0.00	
		502.27	682,561.82	18,039.81	700,601.63	(20,844.68)	
		0.00	16,971.91	8,226.25	25,198.16	0.00	
		16.64	65,049.36	4,757.54	69,806.90	(29,697.36)	
	Total	518.91	1,102,654.86	46,773.60	1,149,428.46	(63,401.34)	

ORG1 DESC : Marshall County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Lit / Den	Paid	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner		this Period				
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Closed Total 220					0.00	172,657.84	0.00	172,657.84	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	337,776.30	0.00	337,776.30	0.00
					0.00	890.50	0.00	890.50	0.00
					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)
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Marshall County Total 220					0.00	172,657.84	0.00	172,657.84	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	337,776.30	0.00	337,776.30	0.00
					0.00	890.50	0.00	890.50	0.00
					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)

ORG1 DESC : McPherson County
CLAIMANT STATUS DESC : Closed



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 76	Indemnity	0.00	240,562.13	0.00	240,562.13	(500.00)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	527,832.79	0.00	527,832.79	(15,010.66)
					Legal	0.00	22,800.05	0.00	22,800.05	0.00
					Other	0.00	62,243.71	0.00	62,243.71	0.00
					Total	0.00	853,438.68	0.00	853,438.68	(15,510.66)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 7	Indemnity	667.15	45,485.21	38,654.85	84,140.06	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,172.02	57,131.50	51,018.50	108,150.00	(1,000.00)
					Legal	0.00	1,730.30	22,269.70	24,000.00	0.00
					Other	253.08	12,053.79	15,736.21	27,790.00	0.00
					Total	3,092.25	116,400.80	127,679.26	244,080.06	(1,000.00)

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Re-Open Total 1	Indemnity	0.00	0.00	5,500.00	5,500.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	249.35	4,078.30	1,821.70	5,900.00	(500.00)
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	378.63	705.57	474.43	1,180.00	0.00
					Total	627.98	4,783.87	8,396.13	13,180.00	(500.00)



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

McPherson County Total 84	Indemnity	667.15	286,047.34	44,154.85	330,202.19	(500.00)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,421.37	589,042.59	52,840.20	641,882.79	(16,510.66)
	Legal	0.00	24,530.35	22,269.70	46,800.05	0.00
	Other	631.71	75,003.07	16,210.64	91,213.71	0.00
	Total	3,720.23	974,623.35	136,075.39	1,110,698.74	(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	
Closed Total 212					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	669,383.54	0.00	669,383.54	0.00
					Legal	0.00	16,591.01	0.00	16,591.01	0.00
					Other	0.00	45,312.85	0.00	45,312.85	(7,381.97)
					Total	0.00	1,019,856.24	0.00	1,019,856.24	(7,381.97)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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	381.47	2,443.32	7,556.68	10,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	21.10	195.38	1,804.62	2,000.00	0.00
					Total	402.57	2,638.70	9,361.30	12,000.00	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Meade County Total 216	Indemnity	0.00	288,568.84	0.00	288,568.84	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	381.47	671,826.86	7,556.68	679,383.54	0.00
	Legal	0.00	16,591.01	0.00	16,591.01	0.00
	Other	21.10	45,508.23	1,804.62	47,312.85	(7,381.97)
	Total	402.57	1,022,494.94	9,361.30	1,031,856.24	(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	
				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	
				Open Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	13.19	4,986.81	5,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	9.69	990.31	1,000.00	0.00
					Total	0.00	22.88	5,977.12	6,000.00	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Metropolitan Topeka Airport Authority Total 82	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	168,416.49	4,986.81	173,403.30	(382.84)
	Legal	0.00	910.00	0.00	910.00	0.00
	Other	0.00	14,938.00	990.31	15,928.31	(1,376.32)
	Total	0.00	276,809.28	5,977.12	282,786.40	(1,759.16)

ORG1 DESC : Miami County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 716	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	140.40	1,882,763.92	0.00	1,882,763.92	(2,784.23)
					Legal	0.00	15,600.69	0.00	15,600.69	0.00
					Other	14.23	165,866.57	0.00	165,866.57	(212,591.31)
					Total	154.63	3,380,714.87	0.00	3,380,714.87	(215,375.54)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 10	Indemnity	400.00	45,399.14	30,914.77	76,313.91	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,394.26	130,726.93	91,730.85	222,457.78	0.00
					Legal	0.00	12,985.89	13,214.11	26,200.00	0.00
					Other	508.68	10,663.44	16,199.06	26,862.50	0.00
					Total	3,302.94	199,775.40	152,058.79	351,834.19	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

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	8,699.52	12,580.00	21,279.52	0.00
					Legal	0.00	928.45	7,671.55	8,600.00	0.00
					Other	2,120.00	2,922.89	4,574.70	7,497.59	0.00
					Total	2,120.00	12,550.86	69,826.25	82,377.11	0.00
Miami County Total 727					Indemnity	400.00	1,361,882.83	75,914.77	1,437,797.60	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,534.66	2,022,190.37	104,310.85	2,126,501.22	(2,784.23)
					Legal	0.00	29,515.03	20,885.66	50,400.69	0.00
					Other	2,642.91	179,452.90	20,773.76	200,226.66	(212,591.31)
					Total	5,577.57	3,593,041.13	221,885.04	3,814,926.17	(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 135					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	455,098.35	0.00	455,098.35	0.00
					Legal	0.00	1,476.00	0.00	1,476.00	0.00
					Other	0.00	41,969.93	0.00	41,969.93	(45,137.43)
					Total	0.00	831,833.57	0.00	831,833.57	(45,137.43)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Open Total 5		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	810.35	28,107.69	11,842.31	39,950.00	0.00
		Legal	0.00	0.00	600.00	600.00	0.00
		Other	24.30	6,200.58	4,599.42	10,800.00	0.00
Total			834.65	39,013.56	27,134.12	66,147.68	0.00

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	810.35	483,206.04	11,842.31	495,048.35	0.00
		Legal	0.00	1,476.00	600.00	2,076.00	0.00
		Other	24.30	48,170.51	4,599.42	52,769.93	(45,137.43)
Total			834.65	870,847.13	27,134.12	897,981.25	(45,137.43)

ORG1 DESC : Montgomery County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 33									
					0.00	17,888.07	0.00	17,888.07	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	24,890.64	0.00	24,890.64	0.00
					0.00	485.00	0.00	485.00	0.00
					0.00	6,085.53	0.00	6,085.53	0.00
Total					0.00	49,349.24	0.00	49,349.24	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 : 10/01/2023 - 10/31/2023

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	14.81	198.11	6,201.89	6,400.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	10.50	41.84	1,158.16	1,200.00	0.00
	Total	25.31	239.95	7,360.05	7,600.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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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	123.20	1,876.80	2,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	15.74	484.26	500.00	0.00
	Total	0.00	138.94	2,361.06	2,500.00	0.00

Montgomery County 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	14.81	25,211.95	8,078.69	33,290.64	0.00
	Legal	0.00	485.00	0.00	485.00	0.00
	Other	10.50	6,143.11	1,642.42	7,785.53	0.00
	Total	25.31	49,728.13	9,721.11	59,449.24	0.00

ORG1 DESC : Morris County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Closed Total 120	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	184,001.80	0.00	184,001.80	0.00
	Legal	0.00	343.50	0.00	343.50	0.00
	Other	0.00	10,402.31	0.00	10,402.31	(1,485.81)
	Total	0.00	273,815.24	0.00	273,815.24	(1,485.81)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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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	79.98	79.98	3,120.02	3,200.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	16.26	16.26	583.74	600.00	0.00
	Total	96.24	96.24	3,703.76	3,800.00	0.00

Morris County Total 122	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	79.98	184,081.78	3,120.02	187,201.80	0.00
	Legal	0.00	343.50	0.00	343.50	0.00
	Other	16.26	10,418.57	583.74	11,002.31	(1,485.81)
	Total	96.24	273,911.48	3,703.76	277,615.24	(1,485.81)

ORG1 DESC : Morton County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Closed Total 150	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	262,016.25	0.00	262,016.25	0.00
	Legal	0.00	9,734.30	0.00	9,734.30	0.00
	Other	0.00	31,026.01	0.00	31,026.01	(176.00)
	Total	0.00	435,382.53	0.00	435,382.53	(176.00)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 2					Indemnity	2,948.00	153,833.75	208,074.25	361,908.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	4,476.67	22,023.33	26,500.00	0.00
					Legal	0.00	4,685.16	2,814.84	7,500.00	0.00
					Other	0.00	356.14	2,993.86	3,350.00	0.00
					Total	2,948.00	163,351.72	235,906.28	399,258.00	0.00
Morton County Total 152					Indemnity	2,948.00	286,439.72	208,074.25	494,513.97	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	266,492.92	22,023.33	288,516.25	0.00
					Legal	0.00	14,419.46	2,814.84	17,234.30	0.00
					Other	0.00	31,382.15	2,993.86	34,376.01	(176.00)
					Total	2,948.00	598,734.25	235,906.28	834,640.53	(176.00)

ORG1 DESC : Morton County Health Care System

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

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 : Neosho County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

<u>Claim Number</u> <u>Claim Type</u>	<u>Claimant Name</u> <u>Claimant Status</u>	<u>InjuryDate</u> <u>Closed</u>	<u>Received</u> <u>Examiner</u>	<u>Lit / Den</u>	<u>Paid</u> <u>this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
Closed Total 330					0.00	387,645.12	0.00	387,645.12	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	574,304.31	0.00	574,304.31	(89,074.79)
					0.00	12,416.70	0.00	12,416.70	0.00
					0.00	73,817.66	0.00	73,817.66	(54,824.28)
					0.00	1,048,183.79	0.00	1,048,183.79	(143,899.07)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Open Total 6		Indemnity	0.00	105,345.82	10,430.43	115,776.25	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	8,486.52	404,081.91	115,508.99	519,590.90	(500.00)
		Legal	0.00	4,635.14	20,673.24	25,308.38	0.00
		Other	308.86	36,136.61	14,978.39	51,115.00	(500.00)
		Total	8,795.38	550,199.48	161,591.05	711,790.53	(1,000.00)
Neosho County Total 336		Indemnity	0.00	492,990.94	10,430.43	503,421.37	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	8,486.52	978,386.22	115,508.99	1,093,895.21	(89,574.79)
		Legal	0.00	17,051.84	20,673.24	37,725.08	0.00
		Other	308.86	109,954.27	14,978.39	124,932.66	(55,324.28)
		Total	8,795.38	1,598,383.27	161,591.05	1,759,974.32	(144,899.07)

ORG1 DESC : Ness County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 35									
		Indemnity	0.00		71,155.16		0.00	71,155.16	0.00
		Rehab	0.00		0.00		0.00	0.00	0.00
		Medical	133.34		108,976.13		198.90	109,175.03	0.00
		Legal	0.00		492.00		0.00	492.00	0.00
		Other	13.50		9,048.57		0.00	9,048.57	(15,000.00)
		Total	146.84		189,671.86		198.90	189,870.76	(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 : 10/01/2023 - 10/31/2023

Open Total 2	Indemnity	0.00	21,914.61	1,473.23	23,387.84	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	14,159.86	5,840.14	20,000.00	0.00
	Legal	0.00	990.85	8,559.15	9,550.00	0.00
	Other	0.00	643.00	3,357.00	4,000.00	0.00
	Total	0.00	37,708.32	19,229.52	56,937.84	0.00
Ness County Total 37	Indemnity	0.00	93,069.77	1,473.23	94,543.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	133.34	123,135.99	6,039.04	129,175.03	0.00
	Legal	0.00	1,482.85	8,559.15	10,042.00	0.00
	Other	13.50	9,691.57	3,357.00	13,048.57	(15,000.00)
	Total	146.84	227,380.18	19,428.42	246,808.60	(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 53					Indemnity	0.00	3,140.48	0.00	3,140.48	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	22,223.43	0.00	22,223.43	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	4,436.94	0.00	4,436.94	0.00
					Total	0.00	29,800.85	0.00	29,800.85	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 : 10/01/2023 - 10/31/2023

Open Total 14		Indemnity	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	290.72	10,903.83	25,796.17	36,700.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	19.00	2,084.42	6,115.58	8,200.00	0.00
		Total	309.72	12,988.25	31,911.75	44,900.00	0.00

North Central Kansas Regional Juvenile Detention Total 67		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	290.72	33,127.26	25,796.17	58,923.43	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	19.00	6,521.36	6,115.58	12,636.94	0.00
		Total	309.72	42,789.10	31,911.75	74,700.85	0.00

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

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
		Closed Total 13								
					Indemnity	0.00	82.43	0.00	82.43	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	15,902.70	0.00	15,902.70	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	883.97	0.00	883.97	0.00
					Total	0.00	16,869.10	0.00	16,869.10	0.00

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

ORG1 DESC : Norton County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 173	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	419,014.32	0.00	419,014.32	(9,111.56)
					Legal	0.00	511.50	0.00	511.50	0.00
					Other	0.00	41,651.66	0.00	41,651.66	(34,632.43)
					Total	0.00	673,404.34	0.00	673,404.34	(43,743.99)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				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	321.16	2,178.84	2,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	37.11	462.89	500.00	0.00
					Total	0.00	358.27	2,641.73	3,000.00	0.00

				Norton County Total 174	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	2,178.84	421,514.32	(9,111.56)
					Legal	0.00	511.50	0.00	511.50	0.00
					Other	0.00	41,688.77	462.89	42,151.66	(34,632.43)
					Total	0.00	673,762.61	2,641.73	676,404.34	(43,743.99)

ORG1 DESC : Osage County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Closed Total 337	Indemnity	0.00	504,631.53	0.00	504,631.53	(14,660.57)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	374.90	833,427.03	136.27	833,563.30	(4,005.96)
	Legal	0.00	9,771.00	0.00	9,771.00	0.00
	Other	19.00	67,719.09	11.44	67,730.53	(50,779.03)
	Total	393.90	1,415,548.65	147.71	1,415,696.36	(69,445.56)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 6					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	60.44	37,649.78	39,618.74	77,268.52	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	9.50	2,301.87	6,498.13	8,800.00	0.00
					Total	69.94	49,872.67	52,716.87	102,589.54	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Osage County Total 344	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	435.34	873,119.01	40,712.81	913,831.82	(4,005.96)
	Legal	0.00	9,771.00	600.00	10,371.00	0.00
	Other	28.50	70,204.65	7,125.88	77,330.53	(50,779.03)
	Total	463.84	1,467,647.21	54,438.69	1,522,085.90	(69,445.56)

ORG1 DESC : Osborne County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 234					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	184,847.38	0.00	184,847.38	0.00
					Legal	0.00	1,508.50	0.00	1,508.50	0.00
					Other	0.00	24,665.27	0.00	24,665.27	0.00
					Total	0.00	300,874.34	0.00	300,874.34	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 3					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	1,200.02	6,299.98	7,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	99.87	1,400.13	1,500.00	0.00
					Total	0.00	1,299.89	7,700.11	9,000.00	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Osborne County 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	186,047.40	6,299.98	192,347.38	0.00
	Legal	0.00	1,508.50	0.00	1,508.50	0.00
	Other	0.00	24,765.14	1,400.13	26,165.27	0.00
	Total	0.00	302,174.23	7,700.11	309,874.34	0.00

ORG1 DESC : Ottawa County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 6	Indemnity	0.00	5,785.45	9,925.55	15,711.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	896.60	34,764.14	15,335.86	50,100.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	108.92	3,587.50	4,392.50	7,980.00	0.00
					Total	1,005.52	44,137.09	30,253.91	74,391.00	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Ottawa County Total 217	Indemnity	0.00	109,508.17	9,925.55	119,433.72	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	896.60	262,421.75	15,335.86	277,757.61	0.00
	Legal	0.00	5,853.52	600.00	6,453.52	0.00
	Other	108.92	33,936.13	4,392.50	38,328.63	(31,291.15)
	Total	1,005.52	411,719.57	30,253.91	441,973.48	(31,291.15)

ORG1 DESC : Pawnee 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 183					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	175,090.17	0.00	175,090.17	0.00
					Legal	0.00	505.00	0.00	505.00	0.00
					Other	0.00	9,247.73	0.00	9,247.73	(5,743.63)
					Total	0.00	250,397.27	0.00	250,397.27	(5,743.63)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 3					Indemnity	1,780.80	338,391.57	219,511.93	557,903.50	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,250.44	85,732.83	25,739.17	111,472.00	0.00
					Legal	0.00	1,438.75	12,211.25	13,650.00	0.00
					Other	40.54	13,143.82	4,851.18	17,995.00	0.00
					Total	3,071.78	438,706.97	262,313.53	701,020.50	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Pawnee County Total 186	Indemnity	1,780.80	403,945.94	219,511.93	623,457.87	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,250.44	260,823.00	25,739.17	286,562.17	0.00
	Legal	0.00	1,943.75	12,211.25	14,155.00	0.00
	Other	40.54	22,391.55	4,851.18	27,242.73	(5,743.63)
	Total	3,071.78	689,104.24	262,313.53	951,417.77	(5,743.63)

ORG1 DESC : Phillips County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 148					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	479,378.75	0.00	479,378.75	(38,473.40)
					Legal	0.00	2,588.10	0.00	2,588.10	0.00
					Other	0.00	114,274.38	0.00	114,274.38	(291.80)
					Total	0.00	1,017,673.37	0.00	1,017,673.37	(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	
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	69.68	1,469.01	6,430.99	7,900.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	9.88	124.32	2,075.68	2,200.00	0.00
					Total	79.56	2,084.85	11,908.63	13,993.48	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Phillips County Total 152	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	69.68	480,847.76	6,430.99	487,278.75	(38,473.40)
	Legal	0.00	2,588.10	600.00	3,188.10	0.00
	Other	9.88	114,398.70	2,075.68	116,474.38	(291.80)
	Total	79.56	1,019,758.22	11,908.63	1,031,666.85	(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	
Closed Total 582					Indemnity	0.00	661,677.35	0.00	661,677.35	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	921,701.28	0.00	921,701.28	(36,729.38)
					Legal	0.00	28,671.59	0.00	28,671.59	(197.00)
					Other	0.00	87,592.55	0.00	87,592.55	(72,608.23)
					Total	0.00	1,699,642.77	0.00	1,699,642.77	(109,534.61)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 9					Indemnity	3,441.12	128,441.12	578.88	129,020.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,082.28	105,270.34	40,118.42	145,388.76	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	89.21	18,545.42	8,154.58	26,700.00	(500.00)
					Total	4,612.61	252,256.88	48,851.88	301,108.76	(500.00)

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 3					Indemnity	0.00	40,159.36	36,840.14	76,999.50	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,687.62	77,939.37	33,060.63	111,000.00	(500.00)
					Legal	0.00	0.00	11,000.00	11,000.00	0.00
					Other	30.47	5,851.57	8,148.43	14,000.00	0.00
					Total	1,718.09	123,950.30	89,049.20	212,999.50	(500.00)
Pottawatomie County Total 594					Indemnity	3,441.12	830,277.83	37,419.02	867,696.85	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,769.90	1,104,910.99	73,179.05	1,178,090.04	(37,229.38)
					Legal	0.00	28,671.59	11,000.00	39,671.59	(197.00)
					Other	119.68	111,989.54	16,303.01	128,292.55	(73,108.23)
					Total	6,330.70	2,075,849.95	137,901.08	2,213,751.03	(110,534.61)

ORG1 DESC : Pratt County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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	43,943.71	0.00	43,943.71	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	79,139.32	0.00	79,139.32	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	43,943.71	0.00	43,943.71	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	79,139.32	0.00	79,139.32	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

ORG1 DESC : Public Wholesale Water Supply District No 11

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				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 88	Indemnity	0.00	33,547.07	0.00	33,547.07	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	188,969.52	0.00	188,969.52	0.00
					Legal	0.00	1,415.00	0.00	1,415.00	0.00
					Other	0.00	9,411.72	0.00	9,411.72	(825.25)
					Total	0.00	233,343.31	0.00	233,343.31	(825.25)

CLAIMANT STATUS DESC : Open



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				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	700.00	700.00	
					Legal	0.00	0.00	0.00	0.00	
					Other	0.00	0.00	100.00	100.00	
					Total	0.00	0.00	800.00	800.00	
				Rawlins County Total 89	Indemnity	0.00	33,547.07	0.00	33,547.07	0.00
					Rehab	0.00	0.00	0.00	0.00	
					Medical	0.00	188,969.52	700.00	189,669.52	
					Legal	0.00	1,415.00	0.00	1,415.00	
					Other	0.00	9,411.72	100.00	9,511.72	
					Total	0.00	233,343.31	800.00	234,143.31	

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 1745	Indemnity	0.00	2,870,240.11	0.00	2,870,240.11
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	5,034,455.96	0.00	5,034,455.96
					Legal	0.00	23,003.48	0.00	23,003.48
					Other	0.00	598,799.78	0.00	598,799.78
					Total	0.00	8,526,499.33	0.00	8,526,499.33

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Open Total 34	Indemnity	39,554.16	270,933.27	103,930.39	374,863.66	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	22,078.73	589,177.21	189,400.52	778,577.73	0.00
	Legal	0.00	7,133.80	34,366.20	41,500.00	0.00
	Other	1,926.66	57,448.50	38,304.13	95,752.63	0.00
	Total	63,559.55	924,692.78	366,001.24	1,290,694.02	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 5										
					Indemnity	0.00	60,207.51	74,521.31	134,728.82	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,266.16	258,147.31	68,801.57	326,948.88	(26,307.26)
					Legal	0.00	3,231.60	7,868.40	11,100.00	0.00
					Other	104.22	31,707.65	10,182.35	41,890.00	(21,398.16)
					Total	2,370.38	353,294.07	161,373.63	514,667.70	(47,705.42)

Reno County Total 1784										
					Indemnity	39,554.16	3,201,380.89	178,451.70	3,379,832.59	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	24,344.89	5,881,780.48	258,202.09	6,139,982.57	(26,947.56)
					Legal	0.00	33,368.88	42,234.60	75,603.48	0.00
					Other	2,030.88	687,955.93	48,486.48	736,442.41	(2,348,031.70)
					Total	65,929.93	9,804,486.18	527,374.87	10,331,861.05	(2,374,979.26)

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 : 10/01/2023 - 10/31/2023

Closed Total 225	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	358,081.27	0.00	358,081.27	0.00
	Legal	0.00	2,833.70	0.00	2,833.70	0.00
	Other	0.00	41,502.05	0.00	41,502.05	(10,186.58)
	Total	0.00	569,345.69	0.00	569,345.69	(10,186.58)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 2					Indemnity	0.00	19,620.29	0.00	19,620.29	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	54,106.32	14,251.08	68,357.40	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	2,481.19	5,518.81	8,000.00	0.00
					Total	0.00	76,207.80	19,769.89	95,977.69	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 1					Indemnity	0.00	1,608.11	8,000.00	9,608.11	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	518.32	26,534.49	4,216.50	30,750.99	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	9.50	580.44	4,693.67	5,274.11	0.00
					Total	527.82	28,723.04	16,910.17	45,633.21	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Republic County Total 228	Indemnity	0.00	188,157.07	8,000.00	196,157.07	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	518.32	438,722.08	18,467.58	457,189.66	0.00
	Legal	0.00	2,833.70	0.00	2,833.70	0.00
	Other	9.50	44,563.68	10,212.48	54,776.16	(10,186.58)
	Total	527.82	674,276.53	36,680.06	710,956.59	(10,186.58)

ORG1 DESC : Rice 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 105	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	393,030.94	0.00	393,030.94	(29,007.75)
					Legal	0.00	8,210.60	0.00	8,210.60	0.00
					Other	0.00	45,082.46	0.00	45,082.46	(23,763.43)
					Total	0.00	680,893.28	0.00	680,893.28	(53,573.52)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 8	Indemnity	1,586.40	41,551.19	15,865.19	57,416.38	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,792.36	233,587.38	52,562.62	286,150.00	(2,000.00)
					Legal	0.00	1,042.50	457.50	1,500.00	0.00
					Other	240.68	21,785.14	21,759.86	43,545.00	0.00
					Total	3,619.44	297,966.21	90,645.17	388,611.38	(2,000.00)



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Rice County Total 113	Indemnity	1,586.40	276,120.47	15,865.19	291,985.66	(802.34)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,792.36	626,618.32	52,562.62	679,180.94	(31,007.75)
	Legal	0.00	9,253.10	457.50	9,710.60	0.00
	Other	240.68	66,867.60	21,759.86	88,627.46	(23,763.43)
	Total	3,619.44	978,859.49	90,645.17	1,069,504.66	(55,573.52)

ORG1 DESC : Rooks County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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	1,152.62	0.00	1,152.62	0.00
			Legal		0.00	0.00	0.00	0.00	0.00
			Other		0.00	54.96	0.00	54.96	0.00
			Total		0.00	1,207.58	0.00	1,207.58	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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		2,376.31	3,631.89	4,368.11	8,000.00	0.00
			Legal		0.00	0.00	0.00	0.00	0.00
			Other		252.85	359.58	1,240.42	1,600.00	0.00
			Total		2,629.16	3,991.47	5,608.53	9,600.00	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Rooks County Total 3		Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	2,376.31	4,784.51	4,368.11	9,152.62	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	252.85	414.54	1,240.42	1,654.96	0.00	0.00
	Total	2,629.16	5,199.05	5,608.53	10,807.58	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 114							
			Indemnity		0.00	199,802.92	0.00	199,802.92	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		604.80	593,148.48	0.00	593,148.48	0.00
			Legal		0.00	2,003.00	0.00	2,003.00	0.00
			Other		50.32	28,376.54	0.00	28,376.54	0.00
			Total		655.12	823,330.94	0.00	823,330.94	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 4							
			Indemnity		0.00	3,870.90	36,690.36	40,561.26	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		1,749.85	62,807.69	37,692.31	100,500.00	0.00
			Legal		0.00	0.00	1,800.00	1,800.00	0.00
			Other		39.87	10,188.39	8,311.61	18,500.00	0.00
			Total		1,789.72	76,866.98	84,494.28	161,361.26	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Rush County Total 118		Indemnity	0.00	203,673.82	36,690.36	240,364.18	0.00
	Rehab	0.00	0.00		0.00	0.00	0.00
	Medical	2,354.65	655,956.17	37,692.31	693,648.48	0.00	0.00
	Legal	0.00	2,003.00	1,800.00	3,803.00	0.00	0.00
	Other	90.19	38,564.93	8,311.61	46,876.54	0.00	0.00
	Total	2,444.84	900,197.92	84,494.28	984,692.20	0.00	0.00

ORG1 DESC : Russell 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 263			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	401,919.83	0.00	401,919.83	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	40,347.05	0.00	40,347.05	(16,491.48)
					Total	0.00	665,421.78	0.00	665,421.78	(16,491.48)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
		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	0.00	2,704.27	12,795.73	15,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	195.66	2,904.34	3,100.00	0.00
					Total	0.00	2,899.93	15,700.07	18,600.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

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	336.32	1,163.68	1,500.00	
					Legal	0.00	0.00	0.00	0.00	
					Other	0.00	27.00	273.00	300.00	
					Total	0.00	363.32	1,436.68	1,800.00	
				Russell County Total 270	Indemnity	0.00	223,154.90	0.00	223,154.90	0.00
					Rehab	0.00	0.00	0.00	0.00	
					Medical	0.00	404,960.42	13,959.41	418,919.83	
					Legal	0.00	0.00	0.00	0.00	
					Other	0.00	40,569.71	3,177.34	43,747.05	
					Total	0.00	668,685.03	17,136.75	685,821.78	

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 1231	Indemnity	0.00	866,794.87	0.00	866,794.87
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	1,313,928.53	(9.00)	1,313,919.53
					Legal	0.00	24,454.17	0.00	24,454.17
					Other	0.00	185,730.23	0.00	185,730.23
					Total	0.00	2,390,907.80	(9.00)	2,390,898.80

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Open Total 22	Indemnity	0.00	6,154.27	7,635.27	13,789.54	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	4,188.16	93,073.66	93,006.53	186,080.19	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	291.43	27,576.23	15,049.07	42,625.30	0.00
	Total	4,479.59	126,804.16	115,690.87	242,495.03	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Re-Open Total 1	Indemnity	0.00	43,315.77	1,000.00	44,315.77	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	74,904.37	2,508.45	77,412.82	0.00
	Legal	0.00	142.00	458.00	600.00	0.00
	Other	0.00	2,554.19	1,500.00	4,054.19	0.00
	Total	0.00	120,916.33	5,466.45	126,382.78	0.00

Saline County Total 1254	Indemnity	0.00	916,264.91	8,635.27	924,900.18	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	4,188.16	1,481,906.56	95,505.98	1,577,412.54	(9,808.31)
	Legal	0.00	24,596.17	458.00	25,054.17	(5,380.82)
	Other	291.43	215,860.65	16,549.07	232,409.72	(67,682.97)
	Total	4,479.59	2,638,628.29	121,148.32	2,759,776.61	(82,872.10)

ORG1 DESC : Scott County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Closed Total 48	Indemnity	0.00	18,808.47	0.00	18,808.47	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	83,758.77	0.00	83,758.77	0.00
	Legal	0.00	4,727.60	0.00	4,727.60	0.00
	Other	0.00	9,013.33	0.00	9,013.33	0.00
	Total	0.00	116,308.17	0.00	116,308.17	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,182.38	1,317.62	2,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	509.86	290.14	800.00	0.00
	Total	0.00	1,692.24	1,607.76	3,300.00	0.00

Scott County Total 49	Indemnity	0.00	18,808.47	0.00	18,808.47	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	84,941.15	1,317.62	86,258.77	0.00
	Legal	0.00	4,727.60	0.00	4,727.60	0.00
	Other	0.00	9,523.19	290.14	9,813.33	0.00
	Total	0.00	118,000.41	1,607.76	119,608.17	0.00

ORG1 DESC : Sheridan County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Closed Total 158	Indemnity	0.00	495,927.96	0.00	495,927.96	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	447,381.95	0.00	447,381.95	0.00
	Legal	0.00	1,663.50	0.00	1,663.50	0.00
	Other	0.00	31,681.59	0.00	31,681.59	0.00
	Total	0.00	976,655.00	0.00	976,655.00	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 2	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	904.31	904.31	3,295.69	4,200.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	32.60	32.60	767.40	800.00	0.00
	Total	936.91	936.91	4,063.09	5,000.00	0.00

Sheridan County Total 160	Indemnity	0.00	495,927.96	0.00	495,927.96	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	904.31	448,286.26	3,295.69	451,581.95	0.00
	Legal	0.00	1,663.50	0.00	1,663.50	0.00
	Other	32.60	31,714.19	767.40	32,481.59	0.00
	Total	936.91	977,591.91	4,063.09	981,655.00	0.00

ORG1 DESC : Sherman County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

Closed Total 145	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	350,299.62	0.00	350,299.62	0.00
	Legal	0.00	25,808.23	0.00	25,808.23	0.00
	Other	9.50	20,583.39	0.00	20,583.39	0.00
	Total	9.50	491,967.43	0.00	491,967.43	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 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	112.21	3,087.79	3,200.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	13.10	586.90	600.00	0.00
					Total	0.00	125.31	3,674.69	3,800.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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	1,215.26	2,750.29	749.71	3,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	53.37	145.85	554.15	700.00	0.00
					Total	1,268.63	2,896.14	1,303.86	4,200.00	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Sherman County Total 148	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	1,215.26	353,162.12	3,837.50	356,999.62	0.00
	Legal	0.00	25,808.23	0.00	25,808.23	0.00
	Other	62.87	20,742.34	1,141.05	21,883.39	0.00
	Total	1,278.13	494,988.88	4,978.55	499,967.43	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 96	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	287,931.07	0.00	287,931.07	(8,186.50)
					Legal	0.00	15,452.71	0.00	15,452.71	0.00
					Other	0.00	24,592.16	0.00	24,592.16	0.00
					Total	0.00	562,021.63	0.00	562,021.63	(12,000.00)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				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	63.99	2,436.01	2,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	10.92	489.08	500.00	0.00
					Total	0.00	74.91	2,925.09	3,000.00	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Smith County 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	2,436.01	290,431.07	(8,186.50)
	Legal	0.00	15,452.71	0.00	15,452.71	0.00
	Other	0.00	24,603.08	489.08	25,092.16	0.00
	Total	0.00	562,096.54	2,925.09	565,021.63	(12,000.00)

ORG1 DESC : Stafford County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 25					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	138,523.28	0.00	138,523.28	0.00
					Legal	0.00	7,061.27	0.00	7,061.27	0.00
					Other	0.00	4,427.44	0.00	4,427.44	0.00
					Total	0.00	234,233.13	0.00	234,233.13	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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	1,899.85	1,600.15	3,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	75.48	624.52	700.00	0.00
					Total	0.00	1,975.33	2,224.67	4,200.00	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Stafford County Total 26	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	140,423.13	1,600.15	142,023.28	0.00
	Legal	0.00	7,061.27	0.00	7,061.27	0.00
	Other	0.00	4,502.92	624.52	5,127.44	0.00
	Total	0.00	236,208.46	2,224.67	238,433.13	0.00

ORG1 DESC : Stanton County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 101										
					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	395,677.38	0.00	395,677.38	0.00
					Legal	0.00	882.00	0.00	882.00	0.00
					Other	0.00	22,758.24	0.00	22,758.24	(5,990.28)
					Total	0.00	628,664.25	0.00	628,664.25	(5,990.28)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 3										
					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	0.00	3,200.00	3,200.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	0.00	600.00	600.00	0.00
					Total	0.00	0.00	3,800.00	3,800.00	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Stanton County Total 104	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	395,677.38	3,200.00	398,877.38	0.00
	Legal	0.00	882.00	0.00	882.00	0.00
	Other	0.00	22,758.24	600.00	23,358.24	(5,990.28)
	Total	0.00	628,664.25	3,800.00	632,464.25	(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 443					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 443	Indemnity	0.00	450,259.74	0.00	450,259.74	(568.53)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	856,641.33	0.00	856,641.33	(8,276.57)
	Legal	0.00	12,169.92	0.00	12,169.92	0.00
	Other	0.00	61,786.76	0.00	61,786.76	(5,000.00)
	Total	0.00	1,380,857.75	0.00	1,380,857.75	(13,845.10)

ORG1 DESC : Stevens Health Systems
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 10/01/2023 - 10/31/2023

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									
					0.00	542,965.83	0.00	542,965.83	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	716,419.71	0.00	716,419.71	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	91,961.52	0.00	91,961.52	(511.23)
					0.00	1,351,347.06	0.00	1,351,347.06	(511.23)
Sumner County Total 170									
					0.00	542,965.83	0.00	542,965.83	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	716,419.71	0.00	716,419.71	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	91,961.52	0.00	91,961.52	(511.23)
					0.00	1,351,347.06	0.00	1,351,347.06	(511.23)

ORG1 DESC : Thomas County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 237					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	327,696.77	0.00	327,696.77	0.00
					Legal	0.00	784.00	0.00	784.00	0.00
					Other	0.00	23,117.46	0.00	23,117.46	(2,355.43)
					Total	0.00	517,265.09	0.00	517,265.09	(2,355.43)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 3					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	1,895.31	4,104.69	6,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	854.68	645.32	1,500.00	0.00
					Total	0.00	2,749.99	4,750.01	7,500.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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	179.13	4,946.29	2,053.71	7,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	12.05	1,380.07	619.93	2,000.00	0.00
					Total	191.18	6,326.36	2,673.64	9,000.00	0.00



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Thomas County Total 241	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	179.13	334,538.37	6,158.40	340,696.77	0.00
	Legal	0.00	784.00	0.00	784.00	0.00
	Other	12.05	25,352.21	1,265.25	26,617.46	(2,355.43)
	Total	191.18	526,341.44	7,423.65	533,765.09	(2,355.43)

ORG1 DESC : Trego 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 118					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	241,649.19	0.00	241,649.19	(2,835.19)
					Legal	0.00	976.00	0.00	976.00	0.00
					Other	0.00	13,914.94	0.00	13,914.94	(515.12)
					Total	0.00	338,081.25	0.00	338,081.25	(4,754.19)

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	0.00	15,000.00	15,000.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,145.68	1,145.68	12,554.32	13,700.00	0.00
					Legal	0.00	0.00	9,000.00	9,000.00	0.00
					Other	160.22	160.22	2,939.78	3,100.00	0.00
					Total	1,305.90	1,305.90	39,494.10	40,800.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 1					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	1,037.27	1,462.73	2,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	88.84	411.16	500.00	0.00
					Total	0.00	1,126.11	1,873.89	3,000.00	0.00
Trego County Total 122					Indemnity	0.00	81,541.12	15,000.00	96,541.12	(1,403.88)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,145.68	243,832.14	14,017.05	257,849.19	(2,835.19)
					Legal	0.00	976.00	9,000.00	9,976.00	0.00
					Other	160.22	14,164.00	3,350.94	17,514.94	(515.12)
					Total	1,305.90	340,513.26	41,367.99	381,881.25	(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
Wabaunsee County 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



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

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

ORG1 DESC : Wallace County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

CLAIMANT STATUS DESC : Open



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				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	1,276.81	3,723.19	5,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	64.22	935.78	1,000.00	0.00
					Total	0.00	1,341.03	4,658.97	6,000.00	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	153,017.67	3,723.19	156,740.86	0.00
					Legal	0.00	424.50	0.00	424.50	0.00
					Other	0.00	5,679.36	935.78	6,615.14	0.00
					Total	0.00	193,460.50	4,658.97	198,119.47	0.00

ORG1 DESC : Wichita County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

ORG1 DESC : Woodson County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk 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	25,084.42	0.00	25,084.42	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	49,746.19	0.00	49,746.19	0.00
					Legal	0.00	984.00	0.00	984.00	0.00
					Other	0.00	3,329.52	0.00	3,329.52	0.00
					Total	0.00	79,144.13	0.00	79,144.13	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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	1,258.30	1,258.30	1,941.70	3,200.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	19.00	19.00	621.00	640.00	0.00
					Total	1,277.30	1,277.30	2,562.70	3,840.00	0.00

Woodson County Total 40					Indemnity	0.00	25,084.42	0.00	25,084.42	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,258.30	51,004.49	1,941.70	52,946.19	0.00
					Legal	0.00	984.00	0.00	984.00	0.00
					Other	19.00	3,348.52	621.00	3,969.52	0.00
					Total	1,277.30	80,421.43	2,562.70	82,984.13	0.00

ORG1 DESC :

CLAIMANT STATUS DESC : Closed



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 1					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	0.00	0.00	0.00	0.00
					Total	0.00	0.00	0.00	0.00	0.00
Total 1					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	0.00	0.00	0.00	0.00
					Total	0.00	0.00	0.00	0.00	0.00
Kansas Workers Risk Cooperative for Counties Total 21626					Indemnity	70,004.20	32,206,585.96	2,892,047.27	35,098,633.23	(51,121.92)
					Rehab	0.00	573.00	2,500.00	3,073.00	0.00
					Medical	177,634.36	52,993,774.32	4,003,639.87	56,997,414.19	(959,827.67)
					Legal	1,384.50	962,258.08	458,409.47	1,420,667.55	(11,597.99)
					Other	27,122.81	5,440,463.64	752,125.35	6,192,588.99	(3,956,045.40)
					Total	276,145.87	91,603,655.00	8,109,321.96	99,712,976.96	(4,978,592.98)
Grand Total: 21626					Indemnity	70,004.20	32,206,585.96	2,892,047.27	35,098,633.23	(51,121.92)
					Rehab	0.00	573.00	2,500.00	3,073.00	0.00
					Medical	177,634.36	52,993,774.32	4,003,639.87	56,997,414.19	(959,827.67)
					Legal	1,384.50	962,258.08	458,409.47	1,420,667.55	(11,597.99)
					Other	27,122.81	5,440,463.64	752,125.35	6,192,588.99	(3,956,045.40)
					Total	276,145.87	91,603,655.00	8,109,321.96	99,712,976.96	(4,978,592.98)



Claim Summary - Workers Compensation

PERIOD : 10/01/2023 - 10/31/2023

Report Fields

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

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

Outstanding: total outstanding reserves remaining

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

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

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

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

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