



Claim Summary - Workers Compensation

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

ORG1 DESC : Allen County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
				Closed Total 62					
				Indemnity	0.00	98,176.08	0.00	98,176.08	(2,000.00)
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	893.85	275,444.86	0.00	275,444.86	(19,598.50)
				Legal	0.00	36,191.42	0.00	36,191.42	0.00
				Other	(36.03)	21,678.75	0.00	21,678.75	(12,214.66)
				Total	857.82	431,491.11	0.00	431,491.11	(33,813.16)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
				Open Total 6					
				Indemnity	0.00	0.00	40,000.00	40,000.00	0.00
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	644.84	18,936.93	23,963.07	42,900.00	(1,000.00)
				Legal	0.00	4,109.35	2,890.65	7,000.00	0.00
				Other	20.59	529.56	6,235.44	6,765.00	0.00
				Total	665.43	23,575.84	73,089.16	96,665.00	(1,000.00)

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

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

Allen County Total 69		Indemnity	0.00	104,851.56	61,234.41	166,085.97	(2,000.00)
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	1,538.69	340,976.55	28,818.31	369,794.86	(21,598.50)	
	Legal	0.00	41,531.57	10,759.85	52,291.42	0.00	
	Other	(15.44)	25,401.64	11,922.11	37,323.75	(12,214.66)	
Total		1,523.25	512,761.32	112,734.68	625,496.00	(35,813.16)	

ORG1 DESC : Anderson County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 204									
	Indemnity	0.00	723,615.47	0.00	723,615.47	0.00			
	Rehab	0.00	573.00	0.00	573.00	0.00			
	Medical	0.00	960,885.15	0.00	960,885.15	0.00			
	Legal	0.00	15,318.80	0.00	15,318.80	0.00			
	Other	0.00	69,959.11	0.00	69,959.11	(3,864.70)			
Total		0.00	1,770,351.53	0.00	1,770,351.53	(3,864.70)			

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

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

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

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Re-Open Total 1	Indemnity	0.00	0.00	6,725.03	6,725.03	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	12,736.40	14,113.60	26,850.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	0.00	1,377.32	2,825.18	4,202.50	0.00
	Total	0.00	14,113.72	24,263.81	38,377.53	0.00

Anderson County Total 206	Indemnity	0.00	723,615.47	6,725.03	730,340.50	0.00
	Rehab	0.00	573.00	0.00	573.00	0.00
	Medical	0.00	973,621.55	14,813.60	988,435.15	0.00
	Legal	0.00	15,318.80	600.00	15,918.80	0.00
	Other	0.00	71,336.43	2,925.18	74,261.61	(3,864.70)
	Total	0.00	1,784,465.25	25,063.81	1,809,529.06	(3,864.70)

ORG1 DESC : Atchison County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

Open Total 7	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	0.00	5,950.00	5,950.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	1,450.00	1,450.00	0.00
	Total	0.00	0.00	7,400.00	7,400.00	0.00

Atchison County Total 8	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	0.00	5,950.00	5,950.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	1,450.00	1,450.00	0.00
	Total	0.00	0.00	7,400.00	7,400.00	0.00

ORG1 DESC : Barber 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 : 01/01/2024 - 01/31/2024

Closed 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	0.00	393,699.53	0.00	393,699.53	0.00
	Legal	0.00	13,868.90	0.00	13,868.90	0.00
	Other	0.00	31,193.97	0.00	31,193.97	(2,201.73)
	Total	0.00	701,958.96	0.00	701,958.96	(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	
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	63.94	1,421.28	3,578.72	5,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	19.33	118.47	881.53	1,000.00	0.00
					Total	83.27	1,539.75	4,460.25	6,000.00	0.00

Barber County Total 274					Indemnity	0.00	263,196.56	0.00	263,196.56	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	63.94	395,120.81	3,578.72	398,699.53	0.00
					Legal	0.00	13,868.90	0.00	13,868.90	0.00
					Other	19.33	31,312.44	881.53	32,193.97	(2,201.73)
					Total	83.27	703,498.71	4,460.25	707,958.96	(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 : 01/01/2024 - 01/31/2024

Closed Total 298	Indemnity	0.00	379,725.88	0.00	379,725.88	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	757,883.64	0.00	757,883.64	(14,648.00)
	Legal	0.00	14,849.35	0.00	14,849.35	(5,986.67)
	Other	0.00	97,889.76	0.00	97,889.76	(124,733.70)
	Total	0.00	1,250,348.63	0.00	1,250,348.63	(145,368.37)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Open Total 10				Indemnity	2,132.25	196,185.79	188,187.02	384,372.81	0.00
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	3,234.95	991,703.55	418,320.86	1,410,024.41	(258.82)
				Legal	0.00	8,289.90	44,560.10	52,850.00	0.00
				Other	721.48	99,564.63	67,835.37	167,400.00	(28,149.84)
				Total	6,088.68	1,295,743.87	718,903.35	2,014,647.22	(28,408.66)
Bourbon County Total 308				Indemnity	2,132.25	575,911.67	188,187.02	764,098.69	0.00
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	3,234.95	1,749,587.19	418,320.86	2,167,908.05	(14,906.82)
				Legal	0.00	23,139.25	44,560.10	67,699.35	(5,986.67)
				Other	721.48	197,454.39	67,835.37	265,289.76	(152,883.54)
				Total	6,088.68	2,546,092.50	718,903.35	3,264,995.85	(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 : 01/01/2024 - 01/31/2024

Closed Total 92	Indemnity	0.00	258,123.52	0.00	258,123.52	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	74.37	382,691.70	0.00	382,691.70	0.00
	Legal	0.00	9,293.80	0.00	9,293.80	0.00
	Other	11.50	24,926.13	0.00	24,926.13	(944.56)
	Total	85.87	675,035.15	0.00	675,035.15	(944.56)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

Brown County Total 93	Indemnity	0.00	258,123.52	0.00	258,123.52	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	74.37	382,691.70	700.00	383,391.70	0.00
	Legal	0.00	9,293.80	0.00	9,293.80	0.00
	Other	11.50	24,926.13	100.00	25,026.13	(944.56)
	Total	85.87	675,035.15	800.00	675,835.15	(944.56)

ORG1 DESC : Butler County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 14	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	4,808.98	14,006.22	25,793.78	39,800.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	500.43	843.06	9,716.94	10,560.00	0.00
	Total	5,309.41	14,849.28	35,510.72	50,360.00	0.00

Butler County Total 33	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	4,808.98	16,451.90	25,793.78	42,245.68	(1,849.17)
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	500.43	1,766.48	9,716.94	11,483.42	0.00
	Total	5,309.41	18,218.38	35,510.72	53,729.10	(1,849.17)

ORG1 DESC : Chase County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

Closed Total 24	Indemnity	0.00	2,479.64	0.00	2,479.64	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	15,503.29	0.00	15,503.29	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	817.39	0.00	817.39	0.00
	Total	0.00	18,800.32	0.00	18,800.32	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

Open Total 7	Indemnity	0.00	1,322.76	23,753.76	25,076.52	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	471.22	33,629.07	27,320.93	60,950.00	0.00
	Legal	0.00	548.70	7,951.30	8,500.00	0.00
	Other	19.00	4,094.32	6,168.18	10,262.50	0.00
	Total	490.22	39,594.85	65,194.17	104,789.02	0.00

Chase County Total 31	Indemnity	0.00	3,802.40	23,753.76	27,556.16	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	471.22	49,132.36	27,320.93	76,453.29	0.00
	Legal	0.00	548.70	7,951.30	8,500.00	0.00
	Other	19.00	4,911.71	6,168.18	11,079.89	0.00
	Total	490.22	58,395.17	65,194.17	123,589.34	0.00

ORG1 DESC : Chautauqua County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

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

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 4	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	18.32	347.01	9,652.99	10,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	9.55	62.59	1,937.41	2,000.00	0.00
	Total	27.87	409.60	11,590.40	12,000.00	0.00

Chautauqua County Total 101	Indemnity	0.00	237,185.97	0.00	237,185.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	18.32	447,614.96	9,652.99	457,267.95	0.00
	Legal	0.00	2,026.50	0.00	2,026.50	0.00
	Other	9.55	43,572.50	1,937.41	45,509.91	(11,977.87)
	Total	27.87	730,399.93	11,590.40	741,990.33	(11,977.87)

ORG1 DESC : Cherokee County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

Closed Total 419	Indemnity	0.00	959,649.09	0.00	959,649.09	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,207,886.05	0.00	1,207,886.05	0.00
	Legal	0.00	50,675.82	0.00	50,675.82	0.00
	Other	0.00	103,856.25	0.00	103,856.25	(33,794.04)
	Total	0.00	2,322,067.21	0.00	2,322,067.21	(33,794.04)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 10					Indemnity	0.00	171,474.60	68,860.45	240,335.05	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	4,090.04	258,337.01	60,061.37	318,398.38	0.00
					Legal	11,071.00	14,564.44	21,085.56	35,650.00	0.00
					Other	163.06	33,779.10	16,005.27	49,784.37	0.00
					Total	15,324.10	478,155.15	166,012.65	644,167.80	0.00

Cherokee County Total 429					Indemnity	0.00	1,131,123.69	68,860.45	1,199,984.14	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	4,090.04	1,466,223.06	60,061.37	1,526,284.43	0.00
					Legal	11,071.00	65,240.26	21,085.56	86,325.82	0.00
					Other	163.06	137,635.35	16,005.27	153,640.62	(33,794.04)
					Total	15,324.10	2,800,222.36	166,012.65	2,966,235.01	(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 : 01/01/2024 - 01/31/2024

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

ORG1 DESC : Clark County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 2	Indemnity	0.00	428.84	47,286.52	47,715.36	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	24,119.51	151,646.80	46,353.20	198,000.00	(991.00)
	Legal	0.00	0.00	1,200.00	1,200.00	0.00
	Other	400.88	16,269.53	9,130.47	25,400.00	0.00
	Total	24,520.39	168,345.17	103,970.19	272,315.36	(991.00)

Clark County Total 27	Indemnity	0.00	13,088.69	47,286.52	60,375.21	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	24,119.51	213,222.47	46,353.20	259,575.67	(4,642.20)
	Legal	0.00	511.50	1,200.00	1,711.50	0.00
	Other	400.88	24,466.96	9,130.47	33,597.43	0.00
	Total	24,520.39	251,289.62	103,970.19	355,259.81	(4,642.20)

ORG1 DESC : Clay County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

Closed Total 281	Indemnity	0.00	190,384.07	0.00	190,384.07	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	520,582.98	0.00	520,582.98	(15,087.26)
	Legal	0.00	7,444.00	0.00	7,444.00	0.00
	Other	0.00	60,202.60	0.00	60,202.60	(25,079.92)
	Total	0.00	778,613.65	0.00	778,613.65	(40,167.18)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 4					Indemnity	0.00	3,044.82	46,955.18	50,000.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,443.47	112,816.41	113,183.59	226,000.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	94.78	13,214.15	12,785.85	26,000.00	0.00
					Total	2,538.25	129,075.38	173,524.62	302,600.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 1					Indemnity	0.00	95,276.30	0.00	95,276.30	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	189,499.96	28,702.21	218,202.17	0.00
					Legal	975.50	975.50	3,024.50	4,000.00	0.00
					Other	0.00	19,114.98	885.02	20,000.00	0.00
					Total	975.50	304,866.74	32,611.73	337,478.47	0.00



Claim Summary - Workers Compensation

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

Clay County Total 286	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	2,443.47	822,899.35	141,885.80	964,785.15	(15,087.26)
	Legal	975.50	8,419.50	3,624.50	12,044.00	0.00
	Other	94.78	92,531.73	13,670.87	106,202.60	(25,079.92)
	Total	3,513.75	1,212,555.77	206,136.35	1,418,692.12	(40,167.18)

ORG1 DESC : Cloud County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 407					Indemnity	0.00	391,018.68	0.00	391,018.68	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	380,784.50	0.00	380,784.50	(4,807.87)
					Legal	0.00	1,376.00	0.00	1,376.00	0.00
					Other	0.00	32,174.47	0.00	32,174.47	(2,972.65)
					Total	0.00	805,353.65	0.00	805,353.65	(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 2					Indemnity	2,434.85	2,434.85	7,182.80	9,617.65	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	18,270.62	19,991.63	14,458.37	34,450.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	1,071.63	1,234.02	4,965.98	6,200.00	0.00
					Total	21,777.10	23,660.50	27,207.15	50,867.65	0.00



Claim Summary - Workers Compensation

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

Cloud County Total 409	Indemnity	2,434.85	393,453.53	7,182.80	400,636.33	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	18,270.62	400,776.13	14,458.37	415,234.50	(4,807.87)
	Legal	0.00	1,376.00	600.00	1,976.00	0.00
	Other	1,071.63	33,408.49	4,965.98	38,374.47	(2,972.65)
	Total	21,777.10	829,014.15	27,207.15	856,221.30	(7,780.52)

ORG1 DESC : Comanche County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 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	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 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	587.47	10,112.53	10,700.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	69.47	2,530.53	2,600.00	0.00
					Total	0.00	656.94	12,643.06	13,300.00	0.00



Claim Summary - Workers Compensation

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

Comanche County Total 141	Indemnity	0.00	61,181.75	0.00	61,181.75	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	186,067.08	10,112.53	196,179.61	0.00
	Legal	0.00	1,376.00	0.00	1,376.00	0.00
	Other	0.00	26,944.45	2,530.53	29,474.98	(7,532.69)
	Total	0.00	275,569.28	12,643.06	288,212.34	(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 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	954.86	44,121.50	0.00	44,121.50	0.00
					Legal	0.00	492.00	0.00	492.00	0.00
					Other	58.48	4,201.33	0.00	4,201.33	0.00
					Total	1,013.34	74,226.66	0.00	74,226.66	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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	299.12	1,413.81	1,086.19	2,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	16.01	118.14	381.86	500.00	0.00
					Total	315.13	1,531.95	1,468.05	3,000.00	0.00



Claim Summary - Workers Compensation

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

Comanche Hospital Total 40		Indemnity	0.00	25,411.83	0.00	25,411.83	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	1,253.98	45,535.31	1,086.19	46,621.50	0.00
		Legal	0.00	492.00	0.00	492.00	0.00
		Other	74.49	4,319.47	381.86	4,701.33	0.00
		Total	1,328.47	75,758.61	1,468.05	77,226.66	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 191							
					Indemnity	0.00	164,130.30	0.00	164,130.30
					Rehab	0.00	0.00	0.00	0.00
					Medical	79.98	325,603.21	0.00	325,603.21
					Legal	0.00	10,911.50	0.00	10,911.50
					Other	14.91	57,283.30	0.00	57,283.30
					Total	94.89	557,928.31	0.00	557,928.31

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	37,700.00	37,700.00	22,300.00	60,000.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	628.70	52,524.25	37,925.75	90,450.00
					Legal	0.00	556.35	10,043.65	10,600.00
					Other	36.03	10,895.75	10,691.75	21,587.50
					Total	38,364.73	101,676.35	80,961.15	182,637.50



Claim Summary - Workers Compensation

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

Cowley County Total 198	Indemnity	37,700.00	201,830.30	22,300.00	224,130.30	(500.00)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	708.68	378,127.46	37,925.75	416,053.21	(38,169.77)
	Legal	0.00	11,467.85	10,043.65	21,511.50	0.00
	Other	50.94	68,179.05	10,691.75	78,870.80	(15,139.56)
	Total	38,459.62	659,604.66	80,961.15	740,565.81	(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 : 01/01/2024 - 01/31/2024

Closed Total 160	Indemnity	0.00	198,626.02	0.00	198,626.02	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	353,178.03	0.00	353,178.03	0.00
	Legal	0.00	4,956.45	0.00	4,956.45	0.00
	Other	0.00	39,514.81	0.00	39,514.81	(25,000.00)
	Total	0.00	596,275.31	0.00	596,275.31	(25,000.00)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,956.77	1,543.23	3,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	113.31	586.69	700.00	0.00
	Total	0.00	2,070.08	2,129.92	4,200.00	0.00

Decatur County Total 161	Indemnity	0.00	198,626.02	0.00	198,626.02	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	355,134.80	1,543.23	356,678.03	0.00
	Legal	0.00	4,956.45	0.00	4,956.45	0.00
	Other	0.00	39,628.12	586.69	40,214.81	(25,000.00)
	Total	0.00	598,345.39	2,129.92	600,475.31	(25,000.00)

ORG1 DESC : Decatur Health Systems

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

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

ORG1 DESC : Dickinson County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 417									
			Indemnity		0.00	627,740.12	0.00	627,740.12	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		0.00	892,639.04	0.00	892,639.04	(3,660.76)
			Legal		0.00	6,329.25	0.00	6,329.25	0.00
			Other		0.00	62,585.78	0.00	62,585.78	(104,198.93)
			Total		0.00	1,589,294.19	0.00	1,589,294.19	(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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Claim Summary - Workers Compensation

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

Open Total 10		Indemnity	0.00	151,430.57	2,155.44	153,586.01	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	1,622.89	197,692.88	53,662.25	251,355.13	0.00	0.00
	Legal	442.00	15,189.05	108.00	15,297.05	0.00	0.00
	Other	366.99	13,767.56	9,012.44	22,780.00	0.00	0.00
Total		2,431.88	378,080.06	64,938.13	443,018.19	0.00	0.00

Dickinson County Total 427		Indemnity	0.00	779,170.69	2,155.44	781,326.13	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	1,622.89	1,090,331.92	53,662.25	1,143,994.17	(3,660.76)	0.00
	Legal	442.00	21,518.30	108.00	21,626.30	0.00	0.00
	Other	366.99	76,353.34	9,012.44	85,365.78	(104,198.93)	0.00
Total		2,431.88	1,967,374.25	64,938.13	2,032,312.38	(107,859.69)	0.00

ORG1 DESC : Doniphan County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 131					0.00	194,480.40	0.00	194,480.40	0.00
	Rehab	0.00	0.00		0.00	0.00	0.00	0.00	0.00
	Medical	0.00	328,602.30		0.00	328,602.30	(8,975.99)	0.00	0.00
	Legal	0.00	790.50		0.00	790.50	0.00	0.00	0.00
	Other	0.00	21,623.33		0.00	21,623.33	(20,403.94)	0.00	0.00
Total		0.00	545,496.53		0.00	545,496.53	(29,379.93)	0.00	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

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

Open Total 2	Indemnity	1,496.97	1,496.97	2,494.95	3,991.92	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	0.00	17,700.00	17,700.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	2,600.00	2,600.00	0.00
	Total	1,496.97	1,496.97	22,794.95	24,291.92	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	13,000.00	13,000.00	0.00	13,000.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	0.00	7,450.00	7,450.00	(403.40)
					Legal	0.00	449.90	9,550.10	10,000.00	0.00
					Other	0.00	53.50	1,549.00	1,602.50	0.00
					Total	13,000.00	13,503.40	18,549.10	32,052.50	(403.40)
Doniphan County Total 134					Indemnity	14,496.97	208,977.37	2,494.95	211,472.32	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	328,602.30	25,150.00	353,752.30	(9,379.39)
					Legal	0.00	1,240.40	9,550.10	10,790.50	0.00
					Other	0.00	21,676.83	4,149.00	25,825.83	(20,403.94)
					Total	14,496.97	560,496.90	41,344.05	601,840.95	(29,783.33)

ORG1 DESC : Edwards County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

ORG1 DESC : Elk County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number 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 : 01/01/2024 - 01/31/2024

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 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	2,301.88	5,198.12	7,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	227.78	1,272.22	1,500.00	0.00
					Total	0.00	2,529.66	6,470.34	9,000.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 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	198.32	243,518.04	91,832.46	335,350.50	(76,505.54)
					Legal	0.00	1,403.75	7,096.25	8,500.00	0.00
					Other	9.50	17,222.49	11,902.51	29,125.00	0.00
					Total	207.82	277,617.07	125,831.22	403,448.29	(76,505.54)



Claim Summary - Workers Compensation

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

Elk County Total 135	Indemnity	0.00	422,174.81	15,000.00	437,174.81	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	198.32	664,595.60	97,030.58	761,626.18	(114,338.42)
	Legal	0.00	7,363.10	7,096.25	14,459.35	0.00
	Other	9.50	62,581.59	13,174.73	75,756.32	0.00
	Total	207.82	1,156,715.10	132,301.56	1,289,016.66	(114,338.42)

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 340					Indemnity	0.00	302,510.31	0.00	302,510.31	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	681,231.55	0.00	681,231.55	0.00
					Legal	0.00	8,014.60	0.00	8,014.60	0.00
					Other	0.00	57,239.18	0.00	57,239.18	(57,317.78)
					Total	0.00	1,048,995.64	0.00	1,048,995.64	(57,317.78)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 9					Indemnity	3,182.46	12,914.32	3,105.68	16,020.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,363.08	14,188.31	24,161.69	38,350.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	225.58	1,348.46	5,351.54	6,700.00	0.00
					Total	5,771.12	28,451.09	33,218.91	61,670.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

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

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Re-Open Total 1	Indemnity	0.00	0.00	0.00	0.00	
					Rehab	0.00	0.00	0.00	0.00	
					Medical	0.00	2,872.75	627.25	3,500.00	
					Legal	0.00	0.00	0.00	0.00	
					Other	0.00	566.02	633.98	1,200.00	
					Total	0.00	3,438.77	1,261.23	4,700.00	
				Ellis County Total 350	Indemnity	3,182.46	315,424.63	3,105.68	318,530.31	0.00
					Rehab	0.00	0.00	0.00	0.00	
					Medical	2,363.08	698,292.61	24,788.94	723,081.55	0.00
					Legal	0.00	8,014.60	600.00	8,614.60	0.00
					Other	225.58	59,153.66	5,985.52	65,139.18	(57,317.78)
					Total	5,771.12	1,080,885.50	34,480.14	1,115,365.64	(57,317.78)

ORG1 DESC : Ellsworth County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 266	Indemnity	0.00	350,074.01	0.00	350,074.01	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	708,213.74	0.00	708,213.74	(188,250.83)
					Legal	0.00	42,272.91	0.00	42,272.91	0.00
					Other	0.00	64,445.83	0.00	64,445.83	0.00
					Total	0.00	1,165,006.49	0.00	1,165,006.49	(188,250.83)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

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	0.00
	Medical	53.15	96.30	8,503.70	8,600.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	17.17	17.17	2,282.83	2,300.00	0.00	0.00
Total		70.32	113.47	10,786.53	10,900.00	0.00	0.00

Ellsworth County Total 270		Indemnity	0.00	350,074.01	0.00	350,074.01	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	53.15	708,310.04	8,503.70	716,813.74	(188,250.83)	0.00
	Legal	0.00	42,272.91	0.00	42,272.91	0.00	0.00
	Other	17.17	64,463.00	2,282.83	66,745.83	0.00	0.00
Total		70.32	1,165,119.96	10,786.53	1,175,906.49	(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 6									
	Indemnity	0.00			11,108.88	0.00	11,108.88	0.00	0.00
	Rehab	0.00			0.00	0.00	0.00	0.00	0.00
	Medical	0.00			30,030.39	0.00	30,030.39	(2,500.00)	0.00
	Legal	0.00			524.50	0.00	524.50	0.00	0.00
	Other	0.00			1,427.37	0.00	1,427.37	(304.49)	0.00
Total		0.00			43,091.14	0.00	43,091.14	(2,804.49)	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

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

Open Total 1		Indemnity	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	0.00	700.00	700.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	100.00	100.00	0.00
		Total	0.00	0.00	800.00	800.00	0.00
Ellsworth County RWD No 1 Total 7		Indemnity	0.00	11,108.88	0.00	11,108.88	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	30,030.39	700.00	30,730.39	(2,500.00)
		Legal	0.00	524.50	0.00	524.50	0.00
		Other	0.00	1,427.37	100.00	1,527.37	(304.49)
		Total	0.00	43,091.14	800.00	43,891.14	(2,804.49)

ORG1 DESC : Finney County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 61									
			Indemnity		0.00	2,953.80	0.00	2,953.80	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		180.85	28,876.42	0.00	28,876.42	0.00
			Legal		0.00	505.00	0.00	505.00	0.00
			Other		14.07	2,368.07	0.00	2,368.07	0.00
			Total		194.92	34,703.29	0.00	34,703.29	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

Open Total 18	Indemnity	0.00	18,145.77	27,815.59	45,961.36	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	54,073.28	39,626.72	93,700.00	0.00
	Legal	0.00	492.00	708.00	1,200.00	0.00
	Other	89.85	2,353.62	13,366.38	15,720.00	0.00
	Total	89.85	75,064.67	81,516.69	156,581.36	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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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	1,671.16	828.84	2,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	500.00	500.00	0.00
	Total	0.00	1,671.16	1,328.84	3,000.00	0.00

Finney County Total 80	Indemnity	0.00	21,099.57	27,815.59	48,915.16	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	180.85	84,620.86	40,455.56	125,076.42	0.00
	Legal	0.00	997.00	708.00	1,705.00	0.00
	Other	103.92	4,721.69	13,866.38	18,588.07	0.00
	Total	284.77	111,439.12	82,845.53	194,284.65	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
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Claim Summary - Workers Compensation

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

Closed Total 560	Indemnity	0.00	1,057,874.32	0.00	1,057,874.32	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	949,508.90	0.00	949,508.90	(3,873.46)
	Legal	0.00	22,006.80	0.00	22,006.80	0.00
	Other	0.00	93,625.39	0.00	93,625.39	(39,155.80)
	Total	0.00	2,123,015.41	0.00	2,123,015.41	(43,029.26)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 20					Indemnity	0.00	18,593.86	141,486.14	160,080.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	4,852.74	258,705.32	149,744.68	408,450.00	0.00
					Legal	2,224.00	2,224.00	26,176.00	28,400.00	0.00
					Other	410.20	18,593.02	30,321.98	48,915.00	0.00
					Total	7,486.94	298,116.20	347,728.80	645,845.00	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	2,000.00	2,000.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	188.40	3,000.00	3,188.40	0.00
					Legal	0.00	0.00	2,000.00	2,000.00	0.00
					Other	0.00	19.10	90.50	109.60	0.00
					Total	0.00	207.50	7,090.50	7,298.00	0.00



Claim Summary - Workers Compensation

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

Ford County Total 581	Indemnity	0.00	1,076,468.18	143,486.14	1,219,954.32	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	4,852.74	1,208,402.62	152,744.68	1,361,147.30	(3,873.46)
	Legal	2,224.00	24,230.80	28,176.00	52,406.80	0.00
	Other	410.20	112,237.51	30,412.48	142,649.99	(39,155.80)
	Total	7,486.94	2,421,339.11	354,819.30	2,776,158.41	(43,029.26)

ORG1 DESC : Franklin 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 732	Indemnity	0.00	942,235.05	0.00	942,235.05	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	476.21	1,383,147.25	0.00	1,383,147.25	(17,114.66)
					Legal	0.00	41,032.45	0.00	41,032.45	0.00
					Other	346.26	152,581.45	0.00	152,581.45	(22,962.95)
					Total	822.47	2,518,996.20	0.00	2,518,996.20	(40,077.61)

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 17	Indemnity	0.00	171,324.60	127,077.36	298,401.96	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,586.58	271,203.40	83,896.60	355,100.00	0.00
					Legal	0.00	730.90	17,474.10	18,205.00	0.00
					Other	386.39	41,651.03	29,096.47	70,747.50	0.00
					Total	2,972.97	484,909.93	257,544.53	742,454.46	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

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

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Re-Open Total 2	Indemnity	0.00	39,780.00	13,000.00	52,780.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	31,524.44	9,051.76	40,576.20	0.00
					Legal	4,069.71	4,069.71	2,430.29	6,500.00	0.00
					Other	0.00	5,209.02	3,321.00	8,530.02	0.00
					Total	4,069.71	80,583.17	27,803.05	108,386.22	0.00
				Franklin County Total 751	Indemnity	0.00	1,153,339.65	140,077.36	1,293,417.01	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	3,062.79	1,685,875.09	92,948.36	1,778,823.45	(17,114.66)
					Legal	4,069.71	45,833.06	19,904.39	65,737.45	0.00
					Other	732.65	199,441.50	32,417.47	231,858.97	(22,962.95)
					Total	7,865.15	3,084,489.30	285,347.58	3,369,836.88	(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	
				Closed Total 774	Indemnity	0.00	828,652.93	0.00	828,652.93	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	1,379,773.57	0.00	1,379,773.57	(49,476.59)
					Legal	0.00	40,400.79	0.00	40,400.79	(33.50)
					Other	0.00	192,148.77	0.00	192,148.77	(30,701.97)
					Total	0.00	2,440,976.06	0.00	2,440,976.06	(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
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Claim Summary - Workers Compensation

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

Open Total 16	Indemnity	2,579.52	8,453.11	50,373.47	58,826.58	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	19,287.22	32,753.14	99,896.86	132,650.00	0.00
	Legal	402.50	402.50	20,297.50	20,700.00	0.00
	Other	4,708.00	11,827.85	17,172.15	29,000.00	0.00
	Total	26,977.24	53,436.60	187,739.98	241,176.58	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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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	35.44	35.44	664.56	700.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	9.50	9.50	130.50	140.00	0.00
	Total	44.94	44.94	795.06	840.00	0.00

Geary County Total 791	Indemnity	2,579.52	837,106.04	50,373.47	887,479.51	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	19,322.66	1,412,562.15	100,561.42	1,513,123.57	(49,476.59)
	Legal	402.50	40,803.29	20,297.50	61,100.79	(33.50)
	Other	4,717.50	203,986.12	17,302.65	221,288.77	(30,701.97)
	Total	27,022.18	2,494,457.60	188,535.04	2,682,992.64	(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
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Claim Summary - Workers Compensation

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

Closed Total 90	Indemnity	0.00	471,527.89	0.00	471,527.89	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	195.44	357,164.10	0.00	357,164.10	0.00
	Legal	0.00	20,997.17	0.00	20,997.17	0.00
	Other	36.05	46,652.50	0.00	46,652.50	(5,352.49)
	Total	231.49	896,341.66	0.00	896,341.66	(5,352.49)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 5	Indemnity	0.00	4,278.34	80,121.66	84,400.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	256,509.86	20,705.75	277,215.61	0.00
	Legal	0.00	378.80	9,171.20	9,550.00	0.00
	Other	0.00	24,368.47	21,456.53	45,825.00	0.00
	Total	0.00	285,535.47	131,455.14	416,990.61	0.00

Gove County Total 95	Indemnity	0.00	475,806.23	80,121.66	555,927.89	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	195.44	613,673.96	20,705.75	634,379.71	0.00
	Legal	0.00	21,375.97	9,171.20	30,547.17	0.00
	Other	36.05	71,020.97	21,456.53	92,477.50	(5,352.49)
	Total	231.49	1,181,877.13	131,455.14	1,313,332.27	(5,352.49)

ORG1 DESC : Graham County-OLD

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

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

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

Re-Open Total 1	Indemnity	0.00	23,843.31	0.00	23,843.31	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	56,151.55	1,195.00	57,346.55	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	4,284.35	470.05	4,754.40	0.00
	Total	0.00	84,279.21	1,665.05	85,944.26	0.00

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

ORG1 DESC : Grant County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

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

Closed Total 276	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	512,613.14	0.00	512,613.14	(13,770.43)
	Legal	0.00	392.00	0.00	392.00	0.00
	Other	0.00	19,379.77	0.00	19,379.77	0.00
	Total	0.00	693,869.96	0.00	693,869.96	(13,770.43)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 4	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	63.00	3,481.46	6,518.54	10,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	11.39	199.48	1,800.52	2,000.00	0.00
	Total	74.39	3,680.94	8,319.06	12,000.00	0.00

Grant County Total 280	Indemnity	0.00	161,485.05	0.00	161,485.05	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	63.00	516,094.60	6,518.54	522,613.14	(13,770.43)
	Legal	0.00	392.00	0.00	392.00	0.00
	Other	11.39	19,579.25	1,800.52	21,379.77	0.00
	Total	74.39	697,550.90	8,319.06	705,869.96	(13,770.43)

ORG1 DESC : Gray County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

Closed Total 198	Indemnity	0.00	355,442.60	0.00	355,442.60	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	581,267.71	0.00	581,267.71	(118,439.57)
	Legal	0.00	25,002.82	0.00	25,002.82	0.00
	Other	0.00	42,612.65	0.00	42,612.65	0.00
	Total	0.00	1,004,325.78	0.00	1,004,325.78	(118,439.57)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 3	Indemnity	0.00	32,993.96	87,978.13	120,972.09	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,878.01	103,061.35	19,488.65	122,550.00	0.00
	Legal	0.00	913.15	16,586.85	17,500.00	0.00
	Other	21.30	15,000.98	11,434.02	26,435.00	0.00
	Total	1,899.31	151,969.44	135,487.65	287,457.09	0.00

Gray County Total 201	Indemnity	0.00	388,436.56	87,978.13	476,414.69	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,878.01	684,329.06	19,488.65	703,817.71	(118,439.57)
	Legal	0.00	25,915.97	16,586.85	42,502.82	0.00
	Other	21.30	57,613.63	11,434.02	69,047.65	0.00
	Total	1,899.31	1,156,295.22	135,487.65	1,291,782.87	(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
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Claim Summary - Workers Compensation

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

Closed Total 189	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	461.62	625,643.51	0.00	625,643.51	0.00
	Legal	0.00	4,593.70	0.00	4,593.70	0.00
	Other	15.00	71,251.38	0.00	71,251.38	(5,183.55)
	Total	476.62	1,276,510.80	0.00	1,276,510.80	(5,183.55)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 6	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	564.79	59,790.64	10,192.29	69,982.93	0.00
	Legal	0.00	216.00	0.00	216.00	0.00
	Other	105.82	16,224.23	2,396.73	18,620.96	0.00
	Total	670.61	119,275.33	12,589.02	131,864.35	0.00

Greenwood County Total 195	Indemnity	0.00	618,066.67	0.00	618,066.67	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,026.41	685,434.15	10,192.29	695,626.44	0.00
	Legal	0.00	4,809.70	0.00	4,809.70	0.00
	Other	120.82	87,475.61	2,396.73	89,872.34	(5,183.55)
	Total	1,147.23	1,395,786.13	12,589.02	1,408,375.15	(5,183.55)

ORG1 DESC : Hamilton County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

Closed Total 245	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	367,643.90	0.00	367,643.90	0.00
	Legal	0.00	9,580.00	0.00	9,580.00	0.00
	Other	0.00	24,988.98	0.00	24,988.98	0.00
	Total	0.00	575,361.08	0.00	575,361.08	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 4	Indemnity	0.00	14,564.02	24,749.90	39,313.92	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	688.86	42,567.49	17,882.51	60,450.00	0.00
	Legal	0.00	0.00	1,200.00	1,200.00	0.00
	Other	44.83	3,225.60	7,574.40	10,800.00	0.00
	Total	733.69	60,357.11	51,406.81	111,763.92	0.00

Hamilton County Total 249	Indemnity	0.00	187,712.22	24,749.90	212,462.12	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	688.86	410,211.39	17,882.51	428,093.90	0.00
	Legal	0.00	9,580.00	1,200.00	10,780.00	0.00
	Other	44.83	28,214.58	7,574.40	35,788.98	0.00
	Total	733.69	635,718.19	51,406.81	687,125.00	0.00

ORG1 DESC : Hamilton Health Systems

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

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

<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 425									
			Indemnity		0.00	705,853.84	0.00	705,853.84	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		0.00	986,167.78	0.00	986,167.78	0.00
			Legal		0.00	2,742.81	0.00	2,742.81	0.00
			Other		0.00	96,371.77	0.00	96,371.77	(10,299.81)
			Total		0.00	1,791,136.20	0.00	1,791,136.20	(10,299.81)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

Open Total 3	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	16,292.84	28,960.00	0.00
	Legal	0.00	1,316.90	3,683.10	5,000.00	0.00
	Other	0.00	408.98	4,703.02	5,112.00	0.00
	Total	0.00	14,393.04	48,434.66	62,827.70	0.00
Harper County Total 428	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	0.00	998,834.94	16,292.84	1,015,127.78	0.00
	Legal	0.00	4,059.71	3,683.10	7,742.81	0.00
	Other	0.00	96,780.75	4,703.02	101,483.77	(10,299.81)
	Total	0.00	1,805,529.24	48,434.66	1,853,963.90	(10,299.81)

ORG1 DESC : Harvey 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 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

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

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

<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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Re-Open Total 1	Indemnity	0.00	4,604.04	0.00	4,604.04	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	63,274.74	6,225.26	69,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	2,641.72	358.28	3,000.00	0.00
	Total	0.00	70,520.50	6,583.54	77,104.04	0.00

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	76,978.00	4,313.70	81,291.70	(4,524.15)
	Total	0.00	1,537,498.57	328,951.76	1,866,450.33	(7,820.80)

ORG1 DESC : Harvey-Marion CDDO

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>
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Claim Summary - Workers Compensation

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

Closed Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	541.27	0.00	541.27	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	15.51	0.00	15.51	0.00
	Total	0.00	556.78	0.00	556.78	0.00

Harvey-Marion CDDO Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	541.27	0.00	541.27	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	15.51	0.00	15.51	0.00
	Total	0.00	556.78	0.00	556.78	0.00

ORG1 DESC : Haskell County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

<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 84					Indemnity	0.00	170,962.73	0.00	170,962.73	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	537,203.06	0.00	537,203.06	0.00
					Legal	0.00	1,276.00	0.00	1,276.00	0.00
					Other	0.00	20,505.03	0.00	20,505.03	(41,425.31)
					Total	0.00	729,946.82	0.00	729,946.82	(41,425.31)

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

Re-Open Total 2		Indemnity	0.00	97,297.88	8,518.28	105,816.16	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	179,937.93	11,224.46	191,162.39	0.00
		Legal	0.00	0.00	600.00	600.00	0.00
		Other	0.00	8,992.33	2,631.18	11,623.51	0.00
		Total	0.00	286,228.14	22,973.92	309,202.06	0.00
Haskell County Total 86		Indemnity	0.00	268,260.61	8,518.28	276,778.89	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	717,140.99	11,224.46	728,365.45	0.00
		Legal	0.00	1,276.00	600.00	1,876.00	0.00
		Other	0.00	29,497.36	2,631.18	32,128.54	(41,425.31)
		Total	0.00	1,016,174.96	22,973.92	1,039,148.88	(41,425.31)

ORG1 DESC : Hodgeman County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 29										
					0.00	18,126.46	0.00	18,126.46	0.00	
					0.00	0.00	0.00	0.00	0.00	
					0.00	56,903.81	0.00	56,903.81	0.00	
					0.00	5,095.77	0.00	5,095.77	0.00	
					0.00	3,142.28	0.00	3,142.28	0.00	
					Total	0.00	83,268.32	0.00	83,268.32	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim 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 : 01/01/2024 - 01/31/2024

Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	0.00	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
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Hodgeman County Total 30	Indemnity	0.00	18,126.46	0.00	18,126.46	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	56,903.81	0.00	56,903.81	0.00
	Legal	0.00	5,095.77	0.00	5,095.77	0.00
	Other	0.00	3,142.28	0.00	3,142.28	0.00
	Total	0.00	83,268.32	0.00	83,268.32	0.00

ORG1 DESC : Jackson County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

<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 297									
					0.00	271,239.92	0.00	271,239.92	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	545,470.52	0.00	545,470.52	(17,266.67)
					0.00	11,757.73	0.00	11,757.73	0.00
					0.00	66,698.96	0.00	66,698.96	(60,027.53)
					0.00	895,167.13	0.00	895,167.13	(77,294.20)

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

Open Total 4	Indemnity	0.00	92,500.00	0.00	92,500.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	80,737.14	63,162.86	143,900.00	0.00
	Legal	0.00	17,572.00	3,928.00	21,500.00	0.00
	Other	0.00	3,533.91	6,166.09	9,700.00	(500.00)
	Total	0.00	194,343.05	73,256.95	267,600.00	(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
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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	4,653.73	268,842.68	88,477.72	357,320.40	0.00
	Legal	0.00	0.00	4,500.00	4,500.00	0.00
	Other	875.95	56,174.92	29,325.08	85,500.00	(29,327.84)
	Total	5,529.68	437,106.64	147,302.80	584,409.44	(29,327.84)

Jackson County Total 302	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	4,653.73	895,050.34	151,640.58	1,046,690.92	(17,266.67)
	Legal	0.00	29,329.73	8,428.00	37,757.73	0.00
	Other	875.95	126,407.79	35,491.17	161,898.96	(89,855.37)
	Total	5,529.68	1,526,616.82	220,559.75	1,747,176.57	(107,122.04)

ORG1 DESC : Jefferson County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

Closed Total 486	Indemnity	0.00	699,277.05	0.00	699,277.05	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,011,130.51	0.00	1,011,130.51	(461.12)
	Legal	0.00	28,261.84	0.00	28,261.84	0.00
	Other	0.00	119,127.48	0.00	119,127.48	(98,366.06)
	Total	0.00	1,857,796.88	0.00	1,857,796.88	(98,827.18)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 6					Indemnity	0.00	0.00	9,739.04	9,739.04	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	1,002.15	19,397.85	20,400.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	0.00	106.64	5,833.36	5,940.00	0.00
					Total	0.00	1,108.79	35,570.25	36,679.04	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	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	22,018.24	28,801.76	50,820.00	0.00
					Legal	0.00	0.00	9,500.00	9,500.00	0.00
					Other	0.00	1,377.14	6,195.70	7,572.84	0.00
					Total	0.00	51,697.44	69,497.46	121,194.90	0.00



Claim Summary - Workers Compensation

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

Jefferson County Total 494	Indemnity	0.00	727,579.11	34,739.04	762,318.15	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,034,150.90	48,199.61	1,082,350.51	(461.12)
	Legal	0.00	28,261.84	10,100.00	38,361.84	0.00
	Other	0.00	120,611.26	12,029.06	132,640.32	(98,366.06)
	Total	0.00	1,910,603.11	105,067.71	2,015,670.82	(98,827.18)

ORG1 DESC : Jefferson County RWD 12

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
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	181.94	0.00	181.94
					Legal	0.00	0.00	0.00	0.00
					Other	0.00	13.31	0.00	13.31
					Total	0.00	195.25	0.00	195.25
				Jefferson County RWD 12 Total 1	Indemnity	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	181.94	0.00	181.94
					Legal	0.00	0.00	0.00	0.00
					Other	0.00	13.31	0.00	13.31
					Total	0.00	195.25	0.00	195.25

ORG1 DESC : Jewell 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 : 01/01/2024 - 01/31/2024

Closed Total 273	Indemnity	0.00	579,393.30	0.00	579,393.30	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	174.89	500,446.49	0.00	500,446.49	0.00
	Legal	0.00	19,232.50	0.00	19,232.50	0.00
	Other	9.50	43,569.03	0.00	43,569.03	(1,157.51)
	Total	184.39	1,142,641.32	0.00	1,142,641.32	(1,157.51)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 3					Indemnity	0.00	144,830.30	20,000.00	164,830.30	0.00
					Rehab	0.00	0.00	2,500.00	2,500.00	0.00
					Medical	1,814.29	248,439.73	61,210.27	309,650.00	0.00
					Legal	0.00	16,873.44	8,126.56	25,000.00	0.00
					Other	191.21	11,725.32	3,209.68	14,935.00	0.00
					Total	2,005.50	421,868.79	95,046.51	516,915.30	0.00
Jewell County Total 276					Indemnity	0.00	724,223.60	20,000.00	744,223.60	0.00
					Rehab	0.00	0.00	2,500.00	2,500.00	0.00
					Medical	1,989.18	748,886.22	61,210.27	810,096.49	0.00
					Legal	0.00	36,105.94	8,126.56	44,232.50	0.00
					Other	200.71	55,294.35	3,209.68	58,504.03	(1,157.51)
					Total	2,189.89	1,564,510.11	95,046.51	1,659,556.62	(1,157.51)

ORG1 DESC : Kansas Association Of Counties

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

Closed Total 1		Indemnity	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	0.00	0.00	0.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00
		Total	0.00	0.00	0.00	0.00	0.00
Kansas Association Of Counties Total 1		Indemnity	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	0.00	0.00	0.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00
		Total	0.00	0.00	0.00	0.00	0.00

ORG1 DESC : Kearny County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

<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 63									
			Indemnity		0.00	54,462.28	0.00	54,462.28	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		0.00	74,826.14	0.00	74,826.14	0.00
			Legal		0.00	1,282.50	0.00	1,282.50	0.00
			Other		0.00	3,290.37	0.00	3,290.37	0.00
			Total		0.00	133,861.29	0.00	133,861.29	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

Open Total 3	Indemnity	0.00	0.00	4,207.52	4,207.52	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,722.13	6,173.68	28,976.32	35,150.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	111.56	376.04	6,123.96	6,500.00	0.00
	Total	2,833.69	6,549.72	39,907.80	46,457.52	0.00
Kearny County Total 66	Indemnity	0.00	54,462.28	4,207.52	58,669.80	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,722.13	80,999.82	28,976.32	109,976.14	0.00
	Legal	0.00	1,282.50	600.00	1,882.50	0.00
	Other	111.56	3,666.41	6,123.96	9,790.37	0.00
	Total	2,833.69	140,411.01	39,907.80	180,318.81	0.00

ORG1 DESC : Kingman 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 19					Indemnity	0.00	20,515.77	0.00	20,515.77	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	64,978.86	0.00	64,978.86	0.00
					Legal	0.00	492.00	0.00	492.00	0.00
					Other	0.00	3,004.28	0.00	3,004.28	0.00
					Total	0.00	88,990.91	0.00	88,990.91	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

<u>Claim Number</u> <u>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 : 01/01/2024 - 01/31/2024

Open Total 2		Indemnity	0.00	625.73	2,318.91	2,944.64	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	13,920.21	13,920.21	8,779.79	22,700.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	8,023.26	8,023.26	5,076.74	13,100.00	0.00
		Total	21,943.47	22,569.20	16,175.44	38,744.64	0.00
Kingman County Total 21		Indemnity	0.00	21,141.50	2,318.91	23,460.41	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	13,920.21	78,899.07	8,779.79	87,678.86	0.00
		Legal	0.00	492.00	0.00	492.00	0.00
		Other	8,023.26	11,027.54	5,076.74	16,104.28	0.00
		Total	21,943.47	111,560.11	16,175.44	127,735.55	0.00

ORG1 DESC : Kiowa County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 2									
		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	0.00		701.32	0.00	701.32	0.00	0.00
		Legal	0.00		0.00	0.00	0.00	0.00	0.00
		Other	0.00		55.07	0.00	55.07	0.00	0.00
		Total	0.00		756.39	0.00	756.39	0.00	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

Open Total 4		Indemnity	2,749.75	4,949.55	150,050.45	155,000.00	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		86,089.79	87,231.08	608,268.92	695,500.00	0.00
	Legal		0.00	0.00	13,000.00	13,000.00	0.00
	Other		424.21	588.56	110,911.44	111,500.00	0.00
	Total		89,263.75	92,769.19	882,230.81	975,000.00	0.00

Kiowa County Total 6		Indemnity	2,749.75	4,949.55	150,050.45	155,000.00	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		86,089.79	87,932.40	608,268.92	696,201.32	0.00
	Legal		0.00	0.00	13,000.00	13,000.00	0.00
	Other		424.21	643.63	110,911.44	111,555.07	0.00
	Total		89,263.75	93,525.58	882,230.81	975,756.39	0.00

ORG1 DESC : Lane County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
		Closed Total 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		440.09	115,133.04	0.00	115,133.04	0.00
			Legal		0.00	5,183.75	0.00	5,183.75	0.00
			Other		(49.34)	12,394.02	0.00	12,394.02	0.00
			Total		390.75	187,582.89	0.00	187,582.89	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

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

Open Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	0.00	700.00	700.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	100.00	100.00	0.00
	Total	0.00	0.00	800.00	800.00	0.00
Lane County Total 108	Indemnity	0.00	54,872.08	0.00	54,872.08	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	440.09	115,133.04	700.00	115,833.04	0.00
	Legal	0.00	5,183.75	0.00	5,183.75	0.00
	Other	(49.34)	12,394.02	100.00	12,494.02	0.00
	Total	390.75	187,582.89	800.00	188,382.89	0.00

ORG1 DESC : Lincoln County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 275										
					Indemnity	0.00	216,912.26	0.00	216,912.26	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	518,073.47	0.00	518,073.47	0.00
					Legal	0.00	518.00	0.00	518.00	0.00
					Other	0.00	37,412.25	0.00	37,412.25	(756.73)
					Total	0.00	772,915.98	0.00	772,915.98	(756.73)
Lincoln County Total 275					Indemnity	0.00	216,912.26	0.00	216,912.26	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	518,073.47	0.00	518,073.47	0.00
					Legal	0.00	518.00	0.00	518.00	0.00
					Other	0.00	37,412.25	0.00	37,412.25	(756.73)
					Total	0.00	772,915.98	0.00	772,915.98	(756.73)

ORG1 DESC : Linn County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

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

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 306	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	264.64	759,284.40	0.00	759,284.40	(19,661.57)
					Legal	0.00	3,586.50	0.00	3,586.50	0.00
					Other	18.39	64,148.12	0.00	64,148.12	0.00
					Total	283.03	1,306,695.33	0.00	1,306,695.33	(33,675.37)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 7	Indemnity	0.00	46,004.92	470,000.00	516,004.92	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,502.51	282,665.59	180,462.24	463,127.83	0.00
					Legal	0.00	10,108.89	9,391.11	19,500.00	0.00
					Other	1,128.89	15,760.10	54,559.62	70,319.72	0.00
					Total	2,631.40	354,539.50	714,412.97	1,068,952.47	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Re-Open Total 1	Indemnity	0.00	1,429.48	5,070.52	6,500.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	10,875.93	10,624.07	21,500.00	0.00
					Legal	0.00	0.00	550.00	550.00	0.00
					Other	0.00	1,313.38	2,086.62	3,400.00	0.00
					Total	0.00	13,618.79	18,331.21	31,950.00	0.00



Claim Summary - Workers Compensation

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

Linn County Total 314	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	1,767.15	1,052,825.92	191,086.31	1,243,912.23	(19,661.57)
	Legal	0.00	13,695.39	9,941.11	23,636.50	0.00
	Other	1,147.28	81,221.60	56,646.24	137,867.84	0.00
	Total	2,914.43	1,674,853.62	732,744.18	2,407,597.80	(33,675.37)

ORG1 DESC : Lyon County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 732					Indemnity	0.00	934,869.52	0.00	934,869.52	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	190.45	1,336,257.37	0.00	1,336,257.37	(2,876.72)
					Legal	0.00	33,847.20	0.00	33,847.20	0.00
					Other	70.99	189,376.96	0.00	189,376.96	(8,160.28)
					Total	261.44	2,494,351.05	0.00	2,494,351.05	(11,037.00)

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 10					Indemnity	0.00	27,021.46	123,703.21	150,724.67	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,073.55	158,050.63	123,319.78	281,370.41	0.00
					Legal	0.00	396.25	18,953.75	19,350.00	0.00
					Other	197.41	19,620.20	24,783.55	44,403.75	0.00
					Total	1,270.96	205,088.54	290,760.29	495,848.83	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

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

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Re-Open Total 1	Indemnity	0.00	3,331.95	28,609.47	31,941.42	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	482.08	25,478.56	21,521.44	47,000.00	0.00
					Legal	0.00	380.00	10,670.00	11,050.00	0.00
					Other	0.00	1,978.14	5,321.86	7,300.00	0.00
					Total	482.08	31,168.65	66,122.77	97,291.42	0.00
				Lyon County Total 743	Indemnity	0.00	965,222.93	152,312.68	1,117,535.61	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,746.08	1,519,786.56	144,841.22	1,664,627.78	(2,876.72)
					Legal	0.00	34,623.45	29,623.75	64,247.20	0.00
					Other	268.40	210,975.30	30,105.41	241,080.71	(8,160.28)
					Total	2,014.48	2,730,608.24	356,883.06	3,087,491.30	(11,037.00)

ORG1 DESC : Marion County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 315	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	674,974.05	0.00	674,974.05	(20,844.68)
					Legal	0.00	16,598.16	0.00	16,598.16	0.00
					Other	0.00	64,766.34	0.00	64,766.34	(29,697.36)
					Total	0.00	1,094,410.32	0.00	1,094,410.32	(63,401.34)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

Open Total 7	Indemnity	0.00	1,500.00	5,500.00	7,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	8,677.54	17,522.46	26,200.00	0.00
	Legal	0.00	373.75	9,626.25	10,000.00	0.00
	Other	0.00	400.65	4,499.35	4,900.00	0.00
	Total	0.00	10,951.94	37,148.06	48,100.00	0.00
Marion County Total 322	Indemnity	0.00	339,571.77	5,500.00	345,071.77	(12,859.30)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	683,651.59	17,522.46	701,174.05	(20,844.68)
	Legal	0.00	16,971.91	9,626.25	26,598.16	0.00
	Other	0.00	65,166.99	4,499.35	69,666.34	(29,697.36)
	Total	0.00	1,105,362.26	37,148.06	1,142,510.32	(63,401.34)

ORG1 DESC : Marshall County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 222									
					0.00	172,657.84	0.00	172,657.84	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	337,776.30	0.00	337,776.30	0.00
					0.00	890.50	0.00	890.50	0.00
					0.00	28,577.26	0.00	28,577.26	(63,662.41)
					0.00	539,901.90	0.00	539,901.90	(63,662.41)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	112.21	112.21	2,387.79	2,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	11.10	11.10	488.90	500.00	0.00
	Total	123.31	123.31	2,876.69	3,000.00	0.00
Marshall County Total 223	Indemnity	0.00	172,657.84	0.00	172,657.84	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	112.21	337,888.51	2,387.79	340,276.30	0.00
	Legal	0.00	890.50	0.00	890.50	0.00
	Other	11.10	28,588.36	488.90	29,077.26	(63,662.41)
	Total	123.31	540,025.21	2,876.69	542,901.90	(63,662.41)

ORG1 DESC : McPherson County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 79					Indemnity	0.00	276,345.20	0.00	276,345.20	(500.00)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	559,497.20	0.00	559,497.20	(15,510.66)
					Legal	0.00	32,988.60	0.00	32,988.60	0.00
					Other	0.00	71,763.23	0.00	71,763.23	0.00
					Total	0.00	940,594.23	0.00	940,594.23	(16,010.66)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

Open Total 6	Indemnity	572.05	16,754.56	30,114.55	46,869.11	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	467.37	30,327.78	35,372.22	65,700.00	(500.00)
	Legal	0.00	436.25	10,763.75	11,200.00	0.00
	Other	211.36	3,243.77	10,156.23	13,400.00	0.00
	Total	1,250.78	50,762.36	86,406.75	137,169.11	(500.00)

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Re-Open Total 1	Indemnity	626.45	1,363.45	16,058.55	17,422.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	14,306.55	18,608.01	6,294.99	24,903.00	(500.00)
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	669.37	1,387.66	3,792.34	5,180.00	0.00
	Total	15,602.37	21,359.12	27,345.88	48,705.00	(500.00)

McPherson County Total 86	Indemnity	1,198.50	294,463.21	46,173.10	340,636.31	(500.00)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	14,773.92	608,432.99	41,667.21	650,100.20	(16,510.66)
	Legal	0.00	33,424.85	11,363.75	44,788.60	0.00
	Other	880.73	76,394.66	13,948.57	90,343.23	0.00
	Total	16,853.15	1,012,715.71	113,752.63	1,126,468.34	(17,010.66)

ORG1 DESC : Meade County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

Closed Total 215	Indemnity	0.00	288,568.84	0.00	288,568.84	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	670,717.23	0.00	670,717.23	0.00
	Legal	0.00	16,591.01	0.00	16,591.01	0.00
	Other	0.00	45,417.96	0.00	45,417.96	(7,381.97)
	Total	0.00	1,021,295.04	0.00	1,021,295.04	(7,381.97)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	94.50	2,482.37	2,017.63	4,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	15.88	175.85	724.15	900.00	0.00
	Total	110.38	2,658.22	2,741.78	5,400.00	0.00

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	94.50	673,199.60	2,017.63	675,217.23	0.00
	Legal	0.00	16,591.01	0.00	16,591.01	0.00
	Other	15.88	45,593.81	724.15	46,317.96	(7,381.97)
	Total	110.38	1,023,953.26	2,741.78	1,026,695.04	(7,381.97)

ORG1 DESC : Metropolitan Topeka Airport Authority

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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	298.69	1,163.92	3,836.08	5,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	9.50	158.65	841.35	1,000.00	0.00
					Total	308.19	1,322.57	4,677.43	6,000.00	0.00

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	298.69	169,567.22	3,836.08	173,403.30	(382.84)
					Legal	0.00	910.00	0.00	910.00	0.00
					Other	9.50	15,086.96	841.35	15,928.31	(1,376.32)
					Total	308.19	278,108.97	4,677.43	282,786.40	(1,759.16)

ORG1 DESC : Miami County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

Closed Total 719	Indemnity	0.00	1,316,483.69	0.00	1,316,483.69	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,883,906.00	0.00	1,883,906.00	(2,784.23)
	Legal	0.00	15,600.69	0.00	15,600.69	0.00
	Other	0.00	166,231.55	0.00	166,231.55	(212,591.31)
	Total	0.00	3,382,221.93	0.00	3,382,221.93	(215,375.54)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 13					Indemnity	0.00	45,399.14	36,045.64	81,444.78	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	4,364.11	139,956.51	113,301.27	253,257.78	0.00
					Legal	0.00	12,985.89	13,214.11	26,200.00	0.00
					Other	1,312.25	12,429.57	22,232.93	34,662.50	0.00
					Total	5,676.36	210,771.11	184,793.95	395,565.06	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 1					Indemnity	0.00	0.00	45,000.00	45,000.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	100.22	9,020.99	12,258.53	21,279.52	0.00
					Legal	0.00	1,097.70	7,502.30	8,600.00	0.00
					Other	52.94	6,003.83	1,493.76	7,497.59	0.00
					Total	153.16	16,122.52	66,254.59	82,377.11	0.00



Claim Summary - Workers Compensation

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

Miami County Total 733	Indemnity	0.00	1,361,882.83	81,045.64	1,442,928.47	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	4,464.33	2,032,883.50	125,559.80	2,158,443.30	(2,784.23)
	Legal	0.00	29,684.28	20,716.41	50,400.69	0.00
	Other	1,365.19	184,664.95	23,726.69	208,391.64	(212,591.31)
	Total	5,829.52	3,609,115.56	251,048.54	3,860,164.10	(215,375.54)

ORG1 DESC : Mitchell County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 138					Indemnity	0.00	333,289.29	0.00	333,289.29	0.00
					Rehab	0.00	0.00	0.00	0.00	
					Medical	0.00	456,096.27	0.00	456,096.27	0.00
					Legal	0.00	1,476.00	0.00	1,476.00	0.00
					Other	0.00	42,039.55	0.00	42,039.55	(45,137.43)
					Total	0.00	832,901.11	0.00	832,901.11	(45,137.43)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 2					Indemnity	0.00	4,705.29	10,092.39	14,797.68	0.00
					Rehab	0.00	0.00	0.00	0.00	
					Medical	0.00	27,265.31	6,984.69	34,250.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	0.00	6,150.92	3,549.08	9,700.00	0.00
					Total	0.00	38,121.52	21,226.16	59,347.68	0.00



Claim Summary - Workers Compensation

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

Mitchell County Total 140	Indemnity	0.00	337,994.58	10,092.39	348,086.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	483,361.58	6,984.69	490,346.27	0.00
	Legal	0.00	1,476.00	600.00	2,076.00	0.00
	Other	0.00	48,190.47	3,549.08	51,739.55	(45,137.43)
	Total	0.00	871,022.63	21,226.16	892,248.79	(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 35	Indemnity	0.00	17,888.07	0.00	17,888.07	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	25,464.97	0.00	25,464.97	0.00
					Legal	0.00	485.00	0.00	485.00	0.00
					Other	0.00	6,190.63	0.00	6,190.63	0.00
					Total	0.00	50,028.67	0.00	50,028.67	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 6	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	84.34	297.96	9,302.04	9,600.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	15.84	57.10	1,742.90	1,800.00	0.00
					Total	100.18	355.06	11,044.94	11,400.00	0.00



Claim Summary - Workers Compensation

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

Montgomery County Total 41		Indemnity	0.00	17,888.07	0.00	17,888.07	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	84.34	25,762.93	9,302.04	35,064.97	0.00	0.00
	Legal	0.00	485.00	0.00	485.00	0.00	0.00
	Other	15.84	6,247.73	1,742.90	7,990.63	0.00	0.00
	Total	100.18	50,383.73	11,044.94	61,428.67	0.00	0.00

ORG1 DESC : Morris County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
		Closed Total 120							
			Indemnity		0.00	79,067.63	0.00	79,067.63	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		0.00	184,001.80	0.00	184,001.80	0.00
			Legal		0.00	343.50	0.00	343.50	0.00
			Other		0.00	10,402.31	0.00	10,402.31	(1,485.81)
			Total		0.00	273,815.24	0.00	273,815.24	(1,485.81)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
		Open Total 3							
			Indemnity		0.00	0.00	0.00	0.00	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		13.88	655.38	3,744.62	4,400.00	0.00
			Legal		0.00	0.00	0.00	0.00	0.00
			Other		9.50	138.17	811.83	950.00	0.00
			Total		23.38	793.55	4,556.45	5,350.00	0.00



Claim Summary - Workers Compensation

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

Morris County Total 123	Indemnity	0.00	79,067.63	0.00	79,067.63	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	13.88	184,657.18	3,744.62	188,401.80	0.00
	Legal	0.00	343.50	0.00	343.50	0.00
	Other	9.50	10,540.48	811.83	11,352.31	(1,485.81)
	Total	23.38	274,608.79	4,556.45	279,165.24	(1,485.81)

ORG1 DESC : Morton County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 4					Indemnity	3,685.00	164,151.75	197,756.25	361,908.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	435.67	4,537.70	25,862.30	30,400.00	0.00
					Legal	0.00	4,685.16	2,814.84	7,500.00	0.00
					Other	76.27	401.82	3,948.18	4,350.00	0.00
					Total	4,196.94	173,776.43	230,381.57	404,158.00	0.00



Claim Summary - Workers Compensation

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

Morton County Total 155	Indemnity	3,685.00	296,757.72	197,756.25	494,513.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	435.67	267,023.97	25,862.30	292,886.27	0.00
	Legal	0.00	14,419.46	2,814.84	17,234.30	0.00
	Other	76.27	31,469.28	3,948.18	35,417.46	(176.00)
	Total	4,196.94	609,670.43	230,381.57	840,052.00	(176.00)

ORG1 DESC : Morton County Health Care System

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 279										
					Indemnity	0.00	133,602.17	0.00	133,602.17	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	302,536.08	0.00	302,536.08	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	35,351.89	0.00	35,351.89	0.00
					Total	0.00	471,490.14	0.00	471,490.14	0.00

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

ORG1 DESC : Nemaha County

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

Open Total 1		Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	90.36	90.36	2,409.64	2,500.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	12.21	12.21	487.79	500.00	0.00	0.00
Total		102.57	102.57	2,897.43	3,000.00	0.00	0.00

Nemaha County Total 1		Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	90.36	90.36	2,409.64	2,500.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	12.21	12.21	487.79	500.00	0.00	0.00
Total		102.57	102.57	2,897.43	3,000.00	0.00	0.00

ORG1 DESC : Neosho County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

Open Total 4		Indemnity	9,560.67	106,106.49	469.76	106,576.25	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		6,883.75	413,379.94	98,310.96	511,690.90	(434.96)
	Legal		0.00	2,029.34	15,879.04	17,908.38	0.00
	Other		476.89	37,088.63	11,511.37	48,600.00	(500.00)
Total			16,921.31	558,604.40	126,171.13	684,775.53	(934.96)

Neosho County Total 336		Indemnity	9,560.67	502,551.61	469.76	503,021.37	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		6,883.75	990,407.63	98,310.96	1,088,718.59	(90,208.37)
	Legal		0.00	27,336.34	15,879.04	43,215.38	0.00
	Other		476.89	110,934.29	11,511.37	122,445.66	(55,324.28)
Total			16,921.31	1,631,229.87	126,171.13	1,757,401.00	(145,532.65)

ORG1 DESC : Ness County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 37									
	Indemnity		0.00		93,069.77		0.00	93,069.77	0.00
	Rehab		0.00		0.00		0.00	0.00	0.00
	Medical		0.00		123,149.73		198.90	123,348.63	0.00
	Legal		0.00		9,110.35		0.00	9,110.35	0.00
	Other		0.00		9,701.26		0.00	9,701.26	(15,000.00)
Total			0.00		235,031.11		198.90	235,230.01	(15,000.00)

Ness County Total 37		Indemnity	0.00	93,069.77	0.00	93,069.77	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		0.00	123,149.73	198.90	123,348.63	0.00
	Legal		0.00	9,110.35	0.00	9,110.35	0.00
	Other		0.00	9,701.26	0.00	9,701.26	(15,000.00)
Total			0.00	235,031.11	198.90	235,230.01	(15,000.00)

ORG1 DESC : North Central Kansas Regional Juvenile Detention

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Run Date: 02/02/2024 08:02:23

TRISTAR - Confidential

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Claim Summary - Workers Compensation

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

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 64	Indemnity	0.00	3,140.48	0.00	3,140.48	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	14.84	28,165.28	0.00	28,165.28	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	9.71	5,668.90	0.00	5,668.90	0.00
					Total	24.55	36,974.66	0.00	36,974.66	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 11	Indemnity	157.46	157.46	3,925.76	4,083.22	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	388.30	3,111.46	40,488.54	43,600.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	153.99	642.10	10,457.90	11,100.00	0.00
					Total	699.75	3,911.02	55,472.20	59,383.22	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				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	(672.53)	1,610.91	1,389.09	3,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	412.13	187.87	600.00	0.00
					Total	(672.53)	2,023.04	1,576.96	3,600.00	0.00



Claim Summary - Workers Compensation

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

North Central Kansas Regional Juvenile Detention Total 76	Indemnity	157.46	3,297.94	3,925.76	7,223.70	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	(269.39)	32,887.65	41,877.63	74,765.28	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	163.70	6,723.13	10,645.77	17,368.90	0.00
	Total	51.77	42,908.72	57,049.16	99,957.88	0.00

ORG1 DESC : Northwest Kansas Regional Recycling Center

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

ORG1 DESC : Norton County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

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

ORG1 DESC : Osage County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

<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 338									
			Indemnity		0.00	504,631.53	0.00	504,631.53	(14,660.57)
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		0.00	834,704.92	136.27	834,841.19	(4,005.96)
			Legal		0.00	9,771.00	0.00	9,771.00	0.00
			Other		0.00	67,871.99	11.44	67,883.43	(50,779.03)
			Total		0.00	1,416,979.44	147.71	1,417,127.15	(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 : 01/01/2024 - 01/31/2024

Open Total 9	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	441.74	37,040.27	43,428.25	80,468.52	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	58.64	2,217.11	7,182.89	9,400.00	0.00
	Total	500.38	49,178.40	57,211.14	106,389.54	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

Osage County Total 348	Indemnity	0.00	514,552.55	6,000.00	520,552.55	(14,660.57)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	441.74	873,787.39	44,522.32	918,309.71	(4,005.96)
	Legal	0.00	9,771.00	600.00	10,371.00	0.00
	Other	58.64	70,272.79	7,810.64	78,083.43	(50,779.03)
	Total	500.38	1,468,383.73	58,932.96	1,527,316.69	(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 : 01/01/2024 - 01/31/2024

Closed 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	0.00	186,047.40	0.00	186,047.40	0.00
	Legal	0.00	1,508.50	0.00	1,508.50	0.00
	Other	0.00	24,765.14	0.00	24,765.14	0.00
	Total	0.00	302,174.23	0.00	302,174.23	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 4	Indemnity	0.00	0.00	7,000.00	7,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	596.07	32,603.93	33,200.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	0.00	37.11	6,562.89	6,600.00	0.00
	Total	0.00	633.18	46,766.82	47,400.00	0.00

Osborne County Total 239	Indemnity	0.00	89,853.19	7,000.00	96,853.19	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	186,643.47	32,603.93	219,247.40	0.00
	Legal	0.00	1,508.50	600.00	2,108.50	0.00
	Other	0.00	24,802.25	6,562.89	31,365.14	0.00
	Total	0.00	302,807.41	46,766.82	349,574.23	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 : 01/01/2024 - 01/31/2024

Closed Total 213	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	228,603.29	0.00	228,603.29	0.00
	Legal	0.00	5,853.52	0.00	5,853.52	0.00
	Other	0.00	30,856.87	0.00	30,856.87	(31,291.15)
	Total	0.00	369,036.40	0.00	369,036.40	(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 7	Indemnity	0.00	15,381.19	329.81	15,711.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,482.63	37,678.41	13,421.59	51,100.00	0.00
	Legal	350.00	350.00	250.00	600.00	0.00
	Other	(109.48)	3,077.84	4,902.16	7,980.00	0.00
	Total	1,723.15	56,487.44	18,903.56	75,391.00	0.00

Ottawa County Total 220	Indemnity	0.00	119,103.91	329.81	119,433.72	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,482.63	266,281.70	13,421.59	279,703.29	0.00
	Legal	350.00	6,203.52	250.00	6,453.52	0.00
	Other	(109.48)	33,934.71	4,902.16	38,836.87	(31,291.15)
	Total	1,723.15	425,523.84	18,903.56	444,427.40	(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 : 01/01/2024 - 01/31/2024

Closed Total 184	Indemnity	0.00	65,554.37	0.00	65,554.37	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	176,434.94	0.00	176,434.94	0.00
	Legal	0.00	505.00	0.00	505.00	0.00
	Other	0.00	9,308.90	0.00	9,308.90	(5,743.63)
	Total	0.00	251,803.21	0.00	251,803.21	(5,743.63)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 3	Indemnity	1,780.80	343,733.97	214,169.53	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	442,652.93	258,367.57	701,020.50	0.00
				Pawnee County Total 187	Indemnity	1,780.80	409,288.34	214,169.53	623,457.87	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	260,823.00	27,083.94	287,906.94	0.00
					Legal	0.00	1,943.75	12,211.25	14,155.00	0.00
					Other	0.00	22,401.05	4,902.85	27,303.90	(5,743.63)
					Total	1,780.80	694,456.14	258,367.57	952,823.71	(5,743.63)

ORG1 DESC : Phillips County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

Closed Total 150	Indemnity	0.00	421,432.14	0.00	421,432.14	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	479,378.75	0.00	479,378.75	(38,473.40)
	Legal	0.00	2,588.10	0.00	2,588.10	0.00
	Other	0.00	114,274.38	0.00	114,274.38	(291.80)
	Total	0.00	1,017,673.37	0.00	1,017,673.37	(38,765.20)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 4	Indemnity	0.00	491.52	2,801.96	3,293.48	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	21.43	1,804.97	12,195.03	14,000.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	9.81	372.92	3,127.08	3,500.00	0.00
	Total	31.24	2,669.41	18,724.07	21,393.48	0.00

Phillips County Total 154	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	21.43	481,183.72	12,195.03	493,378.75	(38,473.40)
	Legal	0.00	2,588.10	600.00	3,188.10	0.00
	Other	9.81	114,647.30	3,127.08	117,774.38	(291.80)
	Total	31.24	1,020,342.78	18,724.07	1,039,066.85	(38,765.20)

ORG1 DESC : Pottawatomie County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

Closed Total 588	Indemnity	0.00	661,677.35	0.00	661,677.35	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	922,628.22	0.00	922,628.22	(37,614.59)
	Legal	0.00	28,671.59	0.00	28,671.59	(197.00)
	Other	0.00	87,765.24	0.00	87,765.24	(72,608.23)
	Total	0.00	1,700,742.40	0.00	1,700,742.40	(110,419.82)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 6					Indemnity	0.00	128,441.12	578.88	129,020.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	445.60	109,653.70	28,235.06	137,888.76	(37.84)
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	41.23	18,651.54	6,548.46	25,200.00	(500.00)
					Total	486.83	256,746.36	35,362.40	292,108.76	(537.84)

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 3					Indemnity	0.00	100,159.36	0.00	100,159.36	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	78,042.29	19,957.71	98,000.00	(500.00)
					Legal	8,329.00	8,581.40	5,418.60	14,000.00	0.00
					Other	0.00	5,896.92	5,103.08	11,000.00	0.00
					Total	8,329.00	192,679.97	30,479.39	223,159.36	(500.00)



Claim Summary - Workers Compensation

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

Pottawatomie County Total 597	Indemnity	0.00	890,277.83	578.88	890,856.71	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	445.60	1,110,324.21	48,192.77	1,158,516.98	(38,152.43)
	Legal	8,329.00	37,252.99	5,418.60	42,671.59	(197.00)
	Other	41.23	112,313.70	11,651.54	123,965.24	(73,108.23)
	Total	8,815.83	2,150,168.73	65,841.79	2,216,010.52	(111,457.66)

ORG1 DESC : Pratt County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 12	Indemnity	0.00	28,691.50	0.00	28,691.50	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	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 : 01/01/2024 - 01/31/2024

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

ORG1 DESC : Rawlins County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

<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 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		13.74	188,983.26	0.00	188,983.26	0.00
			Legal		0.00	1,415.00	0.00	1,415.00	0.00
			Other		9.69	9,430.91	0.00	9,430.91	(825.25)
			Total		23.43	233,376.24	0.00	233,376.24	(825.25)

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

Open Total 3		Indemnity	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	177.00	277.40	3,622.60	3,900.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	11.61	21.11	828.89	850.00	0.00
		Total	188.61	298.51	4,451.49	4,750.00	0.00
Rawlins County Total 91		Indemnity	0.00	33,547.07	0.00	33,547.07	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	190.74	189,260.66	3,622.60	192,883.26	0.00
		Legal	0.00	1,415.00	0.00	1,415.00	0.00
		Other	21.30	9,452.02	828.89	10,280.91	(825.25)
		Total	212.04	233,674.75	4,451.49	238,126.24	(825.25)

ORG1 DESC : Reno County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 1775									
					0.00	2,896,883.98	0.00	2,896,883.98	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	5,066,507.65	0.00	5,066,507.65	(640.30)
					0.00	33,694.48	0.00	33,694.48	0.00
					0.00	601,398.93	0.00	601,398.93	(2,326,633.54)
					0.00	8,598,485.04	0.00	8,598,485.04	(2,327,273.84)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

Open Total 28	Indemnity	18,478.41	263,085.10	85,134.69	348,219.79	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,569.95	577,586.27	191,191.46	768,777.73	0.00
	Legal	50.00	3,471.30	23,528.70	27,000.00	0.00
	Other	126.18	57,369.45	38,888.18	96,257.63	0.00
	Total	22,224.54	901,512.12	338,743.03	1,240,255.15	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 3	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	3,373.42	262,204.09	59,744.79	321,948.88	(26,307.26)
	Legal	0.00	3,231.60	7,868.40	11,100.00	0.00
	Other	341.03	32,091.13	8,798.87	40,890.00	(21,398.16)
	Total	3,714.45	357,734.33	150,933.37	508,667.70	(47,705.42)

Reno County Total 1806	Indemnity	18,478.41	3,220,176.59	159,656.00	3,379,832.59	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	6,943.37	5,906,298.01	250,936.25	6,157,234.26	(26,947.56)
	Legal	50.00	40,397.38	31,397.10	71,794.48	0.00
	Other	467.21	690,859.51	47,687.05	738,546.56	(2,348,031.70)
	Total	25,938.99	9,857,731.49	489,676.40	10,347,407.89	(2,374,979.26)

ORG1 DESC : Republic County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

Closed Total 226	Indemnity	0.00	166,928.67	0.00	166,928.67	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	358,217.80	0.00	358,217.80	0.00
	Legal	0.00	2,833.70	0.00	2,833.70	0.00
	Other	0.00	41,525.03	0.00	41,525.03	(10,186.58)
	Total	0.00	569,505.20	0.00	569,505.20	(10,186.58)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 2					Indemnity	0.00	19,620.29	7,930.16	27,550.45	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	600.97	54,841.89	21,515.51	76,357.40	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	23.01	2,481.22	8,018.78	10,500.00	0.00
					Total	623.98	76,943.40	37,464.45	114,407.85	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 1					Indemnity	0.00	1,608.11	28,000.00	29,608.11	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,964.79	30,758.77	26,492.22	57,250.99	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	19.00	618.44	11,655.67	12,274.11	0.00
					Total	1,983.79	32,985.32	66,147.89	99,133.21	0.00



Claim Summary - Workers Compensation

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

Republic County Total 229	Indemnity	0.00	188,157.07	35,930.16	224,087.23	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,565.76	443,818.46	48,007.73	491,826.19	0.00
	Legal	0.00	2,833.70	0.00	2,833.70	0.00
	Other	42.01	44,624.69	19,674.45	64,299.14	(10,186.58)
	Total	2,607.77	679,433.92	103,612.34	783,046.26	(10,186.58)

ORG1 DESC : Rice County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 106	Indemnity	0.00	234,569.28	0.00	234,569.28	(802.34)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	393,853.97	0.00	393,853.97	(32,855.74)
					Legal	0.00	8,210.60	0.00	8,210.60	0.00
					Other	0.00	45,131.15	0.00	45,131.15	(23,763.43)
					Total	0.00	681,765.00	0.00	681,765.00	(57,421.51)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 8	Indemnity	0.00	43,737.49	13,678.89	57,416.38	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,230.03	241,204.78	44,945.22	286,150.00	(3,000.00)
					Legal	0.00	1,042.50	657.50	1,700.00	0.00
					Other	138.19	26,695.55	21,849.45	48,545.00	0.00
					Total	1,368.22	312,680.32	81,131.06	393,811.38	(3,000.00)



Claim Summary - Workers Compensation

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

Rice County Total 114	Indemnity	0.00	278,306.77	13,678.89	291,985.66	(802.34)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,230.03	635,058.75	44,945.22	680,003.97	(35,855.74)
	Legal	0.00	9,253.10	657.50	9,910.60	0.00
	Other	138.19	71,826.70	21,849.45	93,676.15	(23,763.43)
	Total	1,368.22	994,445.32	81,131.06	1,075,576.38	(60,421.51)

ORG1 DESC : Rooks County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
				Closed Total 2	Indemnity	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	3,783.47	0.00	3,783.47
					Legal	0.00	0.00	0.00	0.00
					Other	0.00	352.80	0.00	352.80
					Total	0.00	4,136.27	0.00	4,136.27

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
				Open Total 2	Indemnity	899.08	899.08	3,000.92	3,900.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	1,001.04	7,198.96	8,200.00
					Legal	0.00	0.00	0.00	0.00
					Other	0.00	61.74	2,038.26	2,100.00
					Total	899.08	1,961.86	12,238.14	14,200.00



Claim Summary - Workers Compensation

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

Rooks County Total 4		Indemnity	899.08	899.08	3,000.92	3,900.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	4,784.51	7,198.96	11,983.47	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	414.54	2,038.26	2,452.80	0.00	0.00
	Total		899.08	6,098.13	12,238.14	18,336.27	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 115							
			Indemnity		0.00	201,733.88	0.00	201,733.88	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		90.36	556,133.31	0.00	556,133.31	0.00
			Legal		0.00	1,987.50	0.00	1,987.50	0.00
			Other		12.21	25,706.22	0.00	25,706.22	0.00
			Total		102.57	785,560.91	0.00	785,560.91	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
		Open Total 2							
			Indemnity		0.00	1,215.00	23,785.00	25,000.00	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		0.00	44,127.10	4,872.90	49,000.00	0.00
			Legal		0.00	0.00	600.00	600.00	0.00
			Other		0.00	7,619.54	2,880.46	10,500.00	0.00
			Total		0.00	52,961.64	32,138.36	85,100.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

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

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Re-Open Total 1	Indemnity	0.00	11,082.95	0.00	11,082.95	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	697.00	59,817.13	3.00	59,820.13	0.00
					Legal	0.00	527.00	0.00	527.00	0.00
					Other	14.76	5,339.68	135.24	5,474.92	0.00
					Total	711.76	76,766.76	138.24	76,905.00	0.00
				Rush County Total 118	Indemnity	0.00	214,031.83	23,785.00	237,816.83	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	787.36	660,077.54	4,875.90	664,953.44	0.00
					Legal	0.00	2,514.50	600.00	3,114.50	0.00
					Other	26.97	38,665.44	3,015.70	41,681.14	0.00
					Total	814.33	915,289.31	32,276.60	947,565.91	0.00

ORG1 DESC : Russell County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 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	0.00	404,709.52	0.00	404,709.52	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	40,549.28	0.00	40,549.28	(16,491.48)
					Total	0.00	668,413.70	0.00	668,413.70	(16,491.48)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

Open Total 3		Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	538.20	1,935.92	6,564.08	8,500.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	25.65	328.89	1,371.11	1,700.00	0.00	0.00
Total		563.85	2,264.81	7,935.19	10,200.00	0.00	0.00

Russell County Total 271		Indemnity	0.00	223,154.90	0.00	223,154.90	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	538.20	406,645.44	6,564.08	413,209.52	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	25.65	40,878.17	1,371.11	42,249.28	(16,491.48)	(16,491.48)
Total		563.85	670,678.51	7,935.19	678,613.70	(16,491.48)	(16,491.48)

ORG1 DESC : Saline County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 1240					0.00	866,794.87	0.00	866,794.87	0.00
	Rehab	0.00	0.00		0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,315,179.68		0.00	(9.00)	1,315,170.68	(9,808.31)	(9,808.31)
	Legal	0.00	24,454.17		0.00	0.00	24,454.17	(5,380.82)	(5,380.82)
	Other	0.00	185,854.87		0.00	0.00	185,854.87	(67,682.97)	(67,682.97)
Total		0.00	2,392,283.59		0.00	(9.00)	2,392,274.59	(82,872.10)	(82,872.10)

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

Open Total 16	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	6,615.18	103,752.03	87,828.16	191,580.19	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	854.82	29,121.13	16,354.17	45,475.30	0.00
	Total	7,470.00	139,027.43	111,817.60	250,845.03	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Re-Open Total 1	Indemnity	0.00	43,315.77	0.00	43,315.77	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	74,904.37	1,136.15	76,040.52	0.00
	Legal	2,372.30	2,514.30	458.00	2,972.30	0.00
	Other	0.00	2,554.19	1,500.00	4,054.19	0.00
	Total	2,372.30	123,288.63	3,094.15	126,382.78	0.00

Saline County Total 1257	Indemnity	0.00	916,264.91	7,635.27	923,900.18	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	6,615.18	1,493,836.08	88,955.31	1,582,791.39	(9,808.31)
	Legal	2,372.30	26,968.47	458.00	27,426.47	(5,380.82)
	Other	854.82	217,530.19	17,854.17	235,384.36	(67,682.97)
	Total	9,842.30	2,654,599.65	114,902.75	2,769,502.40	(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 : 01/01/2024 - 01/31/2024

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,182.38	4,217.62	5,400.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	509.86	890.14	1,400.00	0.00
	Total	0.00	1,692.24	5,107.76	6,800.00	0.00

Scott County Total 50	Indemnity	0.00	18,808.47	0.00	18,808.47	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	84,941.15	4,217.62	89,158.77	0.00
	Legal	0.00	4,727.60	0.00	4,727.60	0.00
	Other	0.00	9,523.19	890.14	10,413.33	0.00
	Total	0.00	118,000.41	5,107.76	123,108.17	0.00

ORG1 DESC : Sheridan County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

Closed Total 158	Indemnity	0.00	495,927.96	0.00	495,927.96	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	447,381.95	0.00	447,381.95	0.00
	Legal	0.00	1,663.50	0.00	1,663.50	0.00
	Other	0.00	31,681.59	0.00	31,681.59	0.00
	Total	0.00	976,655.00	0.00	976,655.00	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	106.60	3,317.60	2,682.40	6,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	11.01	108.17	1,091.83	1,200.00	0.00
	Total	117.61	3,425.77	3,774.23	7,200.00	0.00

Sheridan County Total 160	Indemnity	0.00	495,927.96	0.00	495,927.96	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	106.60	450,699.55	2,682.40	453,381.95	0.00
	Legal	0.00	1,663.50	0.00	1,663.50	0.00
	Other	11.01	31,789.76	1,091.83	32,881.59	0.00
	Total	117.61	980,080.77	3,774.23	983,855.00	0.00

ORG1 DESC : Sherman County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

Closed 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	0.00	350,441.86	0.00	350,441.86	0.00
	Legal	0.00	25,808.23	0.00	25,808.23	0.00
	Other	0.00	20,615.62	0.00	20,615.62	0.00
	Total	0.00	492,141.90	0.00	492,141.90	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	
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	305.28	555.33	1,944.67	2,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	20.52	120.04	379.96	500.00	0.00
					Total	325.80	675.37	2,324.63	3,000.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 1					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	64.60	4,021.30	978.70	5,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	2.36	248.56	451.44	700.00	0.00
					Total	66.96	4,269.86	1,430.14	5,700.00	0.00



Claim Summary - Workers Compensation

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

Sherman County Total 149	Indemnity	0.00	95,276.19	0.00	95,276.19	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	369.88	355,018.49	2,923.37	357,941.86	0.00
	Legal	0.00	25,808.23	0.00	25,808.23	0.00
	Other	22.88	20,984.22	831.40	21,815.62	0.00
	Total	392.76	497,087.13	3,754.77	500,841.90	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 97	Indemnity	0.00	234,045.69	0.00	234,045.69	(3,813.50)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	287,995.06	0.00	287,995.06	(8,186.50)
					Legal	0.00	15,452.71	0.00	15,452.71	0.00
					Other	0.00	24,603.08	0.00	24,603.08	0.00
					Total	0.00	562,096.54	0.00	562,096.54	(12,000.00)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 3	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	0.00	3,400.00	3,400.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	9.50	9.50	690.50	700.00	0.00
					Total	9.50	9.50	4,090.50	4,100.00	0.00



Claim Summary - Workers Compensation

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

Smith County Total 100	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	3,400.00	291,395.06	(8,186.50)
	Legal	0.00	15,452.71	0.00	15,452.71	0.00
	Other	9.50	24,612.58	690.50	25,303.08	0.00
	Total	9.50	562,106.04	4,090.50	566,196.54	(12,000.00)

ORG1 DESC : Stafford 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 27	Indemnity	0.00	84,221.14	0.00	84,221.14	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	140,513.13	0.00	140,513.13	0.00
					Legal	0.00	7,061.27	0.00	7,061.27	0.00
					Other	0.00	4,517.12	0.00	4,517.12	0.00
					Total	0.00	236,312.66	0.00	236,312.66	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	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	115.76	115.76	2,384.24	2,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	12.14	12.14	487.86	500.00	0.00
					Total	127.90	127.90	2,872.10	3,000.00	0.00



Claim Summary - Workers Compensation

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

Stafford County Total 28	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	115.76	140,628.89	2,384.24	143,013.13	0.00
	Legal	0.00	7,061.27	0.00	7,061.27	0.00
	Other	12.14	4,529.26	487.86	5,017.12	0.00
	Total	127.90	236,440.56	2,872.10	239,312.66	0.00

ORG1 DESC : Stanton 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 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	0.00	395,840.58	0.00	395,840.58	0.00
					Legal	0.00	882.00	0.00	882.00	0.00
					Other	0.00	22,781.50	0.00	22,781.50	(5,990.28)
					Total	0.00	628,850.71	0.00	628,850.71	(5,990.28)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 4					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	275.23	7,224.77	7,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	46.96	1,453.04	1,500.00	0.00
					Total	0.00	322.19	8,677.81	9,000.00	0.00



Claim Summary - Workers Compensation

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

Stanton County Total 106	Indemnity	0.00	209,346.63	0.00	209,346.63	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	396,115.81	7,224.77	403,340.58	0.00
	Legal	0.00	882.00	0.00	882.00	0.00
	Other	0.00	22,828.46	1,453.04	24,281.50	(5,990.28)
	Total	0.00	629,172.90	8,677.81	637,850.71	(5,990.28)

ORG1 DESC : Stevens 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 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)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	0.00	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 : 01/01/2024 - 01/31/2024

Stevens County Total 444	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	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery

Closed Total 207	Indemnity	0.00	199,916.95	0.00	199,916.95	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	418,457.40	0.00	418,457.40	0.00
	Legal	0.00	4,036.84	0.00	4,036.84	0.00
	Other	0.00	35,084.74	0.00	35,084.74	0.00
	Total	0.00	657,495.93	0.00	657,495.93	0.00

Stevens Health Systems Total 207	Indemnity	0.00	199,916.95	0.00	199,916.95	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	418,457.40	0.00	418,457.40	0.00
	Legal	0.00	4,036.84	0.00	4,036.84	0.00
	Other	0.00	35,084.74	0.00	35,084.74	0.00
	Total	0.00	657,495.93	0.00	657,495.93	0.00

ORG1 DESC : Sumner County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

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

Closed Total 170		Indemnity	0.00	542,965.83	0.00	542,965.83	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	716,419.71	0.00	716,419.71	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	91,961.52	0.00	91,961.52	(511.23)
		Total	0.00	1,351,347.06	0.00	1,351,347.06	(511.23)
Sumner County Total 170		Indemnity	0.00	542,965.83	0.00	542,965.83	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	716,419.71	0.00	716,419.71	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	91,961.52	0.00	91,961.52	(511.23)
		Total	0.00	1,351,347.06	0.00	1,351,347.06	(511.23)

ORG1 DESC : Thomas County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 242									
					0.00	165,666.86	0.00	165,666.86	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	329,592.08	0.00	329,592.08	0.00
					0.00	784.00	0.00	784.00	0.00
					0.00	23,972.14	0.00	23,972.14	(2,355.43)
					0.00	520,015.08	0.00	520,015.08	(2,355.43)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

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	2,515.61	2,951.22	14,548.78	17,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	436.27	643.31	2,856.69	3,500.00	0.00
	Total	2,951.88	3,594.53	17,405.47	21,000.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Re-Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	115.89	6,720.39	279.61	7,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	91.03	1,718.96	281.04	2,000.00	0.00
	Total	206.92	8,439.35	560.65	9,000.00	0.00

Thomas County Total 251	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	2,631.50	339,263.69	14,828.39	354,092.08	0.00
	Legal	0.00	784.00	0.00	784.00	0.00
	Other	527.30	26,334.41	3,137.73	29,472.14	(2,355.43)
	Total	3,158.80	532,048.96	17,966.12	550,015.08	(2,355.43)

ORG1 DESC : Trego County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

Closed Total 119	Indemnity	0.00	81,541.12	0.00	81,541.12	(1,403.88)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	242,686.46	0.00	242,686.46	(2,835.19)
	Legal	0.00	976.00	0.00	976.00	0.00
	Other	0.00	14,003.78	0.00	14,003.78	(515.12)
	Total	0.00	339,207.36	0.00	339,207.36	(4,754.19)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 4	Indemnity	0.00	0.00	15,000.00	15,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	781.03	3,583.55	14,616.45	18,200.00	0.00
	Legal	0.00	0.00	9,000.00	9,000.00	0.00
	Other	9.50	381.65	3,718.35	4,100.00	0.00
	Total	790.53	3,965.20	42,334.80	46,300.00	0.00

Trego County Total 123	Indemnity	0.00	81,541.12	15,000.00	96,541.12	(1,403.88)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	781.03	246,270.01	14,616.45	260,886.46	(2,835.19)
	Legal	0.00	976.00	9,000.00	9,976.00	0.00
	Other	9.50	14,385.43	3,718.35	18,103.78	(515.12)
	Total	790.53	343,172.56	42,334.80	385,507.36	(4,754.19)

ORG1 DESC : Wabaunsee County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

Closed Total 4	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	0.00	0.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 1	Indemnity	1,691.55	1,691.55	1,691.55	3,383.10	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	15.84	15.84	7,734.16	7,750.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	0.00	2,500.00	2,500.00	0.00
					Total	1,707.39	1,707.39	11,925.71	13,633.10	0.00
				Wabaunsee County Total 5	Indemnity	1,691.55	1,691.55	1,691.55	3,383.10	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	15.84	15.84	7,734.16	7,750.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	0.00	2,500.00	2,500.00	0.00
					Total	1,707.39	1,707.39	11,925.71	13,633.10	0.00

ORG1 DESC : Wabaunsee County RWD No 2

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

Closed Total 1		Indemnity	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	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	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 84					0.00	34,338.97	0.00	34,338.97	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	153,017.67	0.00	153,017.67	0.00
					0.00	424.50	0.00	424.50	0.00
					0.00	5,679.36	0.00	5,679.36	0.00
Total					0.00	193,460.50	0.00	193,460.50	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

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

Open Total 1		Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	183.18	2,316.82	2,500.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	12.08	487.92	500.00	0.00	0.00
	Total	0.00	195.26	2,804.74	3,000.00	0.00	0.00

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

ORG1 DESC : Wichita County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

ORG1 DESC : Woodson County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

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

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 40	Indemnity	0.00	25,084.42	0.00	25,084.42	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	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 4	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	822.73	2,081.03	14,668.97	16,750.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	45.45	94.40	3,205.60	3,300.00	0.00
					Total	868.18	2,175.43	17,874.57	20,050.00	0.00

				Woodson County Total 44	Indemnity	0.00	25,084.42	0.00	25,084.42	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	822.73	51,827.22	14,668.97	66,496.19	0.00
					Legal	0.00	984.00	0.00	984.00	0.00
					Other	45.45	3,423.92	3,205.60	6,629.52	0.00
					Total	868.18	81,319.56	17,874.57	99,194.13	0.00

ORG1 DESC :

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

Closed Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	0.00	0.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00
Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	0.00	0.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00
Kansas Workers Risk Cooperative for Counties Total 21886	Indemnity	102,727.27	32,444,796.23	2,852,519.66	35,297,315.89	(51,121.92)
	Rehab	0.00	573.00	2,500.00	3,073.00	0.00
	Medical	263,020.97	53,633,168.35	4,130,911.53	57,764,079.88	(977,842.43)
	Legal	30,286.01	1,050,356.24	432,940.01	1,483,296.25	(11,597.99)
	Other	26,192.50	5,477,838.36	855,742.48	6,333,580.84	(3,956,045.40)
	Total	422,226.75	92,606,732.18	8,275,213.68	100,881,945.86	(4,996,607.74)
Grand Total: 21886	Indemnity	102,727.27	32,444,796.23	2,852,519.66	35,297,315.89	(51,121.92)
	Rehab	0.00	573.00	2,500.00	3,073.00	0.00
	Medical	263,020.97	53,633,168.35	4,130,911.53	57,764,079.88	(977,842.43)
	Legal	30,286.01	1,050,356.24	432,940.01	1,483,296.25	(11,597.99)
	Other	26,192.50	5,477,838.36	855,742.48	6,333,580.84	(3,956,045.40)
	Total	422,226.75	92,606,732.18	8,275,213.68	100,881,945.86	(4,996,607.74)



Claim Summary - Workers Compensation

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

Report Fields

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

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

Outstanding: total outstanding reserves remaining

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

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

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

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

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