



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

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 9					
				Indemnity	0.00	29,867.82	93,725.88	123,593.70	0.00
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	46,608.84	133,983.73	77,616.27	211,600.00	(2,000.00)
				Legal	208.00	8,111.55	14,938.45	23,050.00	0.00
				Other	9,892.92	14,536.30	14,053.70	28,590.00	0.00
				Total	56,709.76	186,499.40	200,334.30	386,833.70	(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 : 08/01/2023 - 08/31/2023

Re-Open Total 1		Indemnity	0.00	6,675.48	21,234.41	27,909.89	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	380.17	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	9.00	3,193.33	5,686.67	8,880.00	0.00	
Total		389.17	57,694.37	39,645.52	97,339.89	(1,000.00)	

Allen County Total 64		Indemnity	0.00	68,851.56	114,960.29	183,811.85	(2,000.00)
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	46,989.01	334,527.88	82,471.51	416,999.39	(21,272.78)	
	Legal	208.00	25,794.07	22,807.65	48,601.72	0.00	
	Other	9,901.92	25,005.33	19,740.37	44,745.70	(12,214.66)	
Total		57,098.93	454,178.84	239,979.82	694,158.66	(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 : 08/01/2023 - 08/31/2023

Open Total 2	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	61.60	152,779.39	5,824.80	158,604.19	0.00
	Legal	195.00	195.00	3,905.00	4,100.00	0.00
	Other	2.43	11,926.93	3,561.93	15,488.86	0.00
	Total	259.03	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	9,725.03	9,725.03	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	12,736.40	21,113.60	33,850.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	0.00	1,377.32	3,825.18	5,202.50	0.00
	Total	0.00	14,113.72	35,263.81	49,377.53	0.00

Anderson County Total 203	Indemnity	0.00	723,615.47	24,733.18	748,348.65	0.00
	Rehab	0.00	573.00	0.00	573.00	0.00
	Medical	61.60	973,621.55	26,938.40	1,000,559.95	0.00
	Legal	195.00	14,002.30	4,505.00	18,507.30	0.00
	Other	2.43	71,336.43	7,387.11	78,723.54	(3,864.70)
	Total	259.03	1,783,148.75	63,563.69	1,846,712.44	(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 : 08/01/2023 - 08/31/2023

Closed Total 270	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	582.11	391,488.37	0.00	391,488.37	0.00
	Legal	9,442.50	13,868.90	0.00	13,868.90	0.00
	Other	18.92	31,074.98	0.00	31,074.98	(2,201.73)
	Total	10,043.53	699,628.81	0.00	699,628.81	(2,201.73)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 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	1,711.16	3,288.84	5,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	118.99	881.01	1,000.00	0.00
	Total	0.00	1,830.15	4,169.85	6,000.00	0.00

Barber County Total 272	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	582.11	393,199.53	3,288.84	396,488.37	0.00
	Legal	9,442.50	13,868.90	0.00	13,868.90	0.00
	Other	18.92	31,193.97	881.01	32,074.98	(2,201.73)
	Total	10,043.53	701,458.96	4,169.85	705,628.81	(2,201.73)

ORG1 DESC : Bourbon County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 08/01/2023 - 08/31/2023

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	0.00	745,662.79	0.00	745,662.79	(14,648.00)
	Legal	0.00	14,849.35	0.00	14,849.35	(5,986.67)
	Other	0.00	96,307.29	0.00	96,307.29	(124,733.70)
	Total	0.00	1,236,329.28	0.00	1,236,329.28	(145,368.37)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 6	Indemnity	2,132.25	187,019.92	200,352.89	387,372.81	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	15,944.36	532,160.35	934,464.06	1,466,624.41	(258.82)
					Legal	0.00	8,611.15	29,838.85	38,450.00	0.00
					Other	1,685.93	111,223.43	57,501.57	168,725.00	(28,149.84)
					Total	19,762.54	839,014.85	1,222,157.37	2,061,172.22	(28,408.66)
				Bourbon County Total 303	Indemnity	2,132.25	566,529.77	200,352.89	766,882.66	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	15,944.36	1,277,823.14	934,464.06	2,212,287.20	(14,906.82)
					Legal	0.00	23,460.50	29,838.85	53,299.35	(5,986.67)
					Other	1,685.93	207,530.72	57,501.57	265,032.29	(152,883.54)
					Total	19,762.54	2,075,344.13	1,222,157.37	3,297,501.50	(173,777.03)

ORG1 DESC : Brown County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 08/01/2023 - 08/31/2023

Closed Total 87	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	364,854.17	0.00	364,854.17	0.00
	Legal	0.00	9,293.80	0.00	9,293.80	0.00
	Other	0.00	23,605.55	0.00	23,605.55	(944.56)
	Total	0.00	651,897.21	0.00	651,897.21	(944.56)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 5					Indemnity	2,733.40	2,886.47	1,253.57	4,140.04	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	8,977.86	12,917.68	12,832.32	25,750.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	533.71	1,000.84	3,599.16	4,600.00	0.00
					Total	12,244.97	16,804.99	17,685.05	34,490.04	0.00
Brown County Total 92					Indemnity	2,733.40	257,030.16	1,253.57	258,283.73	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	8,977.86	377,771.85	12,832.32	390,604.17	0.00
					Legal	0.00	9,293.80	0.00	9,293.80	0.00
					Other	533.71	24,606.39	3,599.16	28,205.55	(944.56)
					Total	12,244.97	668,702.20	17,685.05	686,387.25	(944.56)

ORG1 DESC : Butler County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 08/01/2023 - 08/31/2023

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 8	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	81.32	126.93	21,073.07	21,200.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	68.41	102.96	3,997.04	4,100.00	0.00
	Total	149.73	229.89	25,070.11	25,300.00	0.00

Butler County Total 9	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	81.32	126.93	21,073.07	21,200.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	68.41	102.96	3,997.04	4,100.00	0.00
	Total	149.73	229.89	25,070.11	25,300.00	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 : 08/01/2023 - 08/31/2023

Closed 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	0.00	11,075.22	0.00	11,075.22	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	516.22	0.00	516.22	0.00
	Total	0.00	11,591.44	0.00	11,591.44	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 7	Indemnity	592.54	3,802.40	24,293.48	28,095.88	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	612.57	33,960.06	32,689.94	66,650.00	0.00
	Legal	0.00	488.70	8,011.30	8,500.00	0.00
	Other	129.03	1,748.14	9,814.36	11,562.50	0.00
	Total	1,334.14	39,999.30	74,809.08	114,808.38	0.00

Chase County Total 26	Indemnity	592.54	3,802.40	24,293.48	28,095.88	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	612.57	45,035.28	32,689.94	77,725.22	0.00
	Legal	0.00	488.70	8,011.30	8,500.00	0.00
	Other	129.03	2,264.36	9,814.36	12,078.72	0.00
	Total	1,334.14	51,590.74	74,809.08	126,399.82	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 : 08/01/2023 - 08/31/2023

Closed Total 95	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	446,502.15	0.00	446,502.15	0.00
	Legal	448.50	2,026.50	0.00	2,026.50	0.00
	Other	0.00	43,370.22	0.00	43,370.22	(11,977.87)
	Total	448.50	729,084.84	0.00	729,084.84	(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	75.68	581.77	5,418.23	6,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	16.07	126.33	1,073.67	1,200.00	0.00
	Total	91.75	708.10	6,491.90	7,200.00	0.00

Chautauqua County 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	75.68	447,083.92	5,418.23	452,502.15	0.00
	Legal	448.50	2,026.50	0.00	2,026.50	0.00
	Other	16.07	43,496.55	1,073.67	44,570.22	(11,977.87)
	Total	540.25	729,792.94	6,491.90	736,284.84	(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 : 08/01/2023 - 08/31/2023

Closed Total 414	Indemnity	0.00	954,640.23	0.00	954,640.23	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	18.51	1,175,263.15	0.00	1,175,263.15	0.00
	Legal	0.00	50,183.82	0.00	50,183.82	0.00
	Other	9.00	100,678.54	0.00	100,678.54	(33,794.04)
	Total	27.51	2,280,765.74	0.00	2,280,765.74	(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 12					Indemnity	0.00	174,778.46	86,528.80	261,307.26	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,598.61	259,194.70	86,703.68	345,898.38	0.00
					Legal	506.25	2,847.19	28,402.81	31,250.00	0.00
					Other	100.88	36,162.78	16,246.59	52,409.37	0.00
					Total	2,205.74	472,983.13	217,881.88	690,865.01	0.00

Cherokee County Total 426					Indemnity	0.00	1,129,418.69	86,528.80	1,215,947.49	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,617.12	1,434,457.85	86,703.68	1,521,161.53	0.00
					Legal	506.25	53,031.01	28,402.81	81,433.82	0.00
					Other	109.88	136,841.32	16,246.59	153,087.91	(33,794.04)
					Total	2,233.25	2,753,748.87	217,881.88	2,971,630.75	(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 : 08/01/2023 - 08/31/2023

Closed Total 35	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	75,068.84	0.00	75,068.84	0.00
	Legal	0.00	11,684.25	0.00	11,684.25	0.00
	Other	0.00	1,333.19	0.00	1,333.19	0.00
	Total	0.00	95,703.90	0.00	95,703.90	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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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	70.29	2,829.71	2,900.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	9.19	590.81	600.00	0.00
	Total	0.00	79.48	3,420.52	3,500.00	0.00

Cheyenne County Total 37	Indemnity	0.00	7,617.62	0.00	7,617.62	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	75,139.13	2,829.71	77,968.84	0.00
	Legal	0.00	11,684.25	0.00	11,684.25	0.00
	Other	0.00	1,342.38	590.81	1,933.19	0.00
	Total	0.00	95,783.38	3,420.52	99,203.90	0.00

ORG1 DESC : Clark County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 08/01/2023 - 08/31/2023

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	3,287.62	107,621.89	59,378.11	167,000.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	134.40	14,802.73	5,897.27	20,700.00	0.00
	Total	3,422.02	122,424.62	105,875.38	228,300.00	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	3,287.62	169,197.56	59,378.11	228,575.67	(3,474.33)
	Legal	0.00	511.50	600.00	1,111.50	0.00
	Other	134.40	23,000.16	5,897.27	28,897.43	0.00
	Total	3,422.02	205,369.07	105,875.38	311,244.45	(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 : 08/01/2023 - 08/31/2023

Closed Total 271	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	517,309.06	0.00	517,309.06	(15,087.26)
	Legal	0.00	7,444.00	0.00	7,444.00	0.00
	Other	0.00	59,733.77	0.00	59,733.77	(25,079.92)
	Total	0.00	774,870.90	0.00	774,870.90	(40,167.18)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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	365.95	106,759.79	125,640.21	232,400.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	871.67	13,085.47	14,114.53	27,200.00	0.00
					Total	1,237.62	122,890.08	187,309.92	310,200.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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	0.00	189,518.86	35,183.31	224,702.17	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	19,126.69	1,373.31	20,500.00	0.00
					Total	0.00	303,921.85	36,556.62	340,478.47	0.00



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

Clay County Total 280	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	365.95	813,587.71	160,823.52	974,411.23	(15,087.26)
	Legal	0.00	7,444.00	600.00	8,044.00	0.00
	Other	871.67	91,945.93	15,487.84	107,433.77	(25,079.92)
	Total	1,237.62	1,201,682.83	223,866.54	1,425,549.37	(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 402					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	368,577.75	0.00	368,577.75	(4,807.87)
					Legal	0.00	1,376.00	0.00	1,376.00	0.00
					Other	0.00	31,132.85	0.00	31,132.85	(2,972.65)
					Total	0.00	792,105.28	0.00	792,105.28	(7,780.52)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	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
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	11,712.50	9,287.50	21,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	1,006.83	3,193.17	4,200.00	0.00
					Total	0.00	12,719.33	12,480.67	25,200.00	0.00



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

Cloud County Total 407	Indemnity	0.00	391,018.68	0.00	391,018.68	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	380,290.25	9,287.50	389,577.75	(4,807.87)
	Legal	0.00	1,376.00	0.00	1,376.00	0.00
	Other	0.00	32,139.68	3,193.17	35,332.85	(2,972.65)
	Total	0.00	804,824.61	12,480.67	817,305.28	(7,780.52)

ORG1 DESC : Comanche County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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 1										
					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	0.00	700.00	700.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	0.00	100.00	100.00	0.00
					Total	0.00	0.00	800.00	800.00	0.00



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

Comanche County Total 138	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	700.00	186,179.61	0.00
	Legal	0.00	1,376.00	0.00	1,376.00	0.00
	Other	0.00	26,874.98	100.00	26,974.98	(7,532.69)
	Total	0.00	274,912.34	800.00	275,712.34	(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	0.00	42,154.50	0.00	42,154.50	0.00
					Legal	0.00	492.00	0.00	492.00	0.00
					Other	0.00	4,007.43	0.00	4,007.43	0.00
					Total	0.00	72,065.76	0.00	72,065.76	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				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	953.27	953.27	6,546.73	7,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	118.83	148.78	1,351.22	1,500.00	0.00
					Total	1,072.10	1,102.05	7,897.95	9,000.00	0.00



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

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	953.27	43,107.77	6,546.73	49,654.50	0.00
	Legal	0.00	492.00	0.00	492.00	0.00
	Other	118.83	4,156.21	1,351.22	5,507.43	0.00
	Total	1,072.10	73,167.81	7,897.95	81,065.76	0.00

ORG1 DESC : Cowley County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				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	440.00	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	440.00	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 7	Indemnity	584.23	584.23	60,915.77	61,500.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	128.70	50,453.69	42,696.31	93,150.00	(500.00)
					Legal	0.00	381.35	10,218.65	10,600.00	0.00
					Other	46.24	10,783.42	9,944.08	20,727.50	0.00
					Total	759.17	62,202.69	123,774.81	185,977.50	(500.00)



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

Cowley County Total 192	Indemnity	584.23	164,130.30	60,915.77	225,046.07	(500.00)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	128.70	374,184.28	42,696.31	416,880.59	(38,169.77)
	Legal	440.00	11,292.85	10,218.65	21,511.50	0.00
	Other	46.24	67,432.32	9,944.08	77,376.40	(15,139.56)
	Total	1,199.17	617,039.75	123,774.81	740,814.56	(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	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	5,592.43	0.00	5,592.43	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	183.90	0.00	183.90	0.00
					Total	0.00	5,776.33	0.00	5,776.33	0.00
				DDS-GEARY COUNTY Facility Total 4	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	5,592.43	0.00	5,592.43	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	183.90	0.00	183.90	0.00
					Total	0.00	5,776.33	0.00	5,776.33	0.00

ORG1 DESC : Decatur County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

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	682.80	79,329.01	86,870.99	166,200.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	69.96	6,867.96	21,132.04	28,000.00	0.00
	Total	752.76	87,535.37	127,264.63	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	682.80	354,738.93	86,870.99	441,609.92	0.00
	Legal	0.00	4,956.45	600.00	5,556.45	0.00
	Other	69.96	39,581.56	21,132.04	60,713.60	(25,000.00)
	Total	752.76	597,902.96	127,264.63	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 : 08/01/2023 - 08/31/2023

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	
Open Total 1					Indemnity	1,978.00	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	50.00	50.00	10,450.00	10,500.00	0.00
					Other	0.00	21,757.38	2,836.02	24,593.40	0.00
					Total	2,028.00	127,223.77	53,159.55	180,383.32	0.00
Decatur Health Systems Total 88					Indemnity	1,978.00	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	50.00	50.00	10,450.00	10,500.00	0.00
					Other	0.00	39,981.80	2,836.02	42,817.82	(601.91)
					Total	2,028.00	325,055.01	53,159.55	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 : 08/01/2023 - 08/31/2023

Closed Total 414	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	890,454.57	0.00	890,454.57	(3,660.76)
	Legal	0.00	6,329.25	0.00	6,329.25	0.00
	Other	0.00	62,122.55	0.00	62,122.55	(104,198.93)
	Total	0.00	1,586,646.49	0.00	1,586,646.49	(107,859.69)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 7	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	1,053.17	195,492.50	48,162.63	243,655.13	0.00
	Legal	0.00	14,697.05	600.00	15,297.05	0.00
	Other	55.62	13,594.14	7,485.86	21,080.00	0.00
	Total	1,108.79	371,921.10	61,697.09	433,618.19	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	1,053.17	1,085,947.07	48,162.63	1,134,109.70	(3,660.76)
	Legal	0.00	21,026.30	600.00	21,626.30	0.00
	Other	55.62	75,716.69	7,485.86	83,202.55	(104,198.93)
	Total	1,108.79	1,958,567.59	61,697.09	2,020,264.68	(107,859.69)

ORG1 DESC : Doniphan County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 08/01/2023 - 08/31/2023

Closed Total 130	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	327,448.18	0.00	327,448.18	(8,475.99)
	Legal	0.00	790.50	0.00	790.50	0.00
	Other	0.00	21,533.35	0.00	21,533.35	(20,403.94)
	Total	0.00	544,252.43	0.00	544,252.43	(28,879.93)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 1					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	1,154.12	2,345.88	3,500.00	(500.00)
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	89.98	610.02	700.00	0.00
					Total	0.00	1,244.10	2,955.90	4,200.00	(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	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)



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

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	17,795.88	346,398.18	(9,379.39)
	Legal	0.00	1,140.40	6,650.10	7,790.50	0.00
	Other	0.00	21,676.83	2,909.02	24,585.85	(20,403.94)
	Total	0.00	545,899.93	36,355.00	582,254.93	(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	
				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
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Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 4					Indemnity	2,343.55	2,343.55	8,241.37	10,584.92	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	808.19	808.19	16,441.81	17,250.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	112.12	112.12	3,887.88	4,000.00	0.00
					Total	3,263.86	3,263.86	29,171.06	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	
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	447.34	241,240.45	94,110.05	335,350.50	(70,270.55)
					Legal	0.00	100.00	8,400.00	8,500.00	0.00
					Other	26.18	17,080.12	12,044.88	29,125.00	0.00
					Total	473.52	273,893.36	129,554.93	403,448.29	(70,270.55)



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

Elk County Total 134	Indemnity	2,343.55	421,307.70	23,241.37	444,549.07	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,255.53	658,346.55	110,551.86	768,898.41	(108,103.43)
	Legal	0.00	6,059.35	9,000.00	15,059.35	0.00
	Other	138.30	61,991.09	15,932.76	77,923.85	0.00
	Total	3,737.38	1,147,704.69	158,725.99	1,306,430.68	(108,103.43)

ORG1 DESC : Ellis County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 328					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	677,689.38	0.00	677,689.38	0.00
					Legal	0.00	8,014.60	0.00	8,014.60	0.00
					Other	0.00	56,487.94	0.00	56,487.94	(57,317.78)
					Total	0.00	1,044,702.23	0.00	1,044,702.23	(57,317.78)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 11					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,880.71	4,112.13	13,287.87	17,400.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	179.95	385.15	3,014.85	3,400.00	0.00
					Total	2,060.66	4,497.28	16,302.72	20,800.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

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	2,872.75	627.25	3,500.00	
					Legal	0.00	0.00	0.00	0.00	
					Other	0.00	566.02	633.98	1,200.00	
					Total	0.00	3,438.77	1,261.23	4,700.00	
				Ellis County Total 340	Indemnity	0.00	302,510.31	0.00	302,510.31	0.00
					Rehab	0.00	0.00	0.00	0.00	
					Medical	1,880.71	684,674.26	13,915.12	698,589.38	0.00
					Legal	0.00	8,014.60	0.00	8,014.60	0.00
					Other	179.95	57,439.11	3,648.83	61,087.94	(57,317.78)
					Total	2,060.66	1,052,638.28	17,563.95	1,070,202.23	(57,317.78)

ORG1 DESC : Ellsworth County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 263	Indemnity	0.00	350,074.01	0.00	350,074.01	0.00
					Rehab	0.00	0.00	0.00	0.00	
					Medical	0.00	707,338.38	0.00	707,338.38	(188,250.83)
					Legal	0.00	42,272.91	0.00	42,272.91	0.00
					Other	0.00	64,342.26	0.00	64,342.26	0.00
					Total	0.00	1,164,027.56	0.00	1,164,027.56	(188,250.83)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 08/01/2023 - 08/31/2023

Open Total 1		Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	0.00	700.00	700.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	100.00	100.00	0.00	0.00
	Total	0.00	0.00	800.00	800.00	0.00	0.00

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	0.00
	Medical	0.00	707,338.38	700.00	708,038.38	(188,250.83)	0.00
	Legal	0.00	42,272.91	0.00	42,272.91	0.00	0.00
	Other	0.00	64,342.26	100.00	64,442.26	0.00	0.00
	Total	0.00	1,164,027.56	800.00	1,164,827.56	(188,250.83)	0.00

ORG1 DESC : Ellsworth County RWD No 1
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

Ellsworth County RWD No 1 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	0.00
	Medical	0.00	29,155.53	0.00	29,155.53	(2,000.00)	0.00
	Legal	0.00	524.50	0.00	524.50	0.00	0.00
	Other	0.00	1,342.92	0.00	1,342.92	(304.49)	0.00
	Total	0.00	42,131.83	0.00	42,131.83	(2,304.49)	0.00

ORG1 DESC : Finney County
CLAIMANT STATUS DESC : Closed



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

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 37					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	81.04	6,720.86	0.00	6,720.86	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	10.65	1,113.73	0.00	1,113.73	0.00
					Total	91.69	7,834.59	0.00	7,834.59	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 14					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	(261.03)	60,903.38	53,446.62	114,350.00	0.00
					Legal	442.00	442.00	1,358.00	1,800.00	0.00
					Other	40.00	2,213.42	16,156.58	18,370.00	0.00
					Total	220.97	81,704.57	109,115.09	190,819.66	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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	185.32	185.32	0.00	185.32	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	47.01	47.01	0.00	47.01	0.00
					Total	232.33	232.33	0.00	232.33	0.00



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

Finney County Total 52	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	5.33	67,809.56	53,446.62	121,256.18	0.00
	Legal	442.00	442.00	1,358.00	1,800.00	0.00
	Other	97.66	3,374.16	16,156.58	19,530.74	0.00
	Total	544.99	89,771.49	109,115.09	198,886.58	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 556					Indemnity	0.00	1,057,462.06	0.00	1,057,462.06	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	192.86	945,127.77	0.00	945,127.77	(3,873.46)
					Legal	0.00	21,514.80	0.00	21,514.80	0.00
					Other	15.00	92,764.76	0.00	92,764.76	(39,155.80)
					Total	207.86	2,116,869.39	0.00	2,116,869.39	(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 14					Indemnity	1,709.19	14,030.46	124,841.80	138,872.26	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	6,398.92	246,813.94	118,486.06	365,300.00	0.00
					Legal	492.00	492.00	18,858.00	19,350.00	0.00
					Other	506.38	17,990.41	32,324.59	50,315.00	0.00
					Total	9,106.49	279,326.81	294,510.45	573,837.26	0.00

CLAIMANT STATUS DESC : Re-Open



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

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	
Re-Open Total 2					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	37.02	549.92	5,138.48	5,688.40	0.00
					Legal	0.00	0.00	2,000.00	2,000.00	0.00
					Other	9.50	42.21	817.39	859.60	0.00
					Total	46.52	592.13	9,955.87	10,548.00	0.00
Ford County Total 572					Indemnity	1,709.19	1,071,492.52	126,841.80	1,198,334.32	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	6,628.80	1,192,491.63	123,624.54	1,316,116.17	(3,873.46)
					Legal	492.00	22,006.80	20,858.00	42,864.80	0.00
					Other	530.88	110,797.38	33,141.98	143,939.36	(39,155.80)
					Total	9,360.87	2,396,788.33	304,466.32	2,701,254.65	(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 717					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	0.00	1,364,402.01	0.00	1,364,402.01	(17,114.66)
					Legal	0.00	41,032.45	0.00	41,032.45	0.00
					Other	0.00	148,358.73	0.00	148,358.73	(22,962.95)
					Total	0.00	2,495,576.29	0.00	2,495,576.29	(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 : 08/01/2023 - 08/31/2023

Open Total 25	Indemnity	2,392.85	165,828.56	133,366.31	299,194.87	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	5,468.14	253,084.86	143,115.14	396,200.00	0.00
	Legal	186.00	530.90	17,674.10	18,205.00	0.00
	Other	854.36	42,557.37	40,040.13	82,597.50	0.00
	Total	8,901.35	462,001.69	334,195.68	796,197.37	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	
Re-Open Total 2										
					Indemnity	0.00	39,780.00	13,000.00	52,780.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	31,164.44	9,411.76	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	0.00	76,153.46	32,232.76	108,386.22	0.00

Franklin County Total 744										
					Indemnity	2,392.85	1,147,391.66	146,366.31	1,293,757.97	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	5,468.14	1,648,651.31	152,526.90	1,801,178.21	(17,114.66)
					Legal	186.00	41,563.35	24,174.10	65,737.45	0.00
					Other	854.36	196,125.12	43,361.13	239,486.25	(22,962.95)
					Total	8,901.35	3,033,731.44	366,428.44	3,400,159.88	(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 : 08/01/2023 - 08/31/2023

Closed Total 763	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	122.52	1,374,816.11	0.00	1,374,816.11	(49,476.59)
	Legal	0.00	40,400.79	0.00	40,400.79	(33.50)
	Other	89.31	191,355.02	0.00	191,355.02	(30,701.97)
	Total	211.83	2,435,224.85	0.00	2,435,224.85	(80,212.06)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 14					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,985.28	6,597.97	24,902.03	31,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	423.07	1,399.46	4,900.54	6,300.00	0.00
					Total	2,408.35	7,997.43	29,802.57	37,800.00	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	188.39	188.39	2,311.61	2,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	18.00	18.00	482.00	500.00	0.00
					Total	206.39	206.39	2,793.61	3,000.00	0.00



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

Geary County Total 778	Indemnity	0.00	828,652.93	0.00	828,652.93	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,296.19	1,381,602.47	27,213.64	1,408,816.11	(49,476.59)
	Legal	0.00	40,400.79	0.00	40,400.79	(33.50)
	Other	530.38	192,772.48	5,382.54	198,155.02	(30,701.97)
	Total	2,826.57	2,443,428.67	32,596.18	2,476,024.85	(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	384.82	281,790.99	24,024.62	305,815.61	0.00
					Legal	0.00	378.80	9,771.20	10,150.00	0.00
					Other	70.32	25,797.13	24,777.87	50,575.00	0.00
					Total	455.14	314,017.85	151,665.22	465,683.07	0.00



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

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	384.82	609,894.61	24,024.62	633,919.23	0.00
	Legal	0.00	20,883.97	9,771.20	30,655.17	0.00
	Other	70.32	70,785.71	24,777.87	95,563.58	(5,352.49)
	Total	455.14	1,172,930.31	151,665.22	1,324,595.53	(5,352.49)

ORG1 DESC : Graham County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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 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	23,843.31	0.00	23,843.31	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	55,846.55	1,500.00	57,346.55	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	29.95	4,284.35	470.05	4,754.40	0.00
					Total	29.95	83,974.21	1,970.05	85,944.26	0.00



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

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
		Medical	0.00	145,601.56	1,500.00	147,101.56	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	29.95	11,978.24	470.05	12,448.29	0.00
		Total	29.95	237,518.98	1,970.05	239,489.03	0.00

ORG1 DESC : Grant County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	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
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	512,449.24	0.00	512,449.24	(13,770.43)
					Legal	0.00	392.00	0.00	392.00	0.00
					Other	0.00	19,336.79	0.00	19,336.79	0.00
					Total	0.00	693,663.08	0.00	693,663.08	(13,770.43)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	115.76	115.76	3,084.24	3,200.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	19.64	19.64	580.36	600.00	0.00
					Total	135.40	135.40	3,664.60	3,800.00	0.00



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

Grant County Total 277	Indemnity	0.00	161,485.05	0.00	161,485.05	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	115.76	512,565.00	3,084.24	515,649.24	(13,770.43)
	Legal	0.00	392.00	0.00	392.00	0.00
	Other	19.64	19,356.43	580.36	19,936.79	0.00
	Total	135.40	693,798.48	3,664.60	697,463.08	(13,770.43)

ORG1 DESC : Gray County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 194					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	569,590.70	0.00	569,590.70	(118,439.57)
					Legal	0.00	24,510.82	0.00	24,510.82	0.00
					Other	0.00	41,108.56	0.00	41,108.56	0.00
					Total	0.00	981,035.58	0.00	981,035.58	(118,439.57)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 7					Indemnity	8,762.89	30,156.51	103,593.78	133,750.29	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	5,991.79	45,367.93	68,732.07	114,100.00	0.00
					Legal	406.25	913.15	17,136.85	18,050.00	0.00
					Other	377.42	4,027.61	15,564.89	19,592.50	0.00
					Total	15,538.35	80,465.20	205,027.59	285,492.79	0.00



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

Gray County Total 201	Indemnity	8,762.89	375,982.01	103,593.78	479,575.79	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	5,991.79	614,958.63	68,732.07	683,690.70	(118,439.57)
	Legal	406.25	25,423.97	17,136.85	42,560.82	0.00
	Other	377.42	45,136.17	15,564.89	60,701.06	0.00
	Total	15,538.35	1,061,500.78	205,027.59	1,266,528.37	(118,439.57)

ORG1 DESC : Greenwood County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 187										
					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	620,323.04	0.00	620,323.04	0.00
					Legal	0.00	4,593.70	0.00	4,593.70	0.00
					Other	0.00	70,512.29	0.00	70,512.29	(5,183.55)
					Total	0.00	1,270,451.24	0.00	1,270,451.24	(5,183.55)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 4										
					Indemnity	0.00	43,044.46	0.00	43,044.46	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	106.13	61,497.92	4,385.01	65,882.93	0.00
					Legal	0.00	216.00	0.00	216.00	0.00
					Other	12.74	16,619.09	1,141.87	17,760.96	0.00
					Total	118.87	121,377.47	5,526.88	126,904.35	0.00



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

Greenwood County Total 191	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	106.13	681,820.96	4,385.01	686,205.97	0.00
	Legal	0.00	4,809.70	0.00	4,809.70	0.00
	Other	12.74	87,131.38	1,141.87	88,273.25	(5,183.55)
	Total	118.87	1,391,828.71	5,526.88	1,397,355.59	(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	7,095.76	8,247.52	15,111.12	23,358.64	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	17,174.41	22,528.32	37,221.68	59,750.00	0.00
					Legal	0.00	0.00	1,200.00	1,200.00	0.00
					Other	507.91	684.87	8,515.13	9,200.00	0.00
					Total	24,778.08	31,460.71	62,047.93	93,508.64	0.00



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

Hamilton County Total 247	Indemnity	7,095.76	181,395.72	15,111.12	196,506.84	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	17,174.41	390,037.22	37,221.68	427,258.90	0.00
	Legal	0.00	9,580.00	1,200.00	10,780.00	0.00
	Other	507.91	25,660.80	8,515.13	34,175.93	0.00
	Total	24,778.08	606,673.74	62,047.93	668,721.67	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 : 08/01/2023 - 08/31/2023

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	1,244.42	985,941.25	0.00	985,941.25	0.00
	Legal	0.00	2,742.81	0.00	2,742.81	0.00
	Other	55.32	96,345.98	0.00	96,345.98	(10,299.81)
	Total	1,299.74	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 1	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	0.00	12,667.16	14,892.84	27,560.00	0.00
	Legal	0.00	1,316.90	3,683.10	5,000.00	0.00
	Other	0.00	408.98	4,503.02	4,912.00	0.00
	Total	0.00	14,393.04	46,834.66	61,227.70	0.00

Harper County Total 425	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	1,244.42	998,608.41	14,892.84	1,013,501.25	0.00
	Legal	0.00	4,059.71	3,683.10	7,742.81	0.00
	Other	55.32	96,754.96	4,503.02	101,257.98	(10,299.81)
	Total	1,299.74	1,805,276.92	46,834.66	1,852,111.58	(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 : 08/01/2023 - 08/31/2023

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 1					Indemnity	0.00	49,922.80	70,482.20	120,405.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	86,777.39	236,309.10	323,086.49	0.00
					Legal	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 : 08/01/2023 - 08/31/2023

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

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

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 2					Indemnity	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	541.27	0.00	541.27
					Legal	0.00	0.00	0.00	0.00
					Other	0.00	15.51	0.00	15.51
					Total	0.00	556.78	0.00	556.78
Harvey-Marion CDDO Total 2					Indemnity	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	541.27	0.00	541.27
					Legal	0.00	0.00	0.00	0.00
					Other	0.00	15.51	0.00	15.51
					Total	0.00	556.78	0.00	556.78

ORG1 DESC : Haskell County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

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	360.28	507,349.97	116,200.90	623,550.87	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	10.46	14,409.23	9,214.28	23,623.51	0.00
	Total	370.74	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	360.28	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	10.46	29,497.36	9,214.28	38,711.64	(41,425.31)
	Total	370.74	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 : 08/01/2023 - 08/31/2023

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 : 08/01/2023 - 08/31/2023

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	1,169.87	544,210.10	0.00	544,210.10	(16,870.70)
	Legal	0.00	11,757.73	0.00	11,757.73	0.00
	Other	53.10	66,599.84	0.00	66,599.84	(60,027.53)
	Total	1,222.97	893,807.59	0.00	893,807.59	(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 3					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	443.31	81,094.65	63,905.35	145,000.00	0.00
					Legal	0.00	17,572.00	3,928.00	21,500.00	0.00
					Other	40.80	3,565.21	6,434.79	10,000.00	(500.00)
					Total	484.11	194,731.86	74,268.14	269,000.00	(500.00)

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 1					Indemnity	0.00	112,089.04	25,000.00	137,089.04	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	603.80	253,757.97	103,562.43	357,320.40	0.00
					Legal	0.00	0.00	4,500.00	4,500.00	0.00
					Other	117.69	53,735.69	31,764.31	85,500.00	(29,327.84)
					Total	721.49	419,582.70	164,826.74	584,409.44	(29,327.84)



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

Jackson County Total 299	Indemnity	0.00	475,828.96	25,000.00	500,828.96	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,216.98	879,062.72	167,467.78	1,046,530.50	(16,870.70)
	Legal	0.00	29,329.73	8,428.00	37,757.73	0.00
	Other	211.59	123,900.74	38,199.10	162,099.84	(89,855.37)
	Total	2,428.57	1,508,122.15	239,094.88	1,747,217.03	(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 479	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	1,002,987.15	0.00	1,002,987.15	(461.12)
					Legal	0.00	28,261.84	0.00	28,261.84	0.00
					Other	0.00	116,973.17	0.00	116,973.17	(98,366.06)
					Total	0.00	1,847,499.21	0.00	1,847,499.21	(98,827.18)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 8	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	407.26	5,277.58	10,622.42	15,900.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	26.62	877.20	2,222.80	3,100.00	0.00
					Total	433.88	6,154.78	12,845.22	19,000.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 2					Indemnity	0.00	28,302.06	25,000.00	53,302.06	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	24,654.98	30,365.02	55,020.00	0.00
					Legal	0.00	0.00	9,500.00	9,500.00	0.00
					Other	0.00	2,625.20	5,927.64	8,552.84	0.00
					Total	0.00	55,582.24	70,792.66	126,374.90	0.00
Jefferson County Total 489					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	407.26	1,032,919.71	40,987.44	1,073,907.15	(461.12)
					Legal	0.00	28,261.84	9,500.00	37,761.84	0.00
					Other	26.62	120,475.57	8,150.44	128,626.01	(98,366.06)
					Total	433.88	1,909,236.23	83,637.88	1,992,874.11	(98,827.18)

ORG1 DESC : Jefferson County RWD 12

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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 : 08/01/2023 - 08/31/2023

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	582.75	494,523.89	0.00	494,523.89	0.00
					Legal	0.00	19,232.50	0.00	19,232.50	0.00
					Other	22.94	42,932.23	0.00	42,932.23	(1,157.51)
					Total	605.69	1,136,081.92	0.00	1,136,081.92	(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 2					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	69,923.46	307,150.00	0.00
					Legal	0.00	16,873.44	8,126.56	25,000.00	0.00
					Other	0.00	11,488.64	2,946.36	14,435.00	0.00
					Total	0.00	410,418.92	103,496.38	513,915.30	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 08/01/2023 - 08/31/2023

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	124.49	124.49	2,375.51	2,500.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	13.41	13.41	486.59	500.00	0.00	0.00
	Total	137.90	137.90	2,862.10	3,000.00	0.00	0.00
Jewell County Total 273		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	707.24	731,874.92	72,298.97	804,173.89	0.00	0.00
	Legal	0.00	36,105.94	8,126.56	44,232.50	0.00	0.00
	Other	36.35	54,434.28	3,432.95	57,867.23	(1,157.51)	(1,157.51)
	Total	743.59	1,546,638.74	106,358.48	1,652,997.22	(1,157.51)	(1,157.51)

ORG1 DESC : Kansas Association Of Counties

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

Closed Total 1		Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	0.00	0.00	0.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	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	0.00
	Medical	0.00	0.00	0.00	0.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00

ORG1 DESC : Kearny County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

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 2	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	70.70	1,091.16	3,908.84	5,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	17.52	83.66	916.34	1,000.00	0.00
					Total	88.22	1,174.82	4,825.18	6,000.00	0.00

				Kearny County Total 63	Indemnity	0.00	54,462.28	0.00	54,462.28	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	70.70	75,841.62	3,908.84	79,750.46	0.00
					Legal	0.00	1,282.50	0.00	1,282.50	0.00
					Other	17.52	3,358.46	916.34	4,274.80	0.00
					Total	88.22	134,944.86	4,825.18	139,770.04	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 : 08/01/2023 - 08/31/2023

Closed Total 16	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	15,048.01	0.00	15,048.01	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	1,312.09	0.00	1,312.09	0.00
	Total	0.00	17,813.31	0.00	17,813.31	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 3	Indemnity	324.76	10,418.00	16,236.23	26,654.23	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	992.70	44,189.89	16,910.11	61,100.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	60.31	1,401.88	6,698.12	8,100.00	0.00
	Total	1,377.77	56,009.77	40,444.46	96,454.23	0.00

Kingman County Total 19	Indemnity	324.76	11,871.21	16,236.23	28,107.44	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	992.70	59,237.90	16,910.11	76,148.01	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	60.31	2,713.97	6,698.12	9,412.09	0.00
	Total	1,377.77	73,823.08	40,444.46	114,267.54	0.00

ORG1 DESC : Kiowa County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 08/01/2023 - 08/31/2023

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	0.00	2,100.00	2,100.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	300.00	300.00	0.00
	Total	0.00	0.00	2,400.00	2,400.00	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	701.32	2,100.00	2,801.32	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	55.07	300.00	355.07	0.00
	Total	0.00	756.39	2,400.00	3,156.39	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 : 08/01/2023 - 08/31/2023

Closed Total 104	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	114,224.54	0.00	114,224.54	0.00
	Legal	0.00	5,183.75	0.00	5,183.75	0.00
	Other	0.00	12,414.24	0.00	12,414.24	0.00
	Total	0.00	186,694.61	0.00	186,694.61	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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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	312.96	468.41	4,531.59	5,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	23.45	29.12	970.88	1,000.00	0.00
	Total	336.41	497.53	5,502.47	6,000.00	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	312.96	114,692.95	4,531.59	119,224.54	0.00
	Legal	0.00	5,183.75	0.00	5,183.75	0.00
	Other	23.45	12,443.36	970.88	13,414.24	0.00
	Total	336.41	187,192.14	5,502.47	192,694.61	0.00

ORG1 DESC : Lincoln County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 08/01/2023 - 08/31/2023

Closed Total 273	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	515,428.56	0.00	515,428.56	0.00
	Legal	0.00	518.00	0.00	518.00	0.00
	Other	0.00	37,291.71	0.00	37,291.71	(756.73)
	Total	0.00	770,150.53	0.00	770,150.53	(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	
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

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	54.40	54.40	445.60	500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	10.63	10.63	139.37	150.00	0.00
					Total	65.03	65.03	584.97	650.00	0.00



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

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	54.40	518,073.47	1,355.09	519,428.56	0.00
	Legal	0.00	518.00	0.00	518.00	0.00
	Other	10.63	37,412.25	729.46	38,141.71	(756.73)
	Total	65.03	772,915.98	2,084.55	775,000.53	(756.73)

ORG1 DESC : Linn 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 296					Indemnity	0.00	479,676.31	0.00	479,676.31	(14,013.80)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	752,678.06	0.00	752,678.06	(19,661.57)
					Legal	0.00	3,586.50	0.00	3,586.50	0.00
					Other	0.00	63,171.80	0.00	63,171.80	0.00
					Total	0.00	1,299,112.67	0.00	1,299,112.67	(33,675.37)

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	46,004.92	470,000.00	516,004.92	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	283,758.52	182,919.31	466,677.83	0.00
					Legal	0.00	9,710.14	9,789.86	19,500.00	0.00
					Other	29.95	15,576.30	54,343.42	69,919.72	0.00
					Total	29.95	355,049.88	717,052.59	1,072,102.47	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

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	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
				Linn County Total 306	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	0.00	1,047,312.51	193,543.38	1,240,855.89	(19,661.57)
					Legal	0.00	13,296.64	10,339.86	23,636.50	0.00
					Other	29.95	80,061.48	56,430.04	136,491.52	0.00
					Total	29.95	1,667,781.34	735,383.80	2,403,165.14	(33,675.37)

ORG1 DESC : Lyon County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk 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 722	Indemnity	0.00	929,049.96	0.00	929,049.96	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	1,324,445.74	0.00	1,324,445.74	(1,770.30)
					Legal	0.00	33,355.20	0.00	33,355.20	0.00
					Other	0.00	185,653.30	0.00	185,653.30	(8,160.28)
					Total	0.00	2,472,504.20	0.00	2,472,504.20	(9,930.58)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 08/01/2023 - 08/31/2023

Open Total 12	Indemnity	368.95	31,532.87	89,631.80	121,164.67	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	4,561.62	136,274.21	106,896.20	243,170.41	0.00
	Legal	442.00	492.00	1,858.00	2,350.00	0.00
	Other	1,224.95	18,625.80	20,917.95	39,543.75	0.00
	Total	6,597.52	186,924.88	219,303.95	406,228.83	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	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	24,096.18	22,903.82	47,000.00	0.00
	Legal	0.00	380.00	10,670.00	11,050.00	0.00
	Other	0.00	1,876.53	5,423.47	7,300.00	0.00
	Total	0.00	29,684.66	67,606.76	97,291.42	0.00

Lyon County Total 735	Indemnity	368.95	963,914.78	118,241.27	1,082,156.05	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	4,561.62	1,484,816.13	129,800.02	1,614,616.15	(1,770.30)
	Legal	442.00	34,227.20	12,528.00	46,755.20	0.00
	Other	1,224.95	206,155.63	26,341.42	232,497.05	(8,160.28)
	Total	6,597.52	2,689,113.74	286,910.71	2,976,024.45	(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
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Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

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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Open Total 6	Indemnity	0.00	0.00	15,750.00	15,750.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	11,278.65	14,121.35	25,400.00	0.00
	Legal	0.00	373.75	8,226.25	8,600.00	0.00
	Other	0.00	538.59	3,801.41	4,340.00	0.00
	Total	0.00	12,190.99	41,899.01	54,090.00	0.00

Marion County Total 316	Indemnity	0.00	338,071.77	15,750.00	353,821.77	(12,859.30)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	681,480.28	14,121.35	695,601.63	(20,844.68)
	Legal	0.00	16,971.91	8,226.25	25,198.16	0.00
	Other	0.00	65,005.49	3,801.41	68,806.90	(29,697.36)
	Total	0.00	1,101,529.45	41,899.01	1,143,428.46	(63,401.34)

ORG1 DESC : Marshall County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 08/01/2023 - 08/31/2023

Closed Total 218	Indemnity	0.00	172,657.84	0.00	172,657.84	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	337,296.08	0.00	337,296.08	0.00
	Legal	0.00	890.50	0.00	890.50	0.00
	Other	0.00	28,515.23	0.00	28,515.23	(63,662.41)
	Total	0.00	539,359.65	0.00	539,359.65	(63,662.41)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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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	480.22	2,019.78	2,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	62.03	437.97	500.00	0.00
	Total	0.00	542.25	2,457.75	3,000.00	0.00

Marshall County Total 219	Indemnity	0.00	172,657.84	0.00	172,657.84	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	337,776.30	2,019.78	339,796.08	0.00
	Legal	0.00	890.50	0.00	890.50	0.00
	Other	0.00	28,577.26	437.97	29,015.23	(63,662.41)
	Total	0.00	539,901.90	2,457.75	542,359.65	(63,662.41)

ORG1 DESC : McPherson County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim 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 : 08/01/2023 - 08/31/2023

Closed Total 74	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	526,064.85	0.00	526,064.85	(15,010.66)
	Legal	0.00	22,800.05	0.00	22,800.05	0.00
	Other	0.00	62,074.37	0.00	62,074.37	0.00
	Total	0.00	851,501.40	0.00	851,501.40	(15,510.66)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 9					Indemnity	0.00	44,818.06	34,822.00	79,640.06	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	609.15	53,543.09	50,056.91	103,600.00	(1,000.00)
					Legal	100.00	1,730.30	22,269.70	24,000.00	0.00
					Other	71.76	11,160.62	15,229.38	26,390.00	0.00
					Total	780.91	111,252.07	122,377.99	233,630.06	(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	0.00	3,828.95	2,071.05	5,900.00	(500.00)
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	326.94	853.06	1,180.00	0.00
					Total	0.00	4,155.89	9,024.11	13,180.00	(500.00)



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

McPherson County Total 84	Indemnity	0.00	285,380.19	40,322.00	325,702.19	(500.00)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	609.15	583,436.89	52,127.96	635,564.85	(16,510.66)
	Legal	100.00	24,530.35	22,269.70	46,800.05	0.00
	Other	71.76	73,561.93	16,082.44	89,644.37	0.00
	Total	780.91	966,909.36	131,402.10	1,098,311.46	(17,010.66)

ORG1 DESC : Meade County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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	45,303.35	0.00	45,303.35	(7,381.97)
					Total	0.00	1,019,846.74	0.00	1,019,846.74	(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	563.35	1,302.20	8,697.80	10,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	52.75	103.67	1,896.33	2,000.00	0.00
					Total	616.10	1,405.87	10,594.13	12,000.00	0.00



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

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	563.35	670,685.74	8,697.80	679,383.54	0.00
	Legal	0.00	16,591.01	0.00	16,591.01	0.00
	Other	52.75	45,407.02	1,896.33	47,303.35	(7,381.97)
	Total	616.10	1,021,252.61	10,594.13	1,031,846.74	(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 79					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	165,765.04	0.00	165,765.04	(382.84)
					Legal	0.00	910.00	0.00	910.00	0.00
					Other	0.00	14,586.59	0.00	14,586.59	(1,376.32)
					Total	0.00	273,806.42	0.00	273,806.42	(1,759.16)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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	2,638.26	3,761.74	6,400.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	341.72	858.28	1,200.00	0.00
					Total	0.00	2,979.98	4,620.02	7,600.00	0.00



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

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	168,403.30	3,761.74	172,165.04	(382.84)
	Legal	0.00	910.00	0.00	910.00	0.00
	Other	0.00	14,928.31	858.28	15,786.59	(1,376.32)
	Total	0.00	276,786.40	4,620.02	281,406.42	(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	118.12	1,882,523.17	0.00	1,882,523.17	(2,784.23)
					Legal	0.00	15,600.69	0.00	15,600.69	0.00
					Other	9.50	165,842.84	0.00	165,842.84	(212,591.31)
					Total	127.62	3,380,450.39	0.00	3,380,450.39	(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 9	Indemnity	500.00	44,599.14	31,714.77	76,313.91	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	571.76	126,344.00	91,863.78	218,207.78	0.00
					Legal	0.00	12,985.89	13,214.11	26,200.00	0.00
					Other	250.45	9,460.32	16,402.18	25,862.50	0.00
					Total	1,322.21	193,389.35	153,194.84	346,584.19	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

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	4,699.52	16,580.00	21,279.52	0.00
					Legal	0.00	928.45	7,671.55	8,600.00	0.00
					Other	0.00	802.89	1,694.70	2,497.59	0.00
					Total	0.00	6,430.86	70,946.25	77,377.11	0.00
Miami County Total 726					Indemnity	500.00	1,361,082.83	76,714.77	1,437,797.60	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	689.88	2,013,566.69	108,443.78	2,122,010.47	(2,784.23)
					Legal	0.00	29,515.03	20,885.66	50,400.69	0.00
					Other	259.95	176,106.05	18,096.88	194,202.93	(212,591.31)
					Total	1,449.83	3,580,270.60	224,141.09	3,804,411.69	(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 : 08/01/2023 - 08/31/2023

		Indemnity	Rehab	Medical	Legal	Other	Total
Open Total 4		0.00	4,705.29	10,092.39	14,797.68	0.00	
		0.00	0.00	0.00	0.00	0.00	
		214.61	26,963.96	10,486.04	37,450.00	0.00	
		0.00	0.00	600.00	600.00	0.00	
		25.44	6,166.78	4,133.22	10,300.00	0.00	
	Total	240.05	37,836.03	25,311.65	63,147.68	0.00	
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Mitchell County Total 139		0.00	337,994.58	10,092.39	348,086.97	0.00	
		0.00	0.00	0.00	0.00	0.00	
		214.61	482,062.31	10,486.04	492,548.35	0.00	
		0.00	1,476.00	600.00	2,076.00	0.00	
		25.44	48,136.71	4,133.22	52,269.93	(45,137.43)	
	Total	240.05	869,669.60	25,311.65	894,981.25	(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 32									
					0.00	17,888.07	0.00	17,888.07	0.00
					0.00	0.00	0.00	0.00	0.00
					100.40	23,300.61	0.00	23,300.61	0.00
					0.00	485.00	0.00	485.00	0.00
					2.50	4,929.95	0.00	4,929.95	0.00
					Total	102.90	46,603.63	0.00	46,603.63

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



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

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	217.08	1,525.68	7,974.32	9,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	27.00	1,152.78	1,747.22	2,900.00	0.00
	Total	244.08	2,678.46	9,721.54	12,400.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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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 36	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	317.48	24,949.49	9,851.12	34,800.61	0.00
	Legal	0.00	485.00	0.00	485.00	0.00
	Other	29.50	6,098.47	2,231.48	8,329.95	0.00
	Total	346.98	49,421.03	12,082.60	61,503.63	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 : 08/01/2023 - 08/31/2023

Closed Total 119	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 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	0.00	700.00	700.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	140.00	140.00	0.00
	Total	0.00	0.00	840.00	840.00	0.00

Morris County 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	700.00	184,701.80	0.00
	Legal	0.00	343.50	0.00	343.50	0.00
	Other	0.00	10,402.31	140.00	10,542.31	(1,485.81)
	Total	0.00	273,815.24	840.00	274,655.24	(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 : 08/01/2023 - 08/31/2023

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	3,685.00	147,937.75	213,970.25	361,908.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	4,102.03	20,597.97	24,700.00	0.00
					Legal	0.00	4,685.16	2,814.84	7,500.00	0.00
					Other	0.00	325.55	2,624.45	2,950.00	0.00
					Total	3,685.00	157,050.49	240,007.51	397,058.00	0.00
Morton County Total 152					Indemnity	3,685.00	280,543.72	213,970.25	494,513.97	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	266,118.28	20,597.97	286,716.25	0.00
					Legal	0.00	14,419.46	2,814.84	17,234.30	0.00
					Other	0.00	31,351.56	2,624.45	33,976.01	(176.00)
					Total	3,685.00	592,433.02	240,007.51	832,440.53	(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 : 08/01/2023 - 08/31/2023

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 329					0.00	387,645.12	0.00	387,645.12	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	574,192.10	0.00	574,192.10	(89,074.79)
					0.00	12,416.70	0.00	12,416.70	0.00
					0.00	73,807.06	0.00	73,807.06	(54,824.28)
					0.00	1,048,060.98	0.00	1,048,060.98	(143,899.07)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 08/01/2023 - 08/31/2023

Open Total 6		Indemnity	995.12	104,495.66	11,280.59	115,776.25	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		827.26	392,447.14	123,443.76	515,890.90	(500.00)
	Legal		0.00	4,635.14	20,673.24	25,308.38	0.00
	Other		152.37	35,704.03	14,710.97	50,415.00	(500.00)
Total			1,974.75	537,281.97	170,108.56	707,390.53	(1,000.00)

Neosho County Total 335		Indemnity	995.12	492,140.78	11,280.59	503,421.37	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		827.26	966,639.24	123,443.76	1,090,083.00	(89,574.79)
	Legal		0.00	17,051.84	20,673.24	37,725.08	0.00
	Other		152.37	109,511.09	14,710.97	124,222.06	(55,324.28)
Total			1,974.75	1,585,342.95	170,108.56	1,755,451.51	(144,899.07)

ORG1 DESC : Ness 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	71,155.16	0.00	71,155.16	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	105,255.05	198.90	105,453.95	0.00
					0.00	492.00	0.00	492.00	0.00
					0.00	8,789.82	0.00	8,789.82	(15,000.00)
Total					0.00	185,692.03	198.90	185,890.93	(15,000.00)

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 : 08/01/2023 - 08/31/2023

Open Total 3	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	707.63	14,416.38	9,083.62	23,500.00	0.00
	Legal	155.00	990.85	8,559.15	9,550.00	0.00
	Other	43.28	701.69	3,998.31	4,700.00	0.00
	Total	905.91	38,023.53	23,114.31	61,137.84	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Re-Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	316.99	2,183.01	2,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	25.22	474.78	500.00	0.00
	Total	0.00	342.21	2,657.79	3,000.00	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	707.63	119,988.42	11,465.53	131,453.95	0.00
	Legal	155.00	1,482.85	8,559.15	10,042.00	0.00
	Other	43.28	9,516.73	4,473.09	13,989.82	(15,000.00)
	Total	905.91	224,057.77	25,971.00	250,028.77	(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
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Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

Closed Total 50	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	95.91	21,293.34	0.00	21,293.34	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.50	4,254.16	0.00	4,254.16	0.00
	Total	96.41	28,687.98	0.00	28,687.98	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 17	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,606.89	10,955.41	33,244.59	44,200.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	247.76	2,184.99	7,515.01	9,700.00	0.00
	Total	1,854.65	13,140.40	40,759.60	53,900.00	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	1,702.80	32,248.75	33,244.59	65,493.34	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	248.26	6,439.15	7,515.01	13,954.16	0.00
	Total	1,951.06	41,828.38	40,759.60	82,587.98	0.00

ORG1 DESC : Northwest Kansas Regional Recycling Center

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 08/01/2023 - 08/31/2023

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

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

ORG1 DESC : Norton County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

<u>Claim Number</u> <u>Claim Type</u>	<u>Claimant Name</u> <u>Claimant Status</u>	<u>InjuryDate</u> <u>Closed</u>	<u>Received</u> <u>Examiner</u>	<u>Lit / Den</u>	<u>Paid</u> <u>this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>	
Closed Total 172					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	418,081.96	0.00	418,081.96	(9,036.60)
					Legal	0.00	511.50	0.00	511.50	0.00
					Other	0.00	41,587.69	0.00	41,587.69	(34,632.43)
					Total	0.00	672,408.01	0.00	672,408.01	(43,669.03)

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 : 08/01/2023 - 08/31/2023

Open Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,253.52	3,746.48	5,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	101.08	898.92	1,000.00	0.00
	Total	0.00	1,354.60	4,645.40	6,000.00	0.00
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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	3,746.48	423,081.96	(9,036.60)
	Legal	0.00	511.50	0.00	511.50	0.00
	Other	0.00	41,688.77	898.92	42,587.69	(34,632.43)
	Total	0.00	673,762.61	4,645.40	678,408.01	(43,669.03)

ORG1 DESC : Osage 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 334									
					0.00	504,631.53	0.00	504,631.53	(14,660.57)
					0.00	0.00	0.00	0.00	0.00
					0.00	827,407.08	0.00	827,407.08	(4,005.96)
					0.00	9,771.00	0.00	9,771.00	0.00
					0.00	66,641.78	0.00	66,641.78	(50,779.03)
					0.00	1,408,451.39	0.00	1,408,451.39	(69,445.56)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

<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 : 08/01/2023 - 08/31/2023

Open Total 7	Indemnity	0.00	9,921.02	6,000.00	15,921.02	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	83.59	40,567.32	43,201.20	83,768.52	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	18.38	3,043.58	6,856.42	9,900.00	0.00
	Total	101.97	53,531.92	56,657.62	110,189.54	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Re-Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,948.19	1,051.81	3,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	172.46	627.54	800.00	0.00
	Total	0.00	2,120.65	1,679.35	3,800.00	0.00

Osage County Total 342	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	83.59	869,922.59	44,253.01	914,175.60	(4,005.96)
	Legal	0.00	9,771.00	600.00	10,371.00	0.00
	Other	18.38	69,857.82	7,483.96	77,341.78	(50,779.03)
	Total	101.97	1,464,103.96	58,336.97	1,522,440.93	(69,445.56)

ORG1 DESC : Osborne County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 08/01/2023 - 08/31/2023

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	257.19	184,847.38	0.00	184,847.38	0.00
	Legal	0.00	1,508.50	0.00	1,508.50	0.00
	Other	26.10	24,665.27	0.00	24,665.27	0.00
	Total	283.29	300,874.34	0.00	300,874.34	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	1,200.02	1,299.98	2,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	99.87	400.13	500.00	0.00
	Total	0.00	1,299.89	1,700.11	3,000.00	0.00

Osborne County Total 235	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	257.19	186,047.40	1,299.98	187,347.38	0.00
	Legal	0.00	1,508.50	0.00	1,508.50	0.00
	Other	26.10	24,765.14	400.13	25,165.27	0.00
	Total	283.29	302,174.23	1,700.11	303,874.34	0.00

ORG1 DESC : Ottawa County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 08/01/2023 - 08/31/2023

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
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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	2,586.72	31,242.89	18,857.11	50,100.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	183.23	2,815.95	5,164.05	7,980.00	0.00
	Total	2,769.95	39,844.29	34,546.71	74,391.00	0.00

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	2,586.72	258,900.50	18,857.11	277,757.61	0.00
	Legal	0.00	5,853.52	600.00	6,453.52	0.00
	Other	183.23	33,164.58	5,164.05	38,328.63	(31,291.15)
	Total	2,769.95	407,426.77	34,546.71	441,973.48	(31,291.15)

ORG1 DESC : Pawnee County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 08/01/2023 - 08/31/2023

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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 3					Indemnity	1,780.80	334,829.97	223,073.53	557,903.50	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	84,388.06	27,083.94	111,472.00	0.00
					Legal	0.00	1,438.75	12,211.25	13,650.00	0.00
					Other	0.00	13,092.15	4,902.85	17,995.00	0.00
					Total	1,780.80	433,748.93	267,271.57	701,020.50	0.00
Pawnee County Total 186					Indemnity	1,780.80	400,384.34	223,073.53	623,457.87	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	259,478.23	27,083.94	286,562.17	0.00
					Legal	0.00	1,943.75	12,211.25	14,155.00	0.00
					Other	0.00	22,339.88	4,902.85	27,242.73	(5,743.63)
					Total	1,780.80	684,146.20	267,271.57	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
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Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

Closed Total 147	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	478,619.23	0.00	478,619.23	(38,473.40)
	Legal	0.00	2,588.10	0.00	2,588.10	0.00
	Other	0.00	114,251.10	0.00	114,251.10	(291.80)
	Total	0.00	1,016,890.57	0.00	1,016,890.57	(38,765.20)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 2	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	166.85	1,902.46	7,097.54	9,000.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	9.37	117.93	2,382.07	2,500.00	0.00
	Total	176.22	2,511.91	12,881.57	15,393.48	0.00

Phillips County Total 149	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	166.85	480,521.69	7,097.54	487,619.23	(38,473.40)
	Legal	0.00	2,588.10	600.00	3,188.10	0.00
	Other	9.37	114,369.03	2,382.07	116,751.10	(291.80)
	Total	176.22	1,019,402.48	12,881.57	1,032,284.05	(38,765.20)

ORG1 DESC : Pottawatomie County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 08/01/2023 - 08/31/2023

Closed Total 576	Indemnity	0.00	450,758.40	0.00	450,758.40	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	85.34	837,686.23	0.00	837,686.23	(36,229.38)
	Legal	0.00	16,975.62	0.00	16,975.62	(197.00)
	Other	13.07	78,459.86	0.00	78,459.86	(72,608.23)
	Total	98.41	1,383,880.11	0.00	1,383,880.11	(109,034.61)

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 11					Indemnity	0.00	335,918.95	0.00	335,918.95	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	167.99	187,289.75	46,599.01	233,888.76	(500.00)
					Legal	0.00	11,695.97	904.03	12,600.00	0.00
					Other	9.50	27,467.41	9,520.09	36,987.50	(500.00)
					Total	177.49	562,372.08	57,023.13	619,395.21	(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 4					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	789.64	74,554.46	37,145.54	111,700.00	(500.00)
					Legal	0.00	0.00	11,000.00	11,000.00	0.00
					Other	65.61	5,625.14	8,514.86	14,140.00	0.00
					Total	855.25	120,338.96	93,500.54	213,839.50	(500.00)



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

Pottawatomie County Total 591	Indemnity	0.00	826,836.71	36,840.14	863,676.85	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,042.97	1,099,530.44	83,744.55	1,183,274.99	(37,229.38)
	Legal	0.00	28,671.59	11,904.03	40,575.62	(197.00)
	Other	88.18	111,552.41	18,034.95	129,587.36	(73,108.23)
	Total	1,131.15	2,066,591.15	150,523.67	2,217,114.82	(110,534.61)

ORG1 DESC : Pratt County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 12	Indemnity	0.00	28,691.50	0.00	28,691.50	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	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

ORG1 DESC : Public Wholesale Water Supply District No 11

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

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 87					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	9.00	187,715.67	0.00	187,715.67	0.00
					Legal	0.00	1,415.00	0.00	1,415.00	0.00
					Other	66.45	9,348.35	0.00	9,348.35	(825.25)
Total						75.45	232,026.09	0.00	232,026.09	(825.25)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 08/01/2023 - 08/31/2023

Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,253.85	2,246.15	3,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	63.37	636.63	700.00	0.00
	Total	0.00	1,317.22	2,882.78	4,200.00	0.00
Rawlins County 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	9.00	188,969.52	2,246.15	191,215.67	0.00
	Legal	0.00	1,415.00	0.00	1,415.00	0.00
	Other	66.45	9,411.72	636.63	10,048.35	(825.25)
	Total	75.45	233,343.31	2,882.78	236,226.09	(825.25)

ORG1 DESC : Reno County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 1743					Indemnity	0.00	2,870,240.11	0.00	2,870,240.11	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	20.80	5,034,219.72	0.00	5,034,219.72	(640.30)
					Legal	0.00	23,003.48	0.00	23,003.48	0.00
					Other	9.32	598,751.83	0.00	598,751.83	(2,326,633.54)
					Total	30.12	8,526,215.14	0.00	8,526,215.14	(2,327,273.84)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 08/01/2023 - 08/31/2023

Open Total 28	Indemnity	5,098.20	227,141.40	139,729.10	366,870.50	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	27,334.86	560,308.62	191,769.11	752,077.73	0.00
	Legal	465.00	7,133.80	33,766.20	40,900.00	0.00
	Other	3,996.69	55,196.39	35,756.24	90,952.63	0.00
	Total	36,894.75	849,780.21	401,020.65	1,250,800.86	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 4	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	19,731.10	253,102.43	71,346.45	324,448.88	(25,775.85)
	Legal	0.00	3,231.60	7,868.40	11,100.00	0.00
	Other	477.23	31,304.79	10,085.21	41,390.00	(21,398.16)
	Total	20,208.33	347,846.33	163,821.37	511,667.70	(47,174.01)

Reno County Total 1775	Indemnity	5,098.20	3,157,589.02	214,250.41	3,371,839.43	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	47,086.76	5,847,630.77	263,115.56	6,110,746.33	(26,416.15)
	Legal	465.00	33,368.88	41,634.60	75,003.48	0.00
	Other	4,483.24	685,253.01	45,841.45	731,094.46	(2,348,031.70)
	Total	57,133.20	9,723,841.68	564,842.02	10,288,683.70	(2,374,447.85)

ORG1 DESC : Republic County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 08/01/2023 - 08/31/2023

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	136.53	54,106.32	12,451.08	66,557.40	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	22.98	2,481.19	5,118.81	7,600.00	0.00
					Total	159.51	76,207.80	17,569.89	93,777.69	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	1,029.27	25,369.63	5,381.36	30,750.99	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	27.50	542.44	4,731.67	5,274.11	0.00
					Total	1,056.77	27,520.18	18,113.03	45,633.21	0.00



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

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	1,165.80	437,557.22	17,832.44	455,389.66	0.00
	Legal	0.00	2,833.70	0.00	2,833.70	0.00
	Other	50.48	44,525.68	9,850.48	54,376.16	(10,186.58)
	Total	1,216.28	673,073.67	35,682.92	708,756.59	(10,186.58)

ORG1 DESC : Rice County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 101	Indemnity	0.00	233,444.38	0.00	233,444.38	(802.34)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	386,244.95	0.00	386,244.95	(29,007.75)
					Legal	0.00	8,210.60	0.00	8,210.60	0.00
					Other	0.00	44,706.64	0.00	44,706.64	(23,763.43)
					Total	0.00	672,606.57	0.00	672,606.57	(53,573.52)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 7	Indemnity	0.00	39,239.29	9,600.49	48,839.78	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	235,625.42	38,674.58	274,300.00	(2,000.00)
					Legal	0.00	1,042.50	107.50	1,150.00	0.00
					Other	0.00	21,840.28	20,204.72	42,045.00	0.00
					Total	0.00	297,747.49	68,587.29	366,334.78	(2,000.00)



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

Rice County Total 108	Indemnity	0.00	272,683.67	9,600.49	282,284.16	(802.34)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	621,870.37	38,674.58	660,544.95	(31,007.75)
	Legal	0.00	9,253.10	107.50	9,360.60	0.00
	Other	0.00	66,546.92	20,204.72	86,751.64	(23,763.43)
	Total	0.00	970,354.06	68,587.29	1,038,941.35	(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	749.17	1,072.34	0.00	1,072.34	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	40.04	40.04	0.00	40.04	0.00
					Total	789.21	1,112.38	0.00	1,112.38	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 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	1,001.04	3,998.96	5,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	61.74	938.26	1,000.00	0.00
					Total	0.00	1,062.78	4,937.22	6,000.00	0.00



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

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	749.17	2,073.38	3,998.96	6,072.34	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	40.04	101.78	938.26	1,040.04	0.00	0.00
	Total	789.21	2,175.16	4,937.22	7,112.38	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 113							
			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		4,012.93	592,200.07	0.00	592,200.07	0.00
			Legal		0.00	2,003.00	0.00	2,003.00	0.00
			Other		88.65	28,211.85	0.00	28,211.85	0.00
			Total		4,101.58	822,217.84	0.00	822,217.84	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		1,842.82	60,281.93	40,218.07	100,500.00	0.00
			Legal		0.00	0.00	1,800.00	1,800.00	0.00
			Other		409.26	10,225.49	8,474.51	18,700.00	0.00
			Total		2,252.08	74,378.32	87,182.94	161,561.26	0.00



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

Rush County Total 117		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	0.00
	Medical	5,855.75	652,482.00	40,218.07	692,700.07	0.00	0.00
	Legal	0.00	2,003.00	1,800.00	3,803.00	0.00	0.00
	Other	497.91	38,437.34	8,474.51	46,911.85	0.00	0.00
	Total	6,353.66	896,596.16	87,182.94	983,779.10	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	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00	0.00
			Medical		0.00	401,919.83	0.00	401,919.83	0.00	0.00
			Legal		0.00	0.00	0.00	0.00	0.00	0.00
			Other		0.00	40,347.05	0.00	40,347.05	(16,491.48)	0.00
			Total		0.00	665,421.78	0.00	665,421.78	(16,491.48)	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	0.00	0.00	0.00	0.00	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00	0.00
			Medical		2,079.36	2,296.49	7,903.51	10,200.00	0.00	0.00
			Legal		0.00	0.00	0.00	0.00	0.00	0.00
			Other		122.27	161.02	1,838.98	2,000.00	0.00	0.00
			Total		2,201.63	2,457.51	9,742.49	12,200.00	0.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

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	336.32	1,163.68	1,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	27.00	273.00	300.00	0.00
					Total	0.00	363.32	1,436.68	1,800.00	0.00
Russell County Total 268					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	2,079.36	404,552.64	9,067.19	413,619.83	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	122.27	40,535.07	2,111.98	42,647.05	(16,491.48)
					Total	2,201.63	668,242.61	11,179.17	679,421.78	(16,491.48)

ORG1 DESC : Saline County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 1223					Indemnity	0.00	866,794.87	0.00	866,794.87	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	1,311,522.87	(9.00)	1,311,513.87	(9,808.31)
					Legal	0.00	24,454.17	0.00	24,454.17	(5,380.82)
					Other	0.00	185,531.57	0.00	185,531.57	(67,682.97)
					Total	0.00	2,388,303.48	(9.00)	2,388,294.48	(82,872.10)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 08/01/2023 - 08/31/2023

Open Total 20	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	693.61	89,823.84	81,956.35	171,780.19	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	57.40	27,379.77	12,145.53	39,525.30	0.00
	Total	751.01	123,357.88	101,737.15	225,095.03	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	42,815.77	1,500.00	44,315.77	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	7,991.55	74,904.37	2,508.45	77,412.82	0.00
	Legal	142.00	142.00	458.00	600.00	0.00
	Other	0.00	2,554.19	1,500.00	4,054.19	0.00
	Total	8,133.55	120,416.33	5,966.45	126,382.78	0.00

Saline County Total 1244	Indemnity	0.00	915,764.91	9,135.27	924,900.18	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	8,685.16	1,476,251.08	84,455.80	1,560,706.88	(9,808.31)
	Legal	142.00	24,596.17	458.00	25,054.17	(5,380.82)
	Other	57.40	215,465.53	13,645.53	229,111.06	(67,682.97)
	Total	8,884.56	2,632,077.69	107,694.60	2,739,772.29	(82,872.10)

ORG1 DESC : Scott County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 08/01/2023 - 08/31/2023

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 : 08/01/2023 - 08/31/2023

Closed Total 156	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	446,074.25	0.00	446,074.25	0.00
	Legal	0.00	1,663.50	0.00	1,663.50	0.00
	Other	0.00	31,598.22	0.00	31,598.22	0.00
	Total	0.00	975,263.93	0.00	975,263.93	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	1,307.70	4,692.30	6,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	83.37	1,116.63	1,200.00	0.00
	Total	0.00	1,391.07	5,808.93	7,200.00	0.00

Sheridan County 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	4,692.30	452,074.25	0.00
	Legal	0.00	1,663.50	0.00	1,663.50	0.00
	Other	0.00	31,681.59	1,116.63	32,798.22	0.00
	Total	0.00	976,655.00	5,808.93	982,463.93	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 : 08/01/2023 - 08/31/2023

Closed Total 141	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	348,713.46	0.00	348,713.46	0.00
	Legal	0.00	25,808.23	0.00	25,808.23	0.00
	Other	0.00	20,437.69	0.00	20,437.69	0.00
	Total	0.00	490,235.57	0.00	490,235.57	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 5					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	1,496.16	9,203.84	10,700.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	126.70	1,973.30	2,100.00	0.00
					Total	0.00	1,622.86	11,177.14	12,800.00	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	843.81	843.81	2,656.19	3,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	37.30	67.25	632.75	700.00	0.00
					Total	881.11	911.06	3,288.94	4,200.00	0.00



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

Sherman County Total 147	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	843.81	351,053.43	11,860.03	362,913.46	0.00
	Legal	0.00	25,808.23	0.00	25,808.23	0.00
	Other	37.30	20,631.64	2,606.05	23,237.69	0.00
	Total	881.11	492,769.49	14,466.08	507,235.57	0.00

ORG1 DESC : Smith 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 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	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	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 : 08/01/2023 - 08/31/2023

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 : 08/01/2023 - 08/31/2023

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 99					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	393,499.74	0.00	393,499.74	0.00
					Legal	0.00	882.00	0.00	882.00	0.00
					Other	0.00	22,662.98	0.00	22,662.98	(5,990.28)
					Total	0.00	626,391.35	0.00	626,391.35	(5,990.28)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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	13.74	2,177.64	3,522.36	5,700.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	9.19	95.26	1,004.74	1,100.00	0.00
					Total	22.93	2,272.90	4,527.10	6,800.00	0.00



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

Stanton County Total 102	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	13.74	395,677.38	3,522.36	399,199.74	0.00
	Legal	0.00	882.00	0.00	882.00	0.00
	Other	9.19	22,758.24	1,004.74	23,762.98	(5,990.28)
	Total	22.93	628,664.25	4,527.10	633,191.35	(5,990.28)

ORG1 DESC : Stevens County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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 : 08/01/2023 - 08/31/2023

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 : 08/01/2023 - 08/31/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 235					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 4					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	199.75	1,895.31	2,304.69	4,200.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	4.23	854.68	245.32	1,100.00	0.00
					Total	203.98	2,749.99	2,550.01	5,300.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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	253.30	3,181.08	318.92	3,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	20.99	1,055.53	308.45	1,363.98	0.00
					Total	274.29	4,236.61	627.37	4,863.98	0.00



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

Thomas County Total 240	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	453.05	332,773.16	2,623.61	335,396.77	0.00
	Legal	0.00	784.00	0.00	784.00	0.00
	Other	25.22	25,027.67	553.77	25,581.44	(2,355.43)
	Total	478.27	524,251.69	3,177.38	527,429.07	(2,355.43)

ORG1 DESC : Trego County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 117					Indemnity	0.00	78,389.17	0.00	78,389.17	(1,403.88)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	236,855.33	0.00	236,855.33	(2,835.19)
					Legal	0.00	976.00	0.00	976.00	0.00
					Other	0.00	13,502.53	0.00	13,502.53	(515.12)
					Total	0.00	329,723.03	0.00	329,723.03	(4,754.19)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 2					Indemnity	0.00	3,151.95	1,466.49	4,618.44	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	4,016.72	4,683.28	8,700.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	382.16	1,367.84	1,750.00	0.00
					Total	0.00	7,550.83	7,517.61	15,068.44	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

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 120					Indemnity	0.00	81,541.12	1,466.49	83,007.61	(1,403.88)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	241,909.32	6,146.01	248,055.33	(2,835.19)
					Legal	0.00	976.00	0.00	976.00	0.00
					Other	0.00	13,973.53	1,779.00	15,752.53	(515.12)
					Total	0.00	338,399.97	9,391.50	347,791.47	(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 : 08/01/2023 - 08/31/2023

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 : 08/01/2023 - 08/31/2023

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	29.80	1,276.81	1,223.19	2,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	9.08	64.22	435.78	500.00	0.00
					Total	38.88	1,341.03	1,658.97	3,000.00	0.00
				Wallace County Total 85	Indemnity	0.00	34,338.97	0.00	34,338.97	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	29.80	153,017.67	1,223.19	154,240.86	0.00
					Legal	0.00	424.50	0.00	424.50	0.00
					Other	9.08	5,679.36	435.78	6,115.14	0.00
					Total	38.88	193,460.50	1,658.97	195,119.47	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 : 08/01/2023 - 08/31/2023

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 37					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	0.00	0.00	2,600.00	2,600.00	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	3,200.00	3,200.00	0.00
Woodson County Total 39					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	2,600.00	52,346.19	0.00
					Legal	0.00	984.00	0.00	984.00	0.00
					Other	0.00	3,329.52	600.00	3,929.52	0.00
					Total	0.00	79,144.13	3,200.00	82,344.13	0.00

ORG1 DESC :

CLAIMANT STATUS DESC : Closed



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

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 21508					Indemnity	43,077.49	32,061,645.43	2,910,716.79	34,972,362.22	(51,121.92)
					Rehab	0.00	573.00	2,500.00	3,073.00	0.00
					Medical	210,390.19	52,362,160.67	4,373,536.58	56,735,697.25	(959,221.30)
					Legal	14,120.50	958,841.83	426,153.75	1,384,995.58	(11,597.99)
					Other	25,426.83	5,389,561.56	748,572.85	6,138,134.41	(3,956,045.40)
					Total	293,015.01	90,772,782.49	8,462,079.97	99,234,862.46	(4,977,986.61)
Grand Total: 21508					Indemnity	43,077.49	32,061,645.43	2,910,716.79	34,972,362.22	(51,121.92)
					Rehab	0.00	573.00	2,500.00	3,073.00	0.00
					Medical	210,390.19	52,362,160.67	4,373,536.58	56,735,697.25	(959,221.30)
					Legal	14,120.50	958,841.83	426,153.75	1,384,995.58	(11,597.99)
					Other	25,426.83	5,389,561.56	748,572.85	6,138,134.41	(3,956,045.40)
					Total	293,015.01	90,772,782.49	8,462,079.97	99,234,862.46	(4,977,986.61)



Claim Summary - Workers Compensation

PERIOD : 08/01/2023 - 08/31/2023

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)