



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

ORG1 DESC : Allen County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 9	Indemnity	2,903.08	29,867.82	93,725.88	123,593.70	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	5,372.10	87,374.89	122,425.11	209,800.00	(2,000.00)
					Legal	0.00	7,903.55	15,146.45	23,050.00	0.00
					Other	250.08	4,643.38	23,546.62	28,190.00	0.00
					Total	8,525.26	129,789.64	254,844.06	384,633.70	(2,000.00)

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Re-Open Total 1		Indemnity	0.00	6,675.48	21,234.41	27,909.89	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	165.59	46,214.59	5,235.41	51,450.00	(1,000.00)	
	Legal	0.00	1,230.80	7,869.20	9,100.00	0.00	
	Other	11.35	3,184.33	5,695.67	8,880.00	0.00	
Total		176.94	57,305.20	40,034.69	97,339.89	(1,000.00)	

Allen County Total 64		Indemnity	2,903.08	68,851.56	114,960.29	183,811.85	(2,000.00)
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	5,537.69	287,538.87	127,660.52	415,199.39	(21,272.78)	
	Legal	0.00	25,586.07	23,015.65	48,601.72	0.00	
	Other	261.43	15,103.41	29,242.29	44,345.70	(12,214.66)	
Total		8,702.20	397,079.91	294,878.75	691,958.66	(35,487.44)	

ORG1 DESC : Anderson County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 200					0.00	670,348.73	0.00	670,348.73	0.00
	Rehab				0.00	573.00	0.00	573.00	0.00
	Medical				118.47	808,105.76	0.00	808,105.76	0.00
	Legal				0.00	13,807.30	0.00	13,807.30	0.00
	Other				16.97	58,032.18	0.00	58,032.18	(3,864.70)
Total					135.44	1,550,866.97	0.00	1,550,866.97	(3,864.70)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Open Total 2	Indemnity	0.00	53,266.74	15,008.15	68,274.89	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	152,717.79	5,886.40	158,604.19	0.00
	Legal	0.00	0.00	4,100.00	4,100.00	0.00
	Other	0.00	11,924.50	3,564.36	15,488.86	0.00
	Total	0.00	217,909.03	28,558.91	246,467.94	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Re-Open Total 1	Indemnity	0.00	0.00	9,725.03	9,725.03	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	12,736.40	21,113.60	33,850.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	0.00	1,377.32	3,825.18	5,202.50	0.00
	Total	0.00	14,113.72	35,263.81	49,377.53	0.00

Anderson County Total 203	Indemnity	0.00	723,615.47	24,733.18	748,348.65	0.00
	Rehab	0.00	573.00	0.00	573.00	0.00
	Medical	118.47	973,559.95	27,000.00	1,000,559.95	0.00
	Legal	0.00	13,807.30	4,700.00	18,507.30	0.00
	Other	16.97	71,334.00	7,389.54	78,723.54	(3,864.70)
	Total	135.44	1,782,889.72	63,822.72	1,846,712.44	(3,864.70)

ORG1 DESC : Barber County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 268	Indemnity	0.00	222,081.59	0.00	222,081.59	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	356,889.91	0.00	356,889.91	0.00
	Legal	0.00	3,604.35	0.00	3,604.35	0.00
	Other	0.00	29,884.13	0.00	29,884.13	(2,201.73)
	Total	0.00	612,459.98	0.00	612,459.98	(2,201.73)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 4	Indemnity	0.00	41,114.97	0.00	41,114.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,009.68	35,727.51	10,772.49	46,500.00	0.00
	Legal	0.00	822.05	8,677.95	9,500.00	0.00
	Other	84.48	1,290.92	4,121.58	5,412.50	0.00
	Total	2,094.16	78,955.45	23,572.02	102,527.47	0.00

Barber County Total 272	Indemnity	0.00	263,196.56	0.00	263,196.56	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,009.68	392,617.42	10,772.49	403,389.91	0.00
	Legal	0.00	4,426.40	8,677.95	13,104.35	0.00
	Other	84.48	31,175.05	4,121.58	35,296.63	(2,201.73)
	Total	2,094.16	691,415.43	23,572.02	714,987.45	(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 : 07/01/2023 - 07/31/2023

Closed Total 297	Indemnity	0.00	379,509.85	0.00	379,509.85	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,850.00	745,662.79	0.00	745,662.79	(14,648.00)
	Legal	0.00	14,849.35	0.00	14,849.35	(5,986.67)
	Other	0.00	96,307.29	0.00	96,307.29	(124,733.70)
	Total	3,850.00	1,236,329.28	0.00	1,236,329.28	(145,368.37)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 6	Indemnity	2,985.15	184,887.67	202,485.14	387,372.81	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	308,016.68	516,215.99	246,534.01	762,750.00	(258.82)
					Legal	0.00	8,611.15	29,838.85	38,450.00	0.00
					Other	44,542.72	109,537.50	59,187.50	168,725.00	(28,149.84)
					Total	355,544.55	819,252.31	538,045.50	1,357,297.81	(28,408.66)
				Bourbon County Total 303	Indemnity	2,985.15	564,397.52	202,485.14	766,882.66	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	311,866.68	1,261,878.78	246,534.01	1,508,412.79	(14,906.82)
					Legal	0.00	23,460.50	29,838.85	53,299.35	(5,986.67)
					Other	44,542.72	205,844.79	59,187.50	265,032.29	(152,883.54)
					Total	359,394.55	2,055,581.59	538,045.50	2,593,627.09	(173,777.03)

ORG1 DESC : Brown County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 87	Indemnity	0.00	254,143.69	0.00	254,143.69	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	364,854.17	0.00	364,854.17	0.00
	Legal	0.00	9,293.80	0.00	9,293.80	0.00
	Other	0.00	23,605.55	0.00	23,605.55	(944.56)
	Total	0.00	651,897.21	0.00	651,897.21	(944.56)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 5	Indemnity	153.07	153.07	1,486.97	1,640.04	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,100.51	3,939.82	17,810.18	21,750.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	113.30	467.13	4,132.87	4,600.00	0.00
	Total	1,366.88	4,560.02	23,430.02	27,990.04	0.00

Brown County Total 92	Indemnity	153.07	254,296.76	1,486.97	255,783.73	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,100.51	368,793.99	17,810.18	386,604.17	0.00
	Legal	0.00	9,293.80	0.00	9,293.80	0.00
	Other	113.30	24,072.68	4,132.87	28,205.55	(944.56)
	Total	1,366.88	656,457.23	23,430.02	679,887.25	(944.56)

ORG1 DESC : Butler County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 4	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	45.61	45.61	9,954.39	10,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	34.55	34.55	1,965.45	2,000.00	0.00
	Total	80.16	80.16	11,919.84	12,000.00	0.00

Butler County Total 5	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	45.61	45.61	9,954.39	10,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	34.55	34.55	1,965.45	2,000.00	0.00
	Total	80.16	80.16	11,919.84	12,000.00	0.00

ORG1 DESC : Chase County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 19	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	11,075.22	0.00	11,075.22	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	516.22	0.00	516.22	0.00
	Total	0.00	11,591.44	0.00	11,591.44	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 6	Indemnity	1,509.68	3,209.86	24,886.02	28,095.88	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	3,399.89	33,347.49	32,602.51	65,950.00	0.00
					Legal	0.00	488.70	8,011.30	8,500.00	0.00
					Other	179.24	1,619.11	9,843.39	11,462.50	0.00
					Total	5,088.81	38,665.16	75,343.22	114,008.38	0.00
				Chase County Total 25	Indemnity	1,509.68	3,209.86	24,886.02	28,095.88	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	3,399.89	44,422.71	32,602.51	77,025.22	0.00
					Legal	0.00	488.70	8,011.30	8,500.00	0.00
					Other	179.24	2,135.33	9,843.39	11,978.72	0.00
					Total	5,088.81	50,256.60	75,343.22	125,599.82	0.00

ORG1 DESC : Chautauqua County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 94	Indemnity	0.00	236,530.32	0.00	236,530.32	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	444,168.59	0.00	444,168.59	0.00
	Legal	0.00	1,528.00	0.00	1,528.00	0.00
	Other	0.00	42,941.33	0.00	42,941.33	(11,977.87)
	Total	0.00	725,168.24	0.00	725,168.24	(11,977.87)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 3	Indemnity	655.65	655.65	0.00	655.65	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	200.12	2,839.65	5,660.35	8,500.00	0.00
	Legal	50.00	50.00	550.00	600.00	0.00
	Other	53.17	539.15	1,160.85	1,700.00	0.00
	Total	958.94	4,084.45	7,371.20	11,455.65	0.00

Chautauqua County Total 97	Indemnity	655.65	237,185.97	0.00	237,185.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	200.12	447,008.24	5,660.35	452,668.59	0.00
	Legal	50.00	1,578.00	550.00	2,128.00	0.00
	Other	53.17	43,480.48	1,160.85	44,641.33	(11,977.87)
	Total	958.94	729,252.69	7,371.20	736,623.89	(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 : 07/01/2023 - 07/31/2023

Closed Total 414	Indemnity	0.00	954,640.23	0.00	954,640.23	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	358.69	1,175,244.64	0.00	1,175,244.64	0.00
	Legal	0.00	50,183.82	0.00	50,183.82	0.00
	Other	9.71	100,669.54	0.00	100,669.54	(33,794.04)
	Total	368.40	2,280,738.23	0.00	2,280,738.23	(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	5,008.86	174,778.46	71,528.80	246,307.26	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,460.97	257,596.09	77,602.29	335,198.38	0.00
					Legal	0.00	2,340.94	18,909.06	21,250.00	0.00
					Other	189.01	36,061.90	14,247.47	50,309.37	0.00
					Total	7,658.84	470,777.39	182,287.62	653,065.01	0.00

Cherokee County Total 424					Indemnity	5,008.86	1,129,418.69	71,528.80	1,200,947.49	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,819.66	1,432,840.73	77,602.29	1,510,443.02	0.00
					Legal	0.00	52,524.76	18,909.06	71,433.82	0.00
					Other	198.72	136,731.44	14,247.47	150,978.91	(33,794.04)
					Total	8,027.24	2,751,515.62	182,287.62	2,933,803.24	(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 : 07/01/2023 - 07/31/2023

Closed Total 35	Indemnity	0.00	7,617.62	0.00	7,617.62	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	75,068.84	0.00	75,068.84	0.00
	Legal	10,188.00	11,684.25	0.00	11,684.25	0.00
	Other	0.00	1,333.19	0.00	1,333.19	0.00
	Total	10,188.00	95,703.90	0.00	95,703.90	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 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	70.29	2,129.71	2,200.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	9.19	490.81	500.00	0.00
	Total	0.00	79.48	2,620.52	2,700.00	0.00

Cheyenne County 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	2,129.71	77,268.84	0.00
	Legal	10,188.00	11,684.25	0.00	11,684.25	0.00
	Other	0.00	1,342.38	490.81	1,833.19	0.00
	Total	10,188.00	95,783.38	2,620.52	98,403.90	0.00

ORG1 DESC : Clark County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 25	Indemnity	0.00	12,659.85	0.00	12,659.85	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	61,575.67	0.00	61,575.67	(3,474.33)
	Legal	0.00	511.50	0.00	511.50	0.00
	Other	0.00	8,197.43	0.00	8,197.43	0.00
	Total	0.00	82,944.45	0.00	82,944.45	(3,474.33)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 2	Indemnity	0.00	0.00	40,000.00	40,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,152.93	104,334.27	62,665.73	167,000.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	70.87	14,668.33	6,031.67	20,700.00	0.00
	Total	1,223.80	119,002.60	109,297.40	228,300.00	0.00

Clark County Total 27	Indemnity	0.00	12,659.85	40,000.00	52,659.85	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,152.93	165,909.94	62,665.73	228,575.67	(3,474.33)
	Legal	0.00	511.50	600.00	1,111.50	0.00
	Other	70.87	22,865.76	6,031.67	28,897.43	0.00
	Total	1,223.80	201,947.05	109,297.40	311,244.45	(3,474.33)

ORG1 DESC : Clay County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 271	Indemnity	0.00	190,384.07	0.00	190,384.07	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	517,309.06	0.00	517,309.06	(15,087.26)
	Legal	0.00	7,444.00	0.00	7,444.00	0.00
	Other	0.00	59,733.77	0.00	59,733.77	(25,079.92)
	Total	0.00	774,870.90	0.00	774,870.90	(40,167.18)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 6					Indemnity	0.00	3,044.82	46,955.18	50,000.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,269.34	106,393.84	123,506.16	229,900.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	9.00	12,213.80	14,486.20	26,700.00	0.00
					Total	1,278.34	121,652.46	185,547.54	307,200.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 2					Indemnity	0.00	95,276.30	0.00	95,276.30	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	18.90	189,518.86	35,183.31	224,702.17	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	11.71	19,126.69	1,373.31	20,500.00	0.00
					Total	30.61	303,921.85	36,556.62	340,478.47	0.00



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Clay County Total 279	Indemnity	0.00	288,705.19	46,955.18	335,660.37	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,288.24	813,221.76	158,689.47	971,911.23	(15,087.26)
	Legal	0.00	7,444.00	600.00	8,044.00	0.00
	Other	20.71	91,074.26	15,859.51	106,933.77	(25,079.92)
	Total	1,308.95	1,200,445.21	222,104.16	1,422,549.37	(40,167.18)

ORG1 DESC : Cloud County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 403					Indemnity	0.00	391,018.68	0.00	391,018.68	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	368,577.75	0.00	368,577.75	(4,807.87)
					Legal	0.00	1,376.00	0.00	1,376.00	0.00
					Other	0.00	31,132.85	0.00	31,132.85	(2,972.65)
					Total	0.00	792,105.28	0.00	792,105.28	(7,780.52)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 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	11,712.50	9,287.50	21,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	9.00	1,006.83	3,193.17	4,200.00	0.00
					Total	9.00	12,719.33	12,480.67	25,200.00	0.00



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Cloud County Total 407	Indemnity	0.00	391,018.68	0.00	391,018.68	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	380,290.25	9,287.50	389,577.75	(4,807.87)
	Legal	0.00	1,376.00	0.00	1,376.00	0.00
	Other	9.00	32,139.68	3,193.17	35,332.85	(2,972.65)
	Total	9.00	804,824.61	12,480.67	817,305.28	(7,780.52)

ORG1 DESC : Comanche County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 137					Indemnity	0.00	61,181.75	0.00	61,181.75	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	185,479.61	0.00	185,479.61	0.00
					Legal	0.00	1,376.00	0.00	1,376.00	0.00
					Other	0.00	26,874.98	0.00	26,874.98	(7,532.69)
					Total	0.00	274,912.34	0.00	274,912.34	(7,532.69)

Comanche County Total 137					Indemnity	0.00	61,181.75	0.00	61,181.75	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	185,479.61	0.00	185,479.61	0.00
					Legal	0.00	1,376.00	0.00	1,376.00	0.00
					Other	0.00	26,874.98	0.00	26,874.98	(7,532.69)
					Total	0.00	274,912.34	0.00	274,912.34	(7,532.69)

ORG1 DESC : Comanche Hospital
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 36	Indemnity	0.00	25,411.83	0.00	25,411.83	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	42,154.50	0.00	42,154.50	0.00
	Legal	0.00	492.00	0.00	492.00	0.00
	Other	0.00	4,007.43	0.00	4,007.43	0.00
	Total	0.00	72,065.76	0.00	72,065.76	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 3	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	0.00	7,500.00	7,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	29.95	1,470.05	1,500.00	0.00
	Total	0.00	29.95	8,970.05	9,000.00	0.00

Comanche Hospital Total 39	Indemnity	0.00	25,411.83	0.00	25,411.83	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	42,154.50	7,500.00	49,654.50	0.00
	Legal	0.00	492.00	0.00	492.00	0.00
	Other	0.00	4,037.38	1,470.05	5,507.43	0.00
	Total	0.00	72,095.71	8,970.05	81,065.76	0.00

ORG1 DESC : Cowley County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 184	Indemnity	0.00	143,546.07	0.00	143,546.07	(500.00)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	226,768.13	0.00	226,768.13	(37,169.77)
	Legal	0.00	10,421.50	0.00	10,421.50	0.00
	Other	0.00	43,656.00	0.00	43,656.00	(15,139.56)
	Total	0.00	424,391.70	0.00	424,391.70	(52,809.33)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 5	Indemnity	0.00	20,000.00	60,476.20	80,476.20	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	463.30	147,287.45	39,962.55	187,250.00	(1,000.00)
	Legal	431.35	431.35	10,768.65	11,200.00	0.00
	Other	123.15	23,730.08	11,757.42	35,487.50	0.00
	Total	1,017.80	191,448.88	122,964.82	314,413.70	(1,000.00)

Cowley County Total 189	Indemnity	0.00	163,546.07	60,476.20	224,022.27	(500.00)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	463.30	374,055.58	39,962.55	414,018.13	(38,169.77)
	Legal	431.35	10,852.85	10,768.65	21,621.50	0.00
	Other	123.15	67,386.08	11,757.42	79,143.50	(15,139.56)
	Total	1,017.80	615,840.58	122,964.82	738,805.40	(53,809.33)

ORG1 DESC : DDS-GEARY COUNTY Facility

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

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

ORG1 DESC : Decatur County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 159									
					0.00	197,287.62	0.00	197,287.62	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	275,409.92	0.00	275,409.92	0.00
					0.00	4,956.45	0.00	4,956.45	0.00
					0.00	32,713.60	0.00	32,713.60	(25,000.00)
					0.00	510,367.59	0.00	510,367.59	(25,000.00)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Open Total 2		Indemnity	0.00	1,338.40	18,661.60	20,000.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	11,158.51	78,646.21	187,553.79	266,200.00	0.00
		Legal	0.00	0.00	600.00	600.00	0.00
		Other	2,382.06	6,798.00	41,202.00	48,000.00	0.00
		Total	13,540.57	86,782.61	248,017.39	334,800.00	0.00
Decatur County Total 161		Indemnity	0.00	198,626.02	18,661.60	217,287.62	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	11,158.51	354,056.13	187,553.79	541,609.92	0.00
		Legal	0.00	4,956.45	600.00	5,556.45	0.00
		Other	2,382.06	39,511.60	41,202.00	80,713.60	(25,000.00)
		Total	13,540.57	597,150.20	248,017.39	845,167.59	(25,000.00)

ORG1 DESC : Decatur Health Systems
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 87										
					0.00	58,437.46	0.00	58,437.46	0.00	
					0.00	0.00	0.00	0.00	0.00	
					0.00	121,169.36	0.00	121,169.36	0.00	
					0.00	0.00	0.00	0.00	0.00	
					0.00	18,224.42	0.00	18,224.42	(601.91)	
					Total	0.00	197,831.24	0.00	197,831.24	(601.91)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Open Total 1		Indemnity	1,500.00	86,616.04	23,500.00	110,116.04	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	3,073.73	16,822.35	18,351.53	35,173.88	0.00
		Legal	0.00	0.00	10,500.00	10,500.00	0.00
		Other	0.00	21,757.38	2,836.02	24,593.40	0.00
		Total	4,573.73	125,195.77	55,187.55	180,383.32	0.00
Decatur Health Systems Total 88		Indemnity	1,500.00	145,053.50	23,500.00	168,553.50	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	3,073.73	137,991.71	18,351.53	156,343.24	0.00
		Legal	0.00	0.00	10,500.00	10,500.00	0.00
		Other	0.00	39,981.80	2,836.02	42,817.82	(601.91)
		Total	4,573.73	323,027.01	55,187.55	378,214.56	(601.91)

ORG1 DESC : Dickinson County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 414									
		Indemnity	0.00	627,740.12	0.00	627,740.12	0.00	0.00	
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	
		Medical	0.00	890,454.57	0.00	890,454.57	(3,660.76)	0.00	
		Legal	0.00	6,329.25	0.00	6,329.25	0.00	0.00	
		Other	0.00	62,122.55	0.00	62,122.55	(104,198.93)	0.00	
		Total	0.00	1,586,646.49	0.00	1,586,646.49	(107,859.69)	0.00	

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Open Total 6		Indemnity	0.00	148,137.41	5,448.60	153,586.01	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	1,713.51	194,439.33	44,915.80	239,355.13	0.00
		Legal	0.00	14,697.05	600.00	15,297.05	0.00
		Other	416.40	13,538.52	6,641.48	20,180.00	0.00
		Total	2,129.91	370,812.31	57,605.88	428,418.19	0.00
Dickinson County Total 420		Indemnity	0.00	775,877.53	5,448.60	781,326.13	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	1,713.51	1,084,893.90	44,915.80	1,129,809.70	(3,660.76)
		Legal	0.00	21,026.30	600.00	21,626.30	0.00
		Other	416.40	75,661.07	6,641.48	82,302.55	(104,198.93)
		Total	2,129.91	1,957,458.80	57,605.88	2,015,064.68	(107,859.69)

ORG1 DESC : Doniphan County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 130									
		Indemnity	0.00	194,480.40	0.00	194,480.40	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	327,448.18	0.00	327,448.18	(8,475.99)	0.00	0.00
		Legal	0.00	790.50	0.00	790.50	0.00	0.00	0.00
		Other	0.00	21,533.35	0.00	21,533.35	(20,403.94)	0.00	0.00
		Total	0.00	544,252.43	0.00	544,252.43	(28,879.93)	0.00	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,154.12	2,345.88	3,500.00	(500.00)
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	89.98	610.02	700.00	0.00
	Total	0.00	1,244.10	2,955.90	4,200.00	(500.00)

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Re-Open Total 1	Indemnity	0.00	0.00	9,000.00	9,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	0.00	15,450.00	15,450.00	(403.40)
	Legal	0.00	349.90	6,650.10	7,000.00	0.00
	Other	0.00	53.50	2,299.00	2,352.50	0.00
	Total	0.00	403.40	33,399.10	33,802.50	(403.40)

Doniphan County Total 132	Indemnity	0.00	194,480.40	9,000.00	203,480.40	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	328,602.30	17,795.88	346,398.18	(9,379.39)
	Legal	0.00	1,140.40	6,650.10	7,790.50	0.00
	Other	0.00	21,676.83	2,909.02	24,585.85	(20,403.94)
	Total	0.00	545,899.93	36,355.00	582,254.93	(29,783.33)

ORG1 DESC : Edwards County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

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

ORG1 DESC : Elk County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 129					0.00	403,491.36	0.00	403,491.36	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	416,297.91	0.00	416,297.91	(37,832.88)
					0.00	5,959.35	0.00	5,959.35	0.00
					0.00	44,798.85	0.00	44,798.85	0.00
					0.00	870,547.47	0.00	870,547.47	(37,832.88)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Open Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	0.00	5,000.00	5,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	1,000.00	1,000.00	0.00
	Total	0.00	0.00	6,000.00	6,000.00	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	15,472.79	15,000.00	30,472.79	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	384.06	240,793.11	94,557.39	335,350.50	(70,270.55)
	Legal	0.00	100.00	8,400.00	8,500.00	0.00
	Other	27.00	17,053.94	12,071.06	29,125.00	0.00
	Total	411.06	273,419.84	130,028.45	403,448.29	(70,270.55)

Elk County Total 132	Indemnity	0.00	418,964.15	15,000.00	433,964.15	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	384.06	657,091.02	99,557.39	756,648.41	(108,103.43)
	Legal	0.00	6,059.35	8,400.00	14,459.35	0.00
	Other	27.00	61,852.79	13,071.06	74,923.85	0.00
	Total	411.06	1,143,967.31	136,028.45	1,279,995.76	(108,103.43)

ORG1 DESC : Ellis 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 : 07/01/2023 - 07/31/2023

Closed Total 328	Indemnity	0.00	302,510.31	0.00	302,510.31	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	677,689.38	0.00	677,689.38	0.00
	Legal	0.00	8,014.60	0.00	8,014.60	0.00
	Other	0.00	56,487.94	0.00	56,487.94	(57,317.78)
	Total	0.00	1,044,702.23	0.00	1,044,702.23	(57,317.78)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 7					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	679.92	2,231.42	13,768.58	16,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	59.97	205.20	2,994.80	3,200.00	0.00
					Total	739.89	2,436.62	16,763.38	19,200.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 1					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	2,872.75	627.25	3,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	566.02	633.98	1,200.00	0.00
					Total	0.00	3,438.77	1,261.23	4,700.00	0.00



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Ellis County Total 336	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	679.92	682,793.55	14,395.83	697,189.38	0.00
	Legal	0.00	8,014.60	0.00	8,014.60	0.00
	Other	59.97	57,259.16	3,628.78	60,887.94	(57,317.78)
	Total	739.89	1,050,577.62	18,024.61	1,068,602.23	(57,317.78)

ORG1 DESC : Ellsworth County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 263					Indemnity	0.00	350,074.01	0.00	350,074.01	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	259.57	707,338.38	0.00	707,338.38	(188,250.83)
					Legal	0.00	42,272.91	0.00	42,272.91	0.00
					Other	23.23	64,342.26	0.00	64,342.26	0.00
					Total	282.80	1,164,027.56	0.00	1,164,027.56	(188,250.83)

Ellsworth County Total 263					Indemnity	0.00	350,074.01	0.00	350,074.01	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	259.57	707,338.38	0.00	707,338.38	(188,250.83)
					Legal	0.00	42,272.91	0.00	42,272.91	0.00
					Other	23.23	64,342.26	0.00	64,342.26	0.00
					Total	282.80	1,164,027.56	0.00	1,164,027.56	(188,250.83)

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

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 5		Indemnity	0.00	11,108.88	0.00	11,108.88	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	29,155.53	0.00	29,155.53	(2,000.00)
		Legal	0.00	524.50	0.00	524.50	0.00
		Other	0.00	1,342.92	0.00	1,342.92	(304.49)
		Total	0.00	42,131.83	0.00	42,131.83	(2,304.49)
Ellsworth County RWD No 1 Total 5		Indemnity	0.00	11,108.88	0.00	11,108.88	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	29,155.53	0.00	29,155.53	(2,000.00)
		Legal	0.00	524.50	0.00	524.50	0.00
		Other	0.00	1,342.92	0.00	1,342.92	(304.49)
		Total	0.00	42,131.83	0.00	42,131.83	(2,304.49)

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 34					Indemnity	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	404.67	5,661.94	0.00	5,661.94
					Legal	0.00	0.00	0.00	0.00
					Other	0.00	963.56	0.00	963.56
					Total	404.67	6,625.50	0.00	6,625.50

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim 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 : 07/01/2023 - 07/31/2023

Open Total 15		Indemnity	12,025.77	18,145.77	38,153.89	56,299.66	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	180.54	62,142.29	59,707.71	121,850.00	0.00
		Legal	0.00	0.00	1,800.00	1,800.00	0.00
		Other	37.52	2,312.94	17,557.06	19,870.00	0.00
		Total	12,243.83	82,601.00	117,218.66	199,819.66	0.00
Finney County Total 49		Indemnity	12,025.77	18,145.77	38,153.89	56,299.66	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	585.21	67,804.23	59,707.71	127,511.94	0.00
		Legal	0.00	0.00	1,800.00	1,800.00	0.00
		Other	37.52	3,276.50	17,557.06	20,833.56	0.00
		Total	12,648.50	89,226.50	117,218.66	206,445.16	0.00

ORG1 DESC : Ford County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

<u>Claim Number</u>	<u>Claimant Name</u>	<u>InjuryDate</u>	<u>Received</u>		<u>Paid</u>		<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>	
<u>Claim Type</u>	<u>Claimant Status</u>	<u>Closed</u>	<u>Examiner</u>	<u>Lit / Den</u>	<u>this Period</u>	<u>Paid</u>				
Closed Total 554					0.00	1,057,462.06	0.00	1,057,462.06	0.00	
					0.00	0.00	0.00	0.00	0.00	
					0.00	940,440.19	0.00	940,440.19	(3,873.46)	
					0.00	21,514.80	0.00	21,514.80	0.00	
					0.00	91,875.49	0.00	91,875.49	(39,155.80)	
					Total	0.00	2,111,292.54	0.00	2,111,292.54	(43,029.26)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Open Total 15	Indemnity	3,876.98	12,321.27	122,550.99	134,872.26	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	27,922.84	244,909.74	118,590.26	363,500.00	0.00
	Legal	0.00	0.00	19,350.00	19,350.00	0.00
	Other	639.08	18,358.30	33,056.70	51,415.00	0.00
	Total	32,438.90	275,589.31	293,547.95	569,137.26	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Re-Open Total 2	Indemnity	0.00	0.00	2,000.00	2,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	512.90	5,175.50	5,688.40	0.00
	Legal	0.00	0.00	2,000.00	2,000.00	0.00
	Other	0.00	32.71	826.89	859.60	0.00
	Total	0.00	545.61	10,002.39	10,548.00	0.00

Ford County Total 571	Indemnity	3,876.98	1,069,783.33	124,550.99	1,194,334.32	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	27,922.84	1,185,862.83	123,765.76	1,309,628.59	(3,873.46)
	Legal	0.00	21,514.80	21,350.00	42,864.80	0.00
	Other	639.08	110,266.50	33,883.59	144,150.09	(39,155.80)
	Total	32,438.90	2,387,427.46	303,550.34	2,690,977.80	(43,029.26)

ORG1 DESC : Franklin County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 717	Indemnity	0.00	941,783.10	0.00	941,783.10	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	391.47	1,364,402.01	0.00	1,364,402.01	(17,114.66)
	Legal	0.00	41,032.45	0.00	41,032.45	0.00
	Other	31.34	148,358.73	0.00	148,358.73	(22,962.95)
	Total	422.81	2,495,576.29	0.00	2,495,576.29	(40,077.61)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 20					Indemnity	1,914.28	163,435.71	134,966.25	298,401.96	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	8,126.10	247,616.72	126,383.28	374,000.00	0.00
					Legal	0.00	344.90	17,860.10	18,205.00	0.00
					Other	3,564.58	41,703.01	36,094.49	77,797.50	0.00
					Total	13,604.96	453,100.34	315,304.12	768,404.46	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 2					Indemnity	0.00	39,780.00	13,000.00	52,780.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	(1,121.59)	31,164.44	9,411.76	40,576.20	0.00
					Legal	0.00	0.00	6,500.00	6,500.00	0.00
					Other	0.00	5,209.02	3,321.00	8,530.02	0.00
					Total	(1,121.59)	76,153.46	32,232.76	108,386.22	0.00



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Franklin County Total 739	Indemnity	1,914.28	1,144,998.81	147,966.25	1,292,965.06	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	7,395.98	1,643,183.17	135,795.04	1,778,978.21	(17,114.66)
	Legal	0.00	41,377.35	24,360.10	65,737.45	0.00
	Other	3,595.92	195,270.76	39,415.49	234,686.25	(22,962.95)
	Total	12,906.18	3,024,830.09	347,536.88	3,372,366.97	(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 763					Indemnity	0.00	828,652.93	0.00	828,652.93	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	488.94	1,374,693.59	0.00	1,374,693.59	(49,476.59)
					Legal	6,997.50	40,400.79	0.00	40,400.79	(33.50)
					Other	87.28	191,265.71	0.00	191,265.71	(30,701.97)
					Total	7,573.72	2,435,013.02	0.00	2,435,013.02	(80,212.06)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 11					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	872.58	4,612.69	21,887.31	26,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	125.64	976.39	4,323.61	5,300.00	0.00
					Total	998.22	5,589.08	26,210.92	31,800.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 1					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	0.00	2,500.00	2,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	0.00	500.00	500.00	0.00
					Total	0.00	0.00	3,000.00	3,000.00	0.00
Geary County Total 775					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	1,361.52	1,379,306.28	24,387.31	1,403,693.59	(49,476.59)
					Legal	6,997.50	40,400.79	0.00	40,400.79	(33.50)
					Other	212.92	192,242.10	4,823.61	197,065.71	(30,701.97)
					Total	8,571.94	2,440,602.10	29,210.92	2,469,813.02	(80,212.06)

ORG1 DESC : Gove County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 87					Indemnity	0.00	465,315.09	0.00	465,315.09	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	328,103.62	0.00	328,103.62	0.00
					Legal	0.00	20,505.17	0.00	20,505.17	0.00
					Other	0.00	44,988.58	0.00	44,988.58	(5,352.49)
					Total	0.00	858,912.46	0.00	858,912.46	(5,352.49)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Open Total 4		Indemnity	0.00	6,050.93	93,091.53	99,142.46	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	3,051.58	281,406.17	22,609.44	304,015.61	0.00
		Legal	0.00	378.80	9,771.20	10,150.00	0.00
		Other	(1,195.94)	25,726.81	24,448.19	50,175.00	0.00
Total			1,855.64	313,562.71	149,920.36	463,483.07	0.00

Gove County Total 91		Indemnity	0.00	471,366.02	93,091.53	564,457.55	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	3,051.58	609,509.79	22,609.44	632,119.23	0.00
		Legal	0.00	20,883.97	9,771.20	30,655.17	0.00
		Other	(1,195.94)	70,715.39	24,448.19	95,163.58	(5,352.49)
Total			1,855.64	1,172,475.17	149,920.36	1,322,395.53	(5,352.49)

ORG1 DESC : Graham County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

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	0.00
	Medical	500.00	55,846.55	1,500.00	57,346.55	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	4,254.40	500.00	4,754.40	0.00	0.00
	Total	500.00	83,944.26	2,000.00	85,944.26		0.00

Graham County Total 40		Indemnity	0.00	79,939.18	0.00	79,939.18	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	500.00	145,601.56	1,500.00	147,101.56	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	11,948.29	500.00	12,448.29	0.00	0.00
	Total	500.00	237,489.03	2,000.00	239,489.03		0.00

ORG1 DESC : Grant County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 275									
					0.00	161,485.05	0.00	161,485.05	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	512,449.24	0.00	512,449.24	(13,770.43)
					0.00	392.00	0.00	392.00	0.00
					0.00	19,336.79	0.00	19,336.79	0.00
					0.00	693,663.08	0.00	693,663.08	(13,770.43)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	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
Grant County 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	512,449.24	700.00	513,149.24	(13,770.43)
	Legal	0.00	392.00	0.00	392.00	0.00
	Other	0.00	19,336.79	100.00	19,436.79	0.00
	Total	0.00	693,663.08	800.00	694,463.08	(13,770.43)

ORG1 DESC : Gray County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 194					Indemnity	0.00	345,825.50	0.00	345,825.50	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	569,590.70	0.00	569,590.70	(118,439.57)
					Legal	0.00	24,510.82	0.00	24,510.82	0.00
					Other	0.00	41,108.56	0.00	41,108.56	0.00
					Total	0.00	981,035.58	0.00	981,035.58	(118,439.57)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Open Total 5		Indemnity	2,948.00	21,393.62	112,356.67	133,750.29	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	819.42	39,376.14	84,723.86	124,100.00	0.00
		Legal	0.00	506.90	17,543.10	18,050.00	0.00
		Other	136.39	3,650.19	17,942.31	21,592.50	0.00
		Total	3,903.81	64,926.85	232,565.94	297,492.79	0.00
Gray County Total 199		Indemnity	2,948.00	367,219.12	112,356.67	479,575.79	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	819.42	608,966.84	84,723.86	693,690.70	(118,439.57)
		Legal	0.00	25,017.72	17,543.10	42,560.82	0.00
		Other	136.39	44,758.75	17,942.31	62,701.06	0.00
		Total	3,903.81	1,045,962.43	232,565.94	1,278,528.37	(118,439.57)

ORG1 DESC : Greenwood County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 187									
			Indemnity		0.00	575,022.21	0.00	575,022.21	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		0.00	620,323.04	0.00	620,323.04	0.00
			Legal		0.00	4,593.70	0.00	4,593.70	0.00
			Other		0.00	70,512.29	0.00	70,512.29	(5,183.55)
			Total		0.00	1,270,451.24	0.00	1,270,451.24	(5,183.55)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Open Total 4		Indemnity	0.00	43,044.46	0.00	43,044.46	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	600.16	61,391.79	4,491.14	65,882.93	0.00
		Legal	0.00	216.00	0.00	216.00	0.00
		Other	31.60	16,606.35	1,154.61	17,760.96	0.00
		Total	631.76	121,258.60	5,645.75	126,904.35	0.00
Greenwood County Total 191		Indemnity	0.00	618,066.67	0.00	618,066.67	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	600.16	681,714.83	4,491.14	686,205.97	0.00
		Legal	0.00	4,809.70	0.00	4,809.70	0.00
		Other	31.60	87,118.64	1,154.61	88,273.25	(5,183.55)
		Total	631.76	1,391,709.84	5,645.75	1,397,355.59	(5,183.55)

ORG1 DESC : Hamilton County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 245									
		Indemnity	0.00	173,148.20	0.00	173,148.20	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	367,508.90	0.00	367,508.90	0.00	0.00	0.00
		Legal	0.00	9,580.00	0.00	9,580.00	0.00	0.00	0.00
		Other	0.00	24,975.93	0.00	24,975.93	0.00	0.00	0.00
		Total	0.00	575,213.03	0.00	575,213.03	0.00	0.00	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Open Total 3		Indemnity	1,151.76	1,151.76	22,206.88	23,358.64	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		2,534.83	5,353.91	54,396.09	59,750.00	0.00
	Legal		0.00	0.00	1,200.00	1,200.00	0.00
	Other		40.94	176.96	9,023.04	9,200.00	0.00
Total			3,727.53	6,682.63	86,826.01	93,508.64	0.00

Hamilton County Total 248		Indemnity	1,151.76	174,299.96	22,206.88	196,506.84	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		2,534.83	372,862.81	54,396.09	427,258.90	0.00
	Legal		0.00	9,580.00	1,200.00	10,780.00	0.00
	Other		40.94	25,152.89	9,023.04	34,175.93	0.00
Total			3,727.53	581,895.66	86,826.01	668,721.67	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
Closed Total 135									
			Indemnity		0.00	243,887.96	0.00	243,887.96	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		0.00	342,466.75	0.00	342,466.75	0.00
			Legal		0.00	590.50	0.00	590.50	0.00
			Other		0.00	29,170.17	0.00	29,170.17	0.00
Total					0.00	616,115.38	0.00	616,115.38	0.00

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

ORG1 DESC : Harper County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 422	Indemnity	0.00	702,558.18	0.00	702,558.18	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	982,365.20	0.00	982,365.20	0.00
					Legal	0.00	2,742.81	0.00	2,742.81	0.00
					Other	0.00	96,103.10	0.00	96,103.10	(10,299.81)
					Total	0.00	1,783,769.29	0.00	1,783,769.29	(10,299.81)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 3	Indemnity	630.70	3,295.66	24,901.64	28,197.30	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,028.41	14,998.79	23,961.21	38,960.00	0.00
					Legal	0.00	1,316.90	3,683.10	5,000.00	0.00
					Other	88.16	596.54	7,215.46	7,812.00	0.00
					Total	1,747.27	20,207.89	59,761.41	79,969.30	0.00

				Harper County Total 425	Indemnity	630.70	705,853.84	24,901.64	730,755.48	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,028.41	997,363.99	23,961.21	1,021,325.20	0.00
					Legal	0.00	4,059.71	3,683.10	7,742.81	0.00
					Other	88.16	96,699.64	7,215.46	103,915.10	(10,299.81)
					Total	1,747.27	1,803,977.18	59,761.41	1,863,738.59	(10,299.81)

ORG1 DESC : Harvey County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 1					Indemnity	0.00	4,604.04	0.00	4,604.04	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	63,274.74	6,225.26	69,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	2,611.77	388.23	3,000.00	0.00
					Total	0.00	70,490.55	6,613.49	77,104.04	0.00



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

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

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

Insurer: Kansas Workers Risk Cooperative for Counties

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

ORG1 DESC : Haskell County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 84	Indemnity	0.00	117,774.19	0.00	117,774.19	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	209,391.02	0.00	209,391.02	0.00
	Legal	0.00	1,276.00	0.00	1,276.00	0.00
	Other	0.00	15,088.13	0.00	15,088.13	(41,425.31)
	Total	0.00	343,529.34	0.00	343,529.34	(41,425.31)

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 3					Indemnity	0.00	150,486.42	8,518.28	159,004.70	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	114.58	506,989.69	116,561.18	623,550.87	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	9.96	14,398.77	9,224.74	23,623.51	0.00
					Total	124.54	671,874.88	134,904.20	806,779.08	0.00
Haskell County Total 87					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	114.58	716,380.71	116,561.18	832,941.89	0.00
					Legal	0.00	1,276.00	600.00	1,876.00	0.00
					Other	9.96	29,486.90	9,224.74	38,711.64	(41,425.31)
					Total	124.54	1,015,404.22	134,904.20	1,150,308.42	(41,425.31)

ORG1 DESC : Hodgeman County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 27	Indemnity	0.00	18,126.46	0.00	18,126.46	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	55,985.75	0.00	55,985.75	0.00
	Legal	0.00	5,095.77	0.00	5,095.77	0.00
	Other	0.00	3,071.50	0.00	3,071.50	0.00
	Total	0.00	82,279.48	0.00	82,279.48	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	631.53	918.06	4,081.94	5,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	53.62	70.78	929.22	1,000.00	0.00
	Total	685.15	988.84	5,011.16	6,000.00	0.00

Hodgeman County Total 29	Indemnity	0.00	18,126.46	0.00	18,126.46	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	631.53	56,903.81	4,081.94	60,985.75	0.00
	Legal	0.00	5,095.77	0.00	5,095.77	0.00
	Other	53.62	3,142.28	929.22	4,071.50	0.00
	Total	685.15	83,268.32	5,011.16	88,279.48	0.00

ORG1 DESC : Jackson County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 294	Indemnity	0.00	271,239.92	0.00	271,239.92	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	543,040.23	0.00	543,040.23	(16,870.70)
	Legal	0.00	11,757.73	0.00	11,757.73	0.00
	Other	0.00	66,546.74	0.00	66,546.74	(60,027.53)
	Total	0.00	892,584.62	0.00	892,584.62	(76,898.23)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 4					Indemnity	0.00	92,500.00	0.00	92,500.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	80,651.34	64,748.66	145,400.00	0.00
					Legal	0.00	17,572.00	3,928.00	21,500.00	0.00
					Other	0.00	3,524.41	6,575.59	10,100.00	(500.00)
					Total	0.00	194,247.75	75,252.25	269,500.00	(500.00)

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 1					Indemnity	0.00	112,089.04	25,000.00	137,089.04	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	253,154.17	104,166.23	357,320.40	0.00
					Legal	0.00	0.00	4,500.00	4,500.00	0.00
					Other	0.00	53,618.00	31,882.00	85,500.00	(29,327.84)
					Total	0.00	418,861.21	165,548.23	584,409.44	(29,327.84)



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Jackson County Total 299	Indemnity	0.00	475,828.96	25,000.00	500,828.96	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	876,845.74	168,914.89	1,045,760.63	(16,870.70)
	Legal	0.00	29,329.73	8,428.00	37,757.73	0.00
	Other	0.00	123,689.15	38,457.59	162,146.74	(89,855.37)
	Total	0.00	1,505,693.58	240,800.48	1,746,494.06	(106,726.07)

ORG1 DESC : Jefferson County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 479					Indemnity	0.00	699,277.05	0.00	699,277.05	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	1,002,987.15	0.00	1,002,987.15	(461.12)
					Legal	0.00	28,261.84	0.00	28,261.84	0.00
					Other	0.00	116,973.17	0.00	116,973.17	(98,366.06)
					Total	0.00	1,847,499.21	0.00	1,847,499.21	(98,827.18)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 5					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,455.64	4,870.32	7,829.68	12,700.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	150.99	850.58	1,649.42	2,500.00	0.00
					Total	1,606.63	5,720.90	9,479.10	15,200.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 2					Indemnity	0.00	28,302.06	25,000.00	53,302.06	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	(165.16)	24,654.98	30,365.02	55,020.00	0.00
					Legal	0.00	0.00	9,500.00	9,500.00	0.00
					Other	0.00	2,625.20	5,927.64	8,552.84	0.00
					Total	(165.16)	55,582.24	70,792.66	126,374.90	0.00
Jefferson County Total 486					Indemnity	0.00	727,579.11	25,000.00	752,579.11	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,290.48	1,032,512.45	38,194.70	1,070,707.15	(461.12)
					Legal	0.00	28,261.84	9,500.00	37,761.84	0.00
					Other	150.99	120,448.95	7,577.06	128,026.01	(98,366.06)
					Total	1,441.47	1,908,802.35	80,271.76	1,989,074.11	(98,827.18)

ORG1 DESC : Jefferson County RWD 12

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 1					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	181.94	0.00	181.94	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	13.31	0.00	13.31	0.00
					Total	0.00	195.25	0.00	195.25	0.00
Jefferson County RWD 12 Total 1					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	181.94	0.00	181.94	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	13.31	0.00	13.31	0.00
					Total	0.00	195.25	0.00	195.25	0.00



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

ORG1 DESC : Jewell County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 268	Indemnity	0.00	579,393.30	0.00	579,393.30	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	493,425.02	0.00	493,425.02	0.00
					Legal	0.00	19,232.50	0.00	19,232.50	0.00
					Other	0.00	42,818.27	0.00	42,818.27	(1,157.51)
					Total	0.00	1,134,869.09	0.00	1,134,869.09	(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 4	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	10.50	237,742.66	75,407.34	313,150.00	0.00
					Legal	0.00	16,873.44	8,126.56	25,000.00	0.00
					Other	0.00	11,579.66	4,055.34	15,635.00	0.00
					Total	10.50	411,026.06	110,089.24	521,115.30	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Re-Open Total 1		Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	0.00	2,500.00	2,500.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	500.00	500.00	0.00	0.00
	Total	0.00	0.00	3,000.00	3,000.00	0.00	0.00
Jewell County Total 273		Indemnity	0.00	724,223.60	20,000.00	744,223.60	0.00
	Rehab	0.00	0.00	2,500.00	2,500.00	0.00	0.00
	Medical	10.50	731,167.68	77,907.34	809,075.02	0.00	0.00
	Legal	0.00	36,105.94	8,126.56	44,232.50	0.00	0.00
	Other	0.00	54,397.93	4,555.34	58,953.27	(1,157.51)	(1,157.51)
	Total	10.50	1,545,895.15	113,089.24	1,658,984.39	(1,157.51)	(1,157.51)

ORG1 DESC : Kansas Association Of Counties

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Closed Total 1		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	0.00
	Medical	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Kansas Association Of Counties Total 1		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	0.00
	Medical	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00

ORG1 DESC : Kearny County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Run Date: 08/02/2023 08:08:31

TRISTAR - Confidential

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Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 61	Indemnity	0.00	54,462.28	0.00	54,462.28	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	74,750.46	0.00	74,750.46	0.00
					Legal	0.00	1,282.50	0.00	1,282.50	0.00
					Other	0.00	3,274.80	0.00	3,274.80	0.00
					Total	0.00	133,770.04	0.00	133,770.04	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	944.78	1,020.46	3,979.54	5,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	50.57	66.14	933.86	1,000.00	0.00
					Total	995.35	1,086.60	4,913.40	6,000.00	0.00

				Kearny County Total 63	Indemnity	0.00	54,462.28	0.00	54,462.28	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	944.78	75,770.92	3,979.54	79,750.46	0.00
					Legal	0.00	1,282.50	0.00	1,282.50	0.00
					Other	50.57	3,340.94	933.86	4,274.80	0.00
					Total	995.35	134,856.64	4,913.40	139,770.04	0.00

ORG1 DESC : Kingman County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 15	Indemnity	0.00	1,453.21	0.00	1,453.21	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	11,993.78	0.00	11,993.78	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	1,122.27	0.00	1,122.27	0.00
	Total	0.00	14,569.26	0.00	14,569.26	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 4	Indemnity	0.00	10,093.24	15,960.99	26,054.23	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,069.74	46,251.42	10,348.58	56,600.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	130.72	1,531.39	4,468.61	6,000.00	0.00
	Total	2,200.46	57,876.05	31,378.18	89,254.23	0.00

Kingman County Total 19	Indemnity	0.00	11,546.45	15,960.99	27,507.44	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,069.74	58,245.20	10,348.58	68,593.78	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	130.72	2,653.66	4,468.61	7,122.27	0.00
	Total	2,200.46	72,445.31	31,378.18	103,823.49	0.00

ORG1 DESC : Kiowa County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

Kiowa County 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	701.32	700.00	1,401.32	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	55.07	100.00	155.07	0.00
	Total	0.00	756.39	800.00	1,556.39	0.00

ORG1 DESC : Lane County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 104	Indemnity	0.00	54,872.08	0.00	54,872.08	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	114,224.54	0.00	114,224.54	0.00
	Legal	0.00	5,183.75	0.00	5,183.75	0.00
	Other	0.00	12,414.24	0.00	12,414.24	0.00
	Total	0.00	186,694.61	0.00	186,694.61	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	155.45	3,044.55	3,200.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	5.67	594.33	600.00	0.00
	Total	0.00	161.12	3,638.88	3,800.00	0.00

Lane County Total 106	Indemnity	0.00	54,872.08	0.00	54,872.08	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	114,379.99	3,044.55	117,424.54	0.00
	Legal	0.00	5,183.75	0.00	5,183.75	0.00
	Other	0.00	12,419.91	594.33	13,014.24	0.00
	Total	0.00	186,855.73	3,638.88	190,494.61	0.00

ORG1 DESC : Lincoln County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 273	Indemnity	0.00	216,912.26	0.00	216,912.26	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	515,428.56	0.00	515,428.56	0.00
	Legal	0.00	518.00	0.00	518.00	0.00
	Other	0.00	37,291.71	0.00	37,291.71	(756.73)
	Total	0.00	770,150.53	0.00	770,150.53	(756.73)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 1					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	45.64	2,590.51	909.49	3,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	15.57	109.91	590.09	700.00	0.00
					Total	61.21	2,700.42	1,499.58	4,200.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 1					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	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 : 07/01/2023 - 07/31/2023

Lincoln County Total 275	Indemnity	0.00	216,912.26	0.00	216,912.26	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	45.64	518,019.07	909.49	518,928.56	0.00
	Legal	0.00	518.00	0.00	518.00	0.00
	Other	15.57	37,401.62	590.09	37,991.71	(756.73)
	Total	61.21	772,850.95	1,499.58	774,350.53	(756.73)

ORG1 DESC : Linn County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 295					Indemnity	0.00	479,676.31	0.00	479,676.31	(14,013.80)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	738,667.65	0.00	738,667.65	(19,661.57)
					Legal	0.00	3,586.50	0.00	3,586.50	0.00
					Other	0.00	61,674.07	0.00	61,674.07	0.00
					Total	0.00	1,283,604.53	0.00	1,283,604.53	(33,675.37)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 9					Indemnity	0.00	46,004.92	470,000.00	516,004.92	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	129.50	283,758.52	181,119.31	464,877.83	0.00
					Legal	0.00	9,710.14	9,789.86	19,500.00	0.00
					Other	23.00	15,546.35	53,973.37	69,519.72	0.00
					Total	152.50	355,019.93	714,882.54	1,069,902.47	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 2					Indemnity	0.00	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	24,886.34	12,540.06	37,426.40	0.00
					Legal	0.00	0.00	550.00	550.00	0.00
					Other	0.00	2,811.11	4,127.19	6,938.30	0.00
					Total	0.00	29,126.93	22,287.77	51,414.70	0.00
Linn County Total 306					Indemnity	0.00	527,110.71	475,070.52	1,002,181.23	(14,013.80)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	129.50	1,047,312.51	193,659.37	1,240,971.88	(19,661.57)
					Legal	0.00	13,296.64	10,339.86	23,636.50	0.00
					Other	23.00	80,031.53	58,100.56	138,132.09	0.00
					Total	152.50	1,667,751.39	737,170.31	2,404,921.70	(33,675.37)

ORG1 DESC : Lyon County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 722					Indemnity	0.00	929,049.96	0.00	929,049.96	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	1,324,322.80	0.00	1,324,322.80	(1,770.30)
					Legal	0.00	33,355.20	0.00	33,355.20	0.00
					Other	0.00	185,636.87	0.00	185,636.87	(8,160.28)
					Total	0.00	2,472,364.83	0.00	2,472,364.83	(9,930.58)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Open Total 11	Indemnity	5,471.44	31,163.92	81,922.11	113,086.03	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,636.96	131,835.53	80,334.88	212,170.41	0.00
	Legal	50.00	50.00	1,700.00	1,750.00	0.00
	Other	2,170.18	17,417.28	16,626.47	34,043.75	0.00
	Total	10,328.58	180,466.73	180,583.46	361,050.19	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Re-Open Total 1	Indemnity	0.00	3,331.95	28,609.47	31,941.42	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	24,096.18	22,903.82	47,000.00	0.00
	Legal	0.00	380.00	10,670.00	11,050.00	0.00
	Other	0.00	1,876.53	5,423.47	7,300.00	0.00
	Total	0.00	29,684.66	67,606.76	97,291.42	0.00

Lyon County Total 734	Indemnity	5,471.44	963,545.83	110,531.58	1,074,077.41	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,636.96	1,480,254.51	103,238.70	1,583,493.21	(1,770.30)
	Legal	50.00	33,785.20	12,370.00	46,155.20	0.00
	Other	2,170.18	204,930.68	22,049.94	226,980.62	(8,160.28)
	Total	10,328.58	2,682,516.22	248,190.22	2,930,706.44	(9,930.58)

ORG1 DESC : Marion County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 310	Indemnity	0.00	338,071.77	0.00	338,071.77	(12,859.30)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	669,578.75	0.00	669,578.75	(20,844.68)
	Legal	0.00	16,598.16	0.00	16,598.16	0.00
	Other	0.00	64,401.10	0.00	64,401.10	(29,697.36)
	Total	0.00	1,088,649.78	0.00	1,088,649.78	(63,401.34)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 7	Indemnity	0.00	0.00	15,750.00	15,750.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	759.06	11,901.53	15,198.47	27,100.00	0.00
	Legal	0.00	373.75	8,226.25	8,600.00	0.00
	Other	27.70	604.39	3,835.61	4,440.00	0.00
	Total	786.76	12,879.67	43,010.33	55,890.00	0.00

Marion County Total 317	Indemnity	0.00	338,071.77	15,750.00	353,821.77	(12,859.30)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	759.06	681,480.28	15,198.47	696,678.75	(20,844.68)
	Legal	0.00	16,971.91	8,226.25	25,198.16	0.00
	Other	27.70	65,005.49	3,835.61	68,841.10	(29,697.36)
	Total	786.76	1,101,529.45	43,010.33	1,144,539.78	(63,401.34)

ORG1 DESC : Marshall County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	480.22	2,019.78	2,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	62.03	437.97	500.00	0.00
	Total	0.00	542.25	2,457.75	3,000.00	0.00

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

ORG1 DESC : McPherson County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 74	Indemnity	0.00	240,562.13	0.00	240,562.13	(500.00)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	526,064.85	0.00	526,064.85	(15,010.66)
	Legal	0.00	22,800.05	0.00	22,800.05	0.00
	Other	0.00	62,074.37	0.00	62,074.37	0.00
	Total	0.00	851,501.40	0.00	851,501.40	(15,510.66)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 8					Indemnity	0.00	44,818.06	34,822.00	79,640.06	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,915.43	52,933.94	49,966.06	102,900.00	(1,000.00)
					Legal	90.00	1,630.30	22,369.70	24,000.00	0.00
					Other	160.54	11,088.86	15,201.14	26,290.00	0.00
					Total	2,165.97	110,471.16	122,358.90	232,830.06	(1,000.00)

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 1					Indemnity	0.00	0.00	5,500.00	5,500.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	3,828.95	2,071.05	5,900.00	(500.00)
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	326.94	853.06	1,180.00	0.00
					Total	0.00	4,155.89	9,024.11	13,180.00	(500.00)



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

McPherson County Total 83	Indemnity	0.00	285,380.19	40,322.00	325,702.19	(500.00)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,915.43	582,827.74	52,037.11	634,864.85	(16,510.66)
	Legal	90.00	24,430.35	22,369.70	46,800.05	0.00
	Other	160.54	73,490.17	16,054.20	89,544.37	0.00
	Total	2,165.97	966,128.45	131,383.01	1,097,511.46	(17,010.66)

ORG1 DESC : Meade County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 212	Indemnity	0.00	288,568.84	0.00	288,568.84	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,852.44	669,383.54	0.00	669,383.54	0.00
					Legal	0.00	16,591.01	0.00	16,591.01	0.00
					Other	64.14	45,303.35	0.00	45,303.35	(7,381.97)
					Total	1,916.58	1,019,846.74	0.00	1,019,846.74	(7,381.97)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 4	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	156.97	738.85	5,661.15	6,400.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	12.41	50.92	1,149.08	1,200.00	0.00
					Total	169.38	789.77	6,810.23	7,600.00	0.00



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Meade County Total 216		Indemnity	0.00	288,568.84	0.00	288,568.84	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	2,009.41	670,122.39	5,661.15	675,783.54	0.00
		Legal	0.00	16,591.01	0.00	16,591.01	0.00
		Other	76.55	45,354.27	1,149.08	46,503.35	(7,381.97)
		Total	2,085.96	1,020,636.51	6,810.23	1,027,446.74	(7,381.97)

ORG1 DESC : Metropolitan Topeka Airport Authority

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 79							
					Indemnity	0.00	92,544.79	0.00	92,544.79
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	165,765.04	0.00	165,765.04
					Legal	0.00	910.00	0.00	910.00
					Other	0.00	14,586.59	0.00	14,586.59
					Total	0.00	273,806.42	0.00	273,806.42

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
		Open Total 2							
					Indemnity	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	2,638.26	3,061.74	5,700.00
					Legal	0.00	0.00	0.00	0.00
					Other	0.00	341.72	758.28	1,100.00
					Total	0.00	2,979.98	3,820.02	6,800.00



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Metropolitan Topeka Airport Authority Total 81	Indemnity	0.00	92,544.79	0.00	92,544.79	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	168,403.30	3,061.74	171,465.04	(382.84)
	Legal	0.00	910.00	0.00	910.00	0.00
	Other	0.00	14,928.31	758.28	15,686.59	(1,376.32)
	Total	0.00	276,786.40	3,820.02	280,606.42	(1,759.16)

ORG1 DESC : Miami County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 714	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	1,882,108.70	0.00	1,882,108.70	(2,784.23)
					Legal	0.00	15,600.69	0.00	15,600.69	0.00
					Other	0.00	165,824.34	0.00	165,824.34	(212,591.31)
					Total	0.00	3,380,017.42	0.00	3,380,017.42	(215,375.54)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 9	Indemnity	0.00	44,099.14	25,214.77	69,313.91	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,086.98	126,068.59	80,439.19	206,507.78	0.00
					Legal	0.00	12,985.89	12,614.11	25,600.00	0.00
					Other	585.06	9,218.87	12,243.63	21,462.50	0.00
					Total	2,672.04	192,372.49	130,511.70	322,884.19	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Re-Open Total 1	Indemnity	0.00	0.00	45,000.00	45,000.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	4,699.52	16,580.00	21,279.52	0.00
					Legal	0.00	928.45	7,671.55	8,600.00	0.00
					Other	0.00	802.89	1,694.70	2,497.59	0.00
					Total	0.00	6,430.86	70,946.25	77,377.11	0.00
				Miami County Total 724	Indemnity	0.00	1,360,582.83	70,214.77	1,430,797.60	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,086.98	2,012,876.81	97,019.19	2,109,896.00	(2,784.23)
					Legal	0.00	29,515.03	20,285.66	49,800.69	0.00
					Other	585.06	175,846.10	13,938.33	189,784.43	(212,591.31)
					Total	2,672.04	3,578,820.77	201,457.95	3,780,278.72	(215,375.54)

ORG1 DESC : Mitchell County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 135	Indemnity	0.00	333,289.29	0.00	333,289.29	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	455,098.35	0.00	455,098.35	0.00
					Legal	0.00	1,476.00	0.00	1,476.00	0.00
					Other	0.00	41,969.93	0.00	41,969.93	(45,137.43)
					Total	0.00	831,833.57	0.00	831,833.57	(45,137.43)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

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	0.00	0.00
	Medical	18.18	26,749.35	7,500.65	34,250.00	0.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00	0.00
	Other	11.59	6,141.34	3,558.66	9,700.00	0.00	0.00
Total		29.77	37,595.98	21,751.70	59,347.68		0.00

Mitchell County Total 137		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	0.00
	Medical	18.18	481,847.70	7,500.65	489,348.35	0.00	0.00
	Legal	0.00	1,476.00	600.00	2,076.00	0.00	0.00
	Other	11.59	48,111.27	3,558.66	51,669.93	(45,137.43)	(45,137.43)
Total		29.77	869,429.55	21,751.70	891,181.25		(45,137.43)

ORG1 DESC : Montgomery County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 32					0.00	17,888.07	0.00	17,888.07	0.00
	Rehab	0.00	0.00		0.00	0.00	0.00	0.00	0.00
	Medical	0.00	23,200.21		0.00	23,200.21	0.00	23,200.21	0.00
	Legal	0.00	485.00		0.00	485.00	0.00	485.00	0.00
	Other	0.00	4,927.45		0.00	4,927.45	0.00	4,927.45	0.00
Total		0.00	46,500.73		0.00	46,500.73	0.00	46,500.73	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 : 07/01/2023 - 07/31/2023

Open Total 3	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	510.80	1,308.60	6,391.40	7,700.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	120.85	1,125.78	1,374.22	2,500.00	0.00
	Total	631.65	2,434.38	7,765.62	10,200.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

Montgomery County Total 36	Indemnity	0.00	17,888.07	0.00	17,888.07	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	634.00	24,632.01	8,268.20	32,900.21	0.00
	Legal	0.00	485.00	0.00	485.00	0.00
	Other	136.59	6,068.97	1,858.48	7,927.45	0.00
	Total	770.59	49,074.05	10,126.68	59,200.73	0.00

ORG1 DESC : Morris County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 119	Indemnity	0.00	79,067.63	0.00	79,067.63	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	184,001.80	0.00	184,001.80	0.00
	Legal	0.00	343.50	0.00	343.50	0.00
	Other	0.00	10,402.31	0.00	10,402.31	(1,485.81)
	Total	0.00	273,815.24	0.00	273,815.24	(1,485.81)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	0.00	700.00	700.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	140.00	140.00	0.00
	Total	0.00	0.00	840.00	840.00	0.00

Morris County Total 120	Indemnity	0.00	79,067.63	0.00	79,067.63	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	184,001.80	700.00	184,701.80	0.00
	Legal	0.00	343.50	0.00	343.50	0.00
	Other	0.00	10,402.31	140.00	10,542.31	(1,485.81)
	Total	0.00	273,815.24	840.00	274,655.24	(1,485.81)

ORG1 DESC : Morton County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 150	Indemnity	0.00	132,605.97	0.00	132,605.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	262,016.25	0.00	262,016.25	0.00
	Legal	0.00	9,734.30	0.00	9,734.30	0.00
	Other	0.00	31,026.01	0.00	31,026.01	(176.00)
	Total	0.00	435,382.53	0.00	435,382.53	(176.00)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 1	Indemnity	2,948.00	144,252.75	217,655.25	361,908.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	4,102.03	19,897.97	24,000.00	0.00
					Legal	0.00	4,685.16	2,814.84	7,500.00	0.00
					Other	0.00	325.55	2,524.45	2,850.00	0.00
					Total	2,948.00	153,365.49	242,892.51	396,258.00	0.00
				Morton County Total 151	Indemnity	2,948.00	276,858.72	217,655.25	494,513.97	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	266,118.28	19,897.97	286,016.25	0.00
					Legal	0.00	14,419.46	2,814.84	17,234.30	0.00
					Other	0.00	31,351.56	2,524.45	33,876.01	(176.00)
					Total	2,948.00	588,748.02	242,892.51	831,640.53	(176.00)

ORG1 DESC : Morton County Health Care System

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 279	Indemnity	0.00	133,602.17	0.00	133,602.17	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	302,536.08	0.00	302,536.08	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	35,351.89	0.00	35,351.89	0.00
	Total	0.00	471,490.14	0.00	471,490.14	0.00

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

ORG1 DESC : Neosho County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

<u>Claim Number</u> <u>Claim Type</u>	<u>Claimant Name</u> <u>Claimant Status</u>	<u>InjuryDate</u> <u>Closed</u>	<u>Received</u> <u>Examiner</u>	<u>Lit / Den</u>	<u>Paid</u> <u>this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>	
Closed Total 329					Indemnity	0.00	387,645.12	0.00	387,645.12	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	574,192.10	0.00	574,192.10	(89,074.79)
					Legal	0.00	12,416.70	0.00	12,416.70	0.00
					Other	0.00	73,807.06	0.00	73,807.06	(54,824.28)
					Total	0.00	1,048,060.98	0.00	1,048,060.98	(143,899.07)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Open Total 6		Indemnity	1,671.54	103,500.54	12,275.71	115,776.25	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	4,956.02	391,619.88	124,271.02	515,890.90	(500.00)
		Legal	0.00	4,635.14	20,673.24	25,308.38	0.00
		Other	189.17	35,551.66	14,863.34	50,415.00	(500.00)
		Total	6,816.73	535,307.22	172,083.31	707,390.53	(1,000.00)
Neosho County Total 335		Indemnity	1,671.54	491,145.66	12,275.71	503,421.37	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	4,956.02	965,811.98	124,271.02	1,090,083.00	(89,574.79)
		Legal	0.00	17,051.84	20,673.24	37,725.08	0.00
		Other	189.17	109,358.72	14,863.34	124,222.06	(55,324.28)
		Total	6,816.73	1,583,368.20	172,083.31	1,755,451.51	(144,899.07)

ORG1 DESC : Ness County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 33									
			Indemnity		0.00	71,155.16	0.00	71,155.16	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		0.00	105,255.05	198.90	105,453.95	0.00
			Legal		0.00	492.00	0.00	492.00	0.00
			Other		0.00	8,789.82	0.00	8,789.82	(15,000.00)
			Total		0.00	185,692.03	198.90	185,890.93	(15,000.00)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number 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 : 07/01/2023 - 07/31/2023

Open Total 3	Indemnity	0.00	21,914.61	1,473.23	23,387.84	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,041.57	13,708.75	9,791.25	23,500.00	0.00
	Legal	0.00	835.85	8,714.15	9,550.00	0.00
	Other	55.75	658.41	4,041.59	4,700.00	0.00
	Total	1,097.32	37,117.62	24,020.22	61,137.84	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Re-Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	316.99	2,183.01	2,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	25.22	474.78	500.00	0.00
	Total	0.00	342.21	2,657.79	3,000.00	0.00

Ness County Total 37	Indemnity	0.00	93,069.77	1,473.23	94,543.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,041.57	119,280.79	12,173.16	131,453.95	0.00
	Legal	0.00	1,327.85	8,714.15	10,042.00	0.00
	Other	55.75	9,473.45	4,516.37	13,989.82	(15,000.00)
	Total	1,097.32	223,151.86	26,876.91	250,028.77	(15,000.00)

ORG1 DESC : North Central Kansas Regional Juvenile Detention

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 48	Indemnity	0.00	3,140.48	0.00	3,140.48	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	19,855.60	0.00	19,855.60	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	4,178.37	0.00	4,178.37	0.00
	Total	0.00	27,174.45	0.00	27,174.45	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 19	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,622.66	10,690.35	36,709.65	47,400.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	186.40	2,012.52	8,287.48	10,300.00	0.00
	Total	1,809.06	12,702.87	44,997.13	57,700.00	0.00

North Central Kansas Regional Juvenile Detention Total 67	Indemnity	0.00	3,140.48	0.00	3,140.48	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,622.66	30,545.95	36,709.65	67,255.60	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	186.40	6,190.89	8,287.48	14,478.37	0.00
	Total	1,809.06	39,877.32	44,997.13	84,874.45	0.00

ORG1 DESC : Northwest Kansas Regional Recycling Center

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

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

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

ORG1 DESC : Norton County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

<u>Claim Number</u> <u>Claim Type</u>	<u>Claimant Name</u> <u>Claimant Status</u>	<u>InjuryDate</u> <u>Closed</u>	<u>Received</u> <u>Examiner</u>	<u>Lit / Den</u>	<u>Paid</u> <u>this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>	
Closed Total 172					Indemnity	0.00	212,226.86	0.00	212,226.86	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	418,081.96	0.00	418,081.96	(9,036.60)
					Legal	0.00	511.50	0.00	511.50	0.00
					Other	0.00	41,587.69	0.00	41,587.69	(34,632.43)
					Total	0.00	672,408.01	0.00	672,408.01	(43,669.03)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Open Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	321.16	1,253.52	3,746.48	5,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	37.11	101.08	898.92	1,000.00	0.00
	Total	358.27	1,354.60	4,645.40	6,000.00	0.00
Norton County Total 174	Indemnity	0.00	212,226.86	0.00	212,226.86	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	321.16	419,335.48	3,746.48	423,081.96	(9,036.60)
	Legal	0.00	511.50	0.00	511.50	0.00
	Other	37.11	41,688.77	898.92	42,587.69	(34,632.43)
	Total	358.27	673,762.61	4,645.40	678,408.01	(43,669.03)

ORG1 DESC : Osage County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 335					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	827,407.08	0.00	827,407.08	(4,005.96)
					Legal	0.00	9,771.00	0.00	9,771.00	0.00
					Other	0.00	66,641.78	0.00	66,641.78	(50,779.03)
					Total	0.00	1,408,451.39	0.00	1,408,451.39	(69,445.56)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim 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 : 07/01/2023 - 07/31/2023

Open Total 6	Indemnity	0.00	9,921.02	6,000.00	15,921.02	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,073.47	40,483.73	42,584.79	83,068.52	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	41.68	3,025.20	6,774.80	9,800.00	0.00
	Total	1,115.15	53,429.95	55,959.59	109,389.54	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	1,948.19	1,051.81	3,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	172.46	627.54	800.00	0.00
	Total	0.00	2,120.65	1,679.35	3,800.00	0.00

Osage County Total 342	Indemnity	0.00	514,552.55	6,000.00	520,552.55	(14,660.57)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,073.47	869,839.00	43,636.60	913,475.60	(4,005.96)
	Legal	0.00	9,771.00	600.00	10,371.00	0.00
	Other	41.68	69,839.44	7,402.34	77,241.78	(50,779.03)
	Total	1,115.15	1,464,001.99	57,638.94	1,521,640.93	(69,445.56)

ORG1 DESC : Osborne County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 232	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	183,532.40	0.00	183,532.40	0.00
	Legal	0.00	1,508.50	0.00	1,508.50	0.00
	Other	0.00	24,563.62	0.00	24,563.62	0.00
	Total	0.00	299,457.71	0.00	299,457.71	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 3	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	805.73	2,257.81	5,242.19	7,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	72.21	175.42	1,324.58	1,500.00	0.00
	Total	877.94	2,433.23	6,566.77	9,000.00	0.00

Osborne County Total 235	Indemnity	0.00	89,853.19	0.00	89,853.19	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	805.73	185,790.21	5,242.19	191,032.40	0.00
	Legal	0.00	1,508.50	0.00	1,508.50	0.00
	Other	72.21	24,739.04	1,324.58	26,063.62	0.00
	Total	877.94	301,890.94	6,566.77	308,457.71	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 : 07/01/2023 - 07/31/2023

Closed Total 211	Indemnity	0.00	103,722.72	0.00	103,722.72	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	227,657.61	0.00	227,657.61	0.00
	Legal	0.00	5,853.52	0.00	5,853.52	0.00
	Other	0.00	30,348.63	0.00	30,348.63	(31,291.15)
	Total	0.00	367,582.48	0.00	367,582.48	(31,291.15)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 3	Indemnity	0.00	5,785.45	9,925.55	15,711.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	689.43	28,656.17	11,443.83	40,100.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	51.46	2,632.72	3,347.28	5,980.00	0.00
	Total	740.89	37,074.34	25,316.66	62,391.00	0.00

Ottawa County Total 214	Indemnity	0.00	109,508.17	9,925.55	119,433.72	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	689.43	256,313.78	11,443.83	267,757.61	0.00
	Legal	0.00	5,853.52	600.00	6,453.52	0.00
	Other	51.46	32,981.35	3,347.28	36,328.63	(31,291.15)
	Total	740.89	404,656.82	25,316.66	429,973.48	(31,291.15)

ORG1 DESC : Pawnee County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 183	Indemnity	0.00	65,554.37	0.00	65,554.37	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	175,090.17	0.00	175,090.17	0.00
	Legal	0.00	505.00	0.00	505.00	0.00
	Other	0.00	9,247.73	0.00	9,247.73	(5,743.63)
	Total	0.00	250,397.27	0.00	250,397.27	(5,743.63)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 3					Indemnity	1,780.80	333,049.17	224,854.33	557,903.50	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	84,388.06	25,283.94	109,672.00	0.00
					Legal	0.00	1,438.75	12,211.25	13,650.00	0.00
					Other	0.00	13,092.15	4,502.85	17,595.00	0.00
					Total	1,780.80	431,968.13	266,852.37	698,820.50	0.00
Pawnee County Total 186					Indemnity	1,780.80	398,603.54	224,854.33	623,457.87	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	259,478.23	25,283.94	284,762.17	0.00
					Legal	0.00	1,943.75	12,211.25	14,155.00	0.00
					Other	0.00	22,339.88	4,502.85	26,842.73	(5,743.63)
					Total	1,780.80	682,365.40	266,852.37	949,217.77	(5,743.63)

ORG1 DESC : Phillips County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 147	Indemnity	0.00	421,432.14	0.00	421,432.14	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	478,619.23	0.00	478,619.23	(38,473.40)
	Legal	0.00	2,588.10	0.00	2,588.10	0.00
	Other	0.00	114,251.10	0.00	114,251.10	(291.80)
	Total	0.00	1,016,890.57	0.00	1,016,890.57	(38,765.20)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 2					Indemnity	0.00	491.52	2,801.96	3,293.48	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	216.18	1,735.61	7,264.39	9,000.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	18.64	108.56	2,391.44	2,500.00	0.00
					Total	234.82	2,335.69	13,057.79	15,393.48	0.00

Phillips County Total 149					Indemnity	0.00	421,923.66	2,801.96	424,725.62	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	216.18	480,354.84	7,264.39	487,619.23	(38,473.40)
					Legal	0.00	2,588.10	600.00	3,188.10	0.00
					Other	18.64	114,359.66	2,391.44	116,751.10	(291.80)
					Total	234.82	1,019,226.26	13,057.79	1,032,284.05	(38,765.20)

ORG1 DESC : Pottawatomie County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 574	Indemnity	0.00	450,758.40	0.00	450,758.40	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	835,234.48	0.00	835,234.48	(36,011.00)
	Legal	0.00	16,975.62	0.00	16,975.62	(197.00)
	Other	0.00	78,357.64	0.00	78,357.64	(72,608.23)
	Total	0.00	1,381,326.14	0.00	1,381,326.14	(108,816.23)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 13					Indemnity	0.00	335,918.95	0.00	335,918.95	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	268.39	189,488.17	41,900.59	231,388.76	(718.38)
					Legal	10,776.00	11,695.97	904.03	12,600.00	0.00
					Other	52.73	27,547.06	9,090.44	36,637.50	(500.00)
					Total	11,097.12	564,650.15	51,895.06	616,545.21	(1,218.38)

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 4					Indemnity	1,479.72	40,159.36	36,840.14	76,999.50	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,152.44	73,764.82	35,435.18	109,200.00	(500.00)
					Legal	0.00	0.00	11,000.00	11,000.00	0.00
					Other	9.51	5,559.53	8,080.47	13,640.00	0.00
					Total	2,641.67	119,483.71	91,355.79	210,839.50	(500.00)



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Pottawatomie County Total 591	Indemnity	1,479.72	826,836.71	36,840.14	863,676.85	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,420.83	1,098,487.47	77,335.77	1,175,823.24	(37,229.38)
	Legal	10,776.00	28,671.59	11,904.03	40,575.62	(197.00)
	Other	62.24	111,464.23	17,170.91	128,635.14	(73,108.23)
	Total	13,738.79	2,065,460.00	143,250.85	2,208,710.85	(110,534.61)

ORG1 DESC : Pratt County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 12	Indemnity	0.00	28,691.50	0.00	28,691.50	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	43,943.71	0.00	43,943.71	0.00
					Legal	0.00	1,981.00	0.00	1,981.00	0.00
					Other	0.00	4,523.11	0.00	4,523.11	0.00
					Total	0.00	79,139.32	0.00	79,139.32	0.00
				Pratt County Total 12	Indemnity	0.00	28,691.50	0.00	28,691.50	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	43,943.71	0.00	43,943.71	0.00
					Legal	0.00	1,981.00	0.00	1,981.00	0.00
					Other	0.00	4,523.11	0.00	4,523.11	0.00
					Total	0.00	79,139.32	0.00	79,139.32	0.00

ORG1 DESC : Public Wholesale Water Supply District No 11

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 1		Indemnity	0.00	3,712.50	0.00	3,712.50	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	1,473.64	0.00	1,473.64	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	523.53	0.00	523.53	0.00
Total			0.00	5,709.67	0.00	5,709.67	0.00

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

ORG1 DESC : Rawlins County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 86					0.00	33,547.07	0.00	33,547.07	0.00	
					0.00	0.00	0.00	0.00	0.00	
					0.00	187,706.67	0.00	187,706.67	0.00	
					0.00	1,415.00	0.00	1,415.00	0.00	
					0.00	9,281.90	0.00	9,281.90	(825.25)	
Total					0.00	231,950.64	0.00	231,950.64	(825.25)	

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 : 07/01/2023 - 07/31/2023

Open Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,253.85	2,946.15	4,200.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	63.37	736.63	800.00	0.00
	Total	0.00	1,317.22	3,682.78	5,000.00	0.00
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Rawlins County Total 88	Indemnity	0.00	33,547.07	0.00	33,547.07	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	188,960.52	2,946.15	191,906.67	0.00
	Legal	0.00	1,415.00	0.00	1,415.00	0.00
	Other	0.00	9,345.27	736.63	10,081.90	(825.25)
	Total	0.00	233,267.86	3,682.78	236,950.64	(825.25)

ORG1 DESC : Reno 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 1742										
					Indemnity	0.00	2,870,240.11	0.00	2,870,240.11	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	288.00	5,033,721.88	0.00	5,033,721.88	(640.30)
					Legal	0.00	23,003.48	0.00	23,003.48	0.00
					Other	16.48	598,679.51	0.00	598,679.51	(2,326,633.54)
					Total	304.48	8,525,644.98	0.00	8,525,644.98	(2,327,273.84)

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 : 07/01/2023 - 07/31/2023

Open Total 24	Indemnity	2,295.00	222,043.20	120,411.00	342,454.20	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	6,378.13	533,450.80	184,576.93	718,027.73	0.00
	Legal	0.00	6,668.80	33,631.20	40,300.00	0.00
	Other	1,381.53	51,262.70	32,789.93	84,052.63	0.00
	Total	10,054.66	813,425.50	371,409.06	1,184,834.56	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Re-Open Total 4	Indemnity	0.00	60,207.51	74,521.31	134,728.82	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	174.31	233,371.33	91,077.55	324,448.88	(25,775.85)
	Legal	0.00	3,231.60	7,868.40	11,100.00	0.00
	Other	38.95	30,827.56	10,562.44	41,390.00	(21,398.16)
	Total	213.26	327,638.00	184,029.70	511,667.70	(47,174.01)

Reno County Total 1770	Indemnity	2,295.00	3,152,490.82	194,932.31	3,347,423.13	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	6,840.44	5,800,544.01	275,654.48	6,076,198.49	(26,416.15)
	Legal	0.00	32,903.88	41,499.60	74,403.48	0.00
	Other	1,436.96	680,769.77	43,352.37	724,122.14	(2,348,031.70)
	Total	10,572.40	9,666,708.48	555,438.76	10,222,147.24	(2,374,447.85)

ORG1 DESC : Republic County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

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	37.95	358,081.27	0.00	358,081.27	0.00
	Legal	0.00	2,833.70	0.00	2,833.70	0.00
	Other	16.87	41,502.05	0.00	41,502.05	(10,186.58)
	Total	54.82	569,345.69	0.00	569,345.69	(10,186.58)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 2					Indemnity	0.00	19,620.29	0.00	19,620.29	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	53,969.79	12,587.61	66,557.40	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	2,458.21	5,141.79	7,600.00	0.00
					Total	0.00	76,048.29	17,729.40	93,777.69	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 1					Indemnity	0.00	1,608.11	8,000.00	9,608.11	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,198.48	24,340.36	6,410.63	30,750.99	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	18.00	514.94	4,759.17	5,274.11	0.00
					Total	2,216.48	26,463.41	19,169.80	45,633.21	0.00



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Republic County Total 229	Indemnity	0.00	188,157.07	8,000.00	196,157.07	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,236.43	436,391.42	18,998.24	455,389.66	0.00
	Legal	0.00	2,833.70	0.00	2,833.70	0.00
	Other	34.87	44,475.20	9,900.96	54,376.16	(10,186.58)
	Total	2,271.30	671,857.39	36,899.20	708,756.59	(10,186.58)

ORG1 DESC : Rice County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 101	Indemnity	0.00	233,444.38	0.00	233,444.38	(802.34)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,606.14	386,244.95	0.00	386,244.95	(29,007.75)
					Legal	0.00	8,210.60	0.00	8,210.60	0.00
					Other	31.82	44,706.64	0.00	44,706.64	(23,763.43)
					Total	1,637.96	672,606.57	0.00	672,606.57	(53,573.52)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Rice County Total 108	Indemnity	0.00	272,683.67	9,600.49	282,284.16	(802.34)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,606.14	621,870.37	38,674.58	660,544.95	(31,007.75)
	Legal	0.00	9,253.10	107.50	9,360.60	0.00
	Other	31.82	66,546.92	20,204.72	86,751.64	(23,763.43)
	Total	1,637.96	970,354.06	68,587.29	1,038,941.35	(55,573.52)

ORG1 DESC : Rooks County
CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
				Open Total 2	Indemnity	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	1,001.04	1,324.21	3,675.79	5,000.00
					Legal	0.00	0.00	0.00	0.00
					Other	31.79	61.74	938.26	1,000.00
					Total	1,032.83	1,385.95	4,614.05	6,000.00
				Rooks County Total 2	Indemnity	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	1,001.04	1,324.21	3,675.79	5,000.00
					Legal	0.00	0.00	0.00	0.00
					Other	31.79	61.74	938.26	1,000.00
					Total	1,032.83	1,385.95	4,614.05	6,000.00

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



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 112	Indemnity	0.00	188,719.97	0.00	188,719.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	530,788.20	0.00	530,788.20	0.00
	Legal	0.00	1,476.00	0.00	1,476.00	0.00
	Other	0.00	22,834.73	0.00	22,834.73	0.00
	Total	0.00	743,818.90	0.00	743,818.90	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 5	Indemnity	0.00	14,953.85	41,549.75	56,503.60	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	400.00	115,838.05	45,061.95	160,900.00	0.00
	Legal	477.00	527.00	1,873.00	2,400.00	0.00
	Other	0.00	15,104.70	12,595.30	27,700.00	0.00
	Total	877.00	146,423.60	101,080.00	247,503.60	0.00

Rush County Total 117	Indemnity	0.00	203,673.82	41,549.75	245,223.57	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	400.00	646,626.25	45,061.95	691,688.20	0.00
	Legal	477.00	2,003.00	1,873.00	3,876.00	0.00
	Other	0.00	37,939.43	12,595.30	50,534.73	0.00
	Total	877.00	890,242.50	101,080.00	991,322.50	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
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Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 261	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	400,804.40	0.00	400,804.40	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	40,274.00	0.00	40,274.00	(16,491.48)
	Total	0.00	664,233.30	0.00	664,233.30	(16,491.48)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 4					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	217.13	1,332.56	8,167.44	9,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	38.75	111.80	1,788.20	1,900.00	0.00
					Total	255.88	1,444.36	9,955.64	11,400.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 1					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	336.32	336.32	1,163.68	1,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	27.00	27.00	273.00	300.00	0.00
					Total	363.32	363.32	1,436.68	1,800.00	0.00



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Russell County Total 266		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	553.45	402,473.28	9,331.12	411,804.40	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	65.75	40,412.80	2,061.20	42,474.00	(16,491.48)	
	Total	619.20	666,040.98	11,392.32	677,433.30	(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 1224			Indemnity	0.00	866,794.87	0.00	866,794.87
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	1,311,522.87	(9.00)	1,311,513.87
					Legal	0.00	24,454.17	0.00	24,454.17
					Other	0.00	185,531.57	0.00	185,531.57
					Total	0.00	2,388,303.48	(9.00)	2,388,294.48

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
		Open Total 9			Indemnity	0.00	6,154.27	7,635.27	13,789.54
					Rehab	0.00	0.00	0.00	0.00
					Medical	3,422.71	89,130.23	73,749.96	162,880.19
					Legal	0.00	0.00	0.00	0.00
					Other	296.85	27,322.37	10,502.93	37,825.30
					Total	3,719.56	122,606.87	91,888.16	214,495.03

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Re-Open Total 1	Indemnity	0.00	42,815.77	1,500.00	44,315.77	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	66,912.82	10,500.00	77,412.82	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	0.00	2,554.19	1,500.00	4,054.19	0.00
					Total	0.00	112,282.78	14,100.00	126,382.78	0.00
				Saline County Total 1234	Indemnity	0.00	915,764.91	9,135.27	924,900.18	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	3,422.71	1,467,565.92	84,240.96	1,551,806.88	(9,808.31)
					Legal	0.00	24,454.17	600.00	25,054.17	(5,380.82)
					Other	296.85	215,408.13	12,002.93	227,411.06	(67,682.97)
					Total	3,719.56	2,623,193.13	105,979.16	2,729,172.29	(82,872.10)

ORG1 DESC : Scott County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Open Total 1		Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	1,182.38	1,182.38	1,317.62	2,500.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	509.86	509.86	290.14	800.00	0.00	0.00
Total		1,692.24	1,692.24	1,607.76	3,300.00	0.00	0.00

Scott County Total 49		Indemnity	0.00	18,808.47	0.00	18,808.47	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	1,182.38	84,941.15	1,317.62	86,258.77	0.00	0.00
	Legal	0.00	4,727.60	0.00	4,727.60	0.00	0.00
	Other	509.86	9,523.19	290.14	9,813.33	0.00	0.00
Total		1,692.24	118,000.41	1,607.76	119,608.17	0.00	0.00

ORG1 DESC : Sheridan County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 156									
	Indemnity	0.00	495,927.96	0.00	495,927.96	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	446,074.25	0.00	446,074.25	0.00	0.00	0.00	0.00
	Legal	0.00	1,663.50	0.00	1,663.50	0.00	0.00	0.00	0.00
	Other	0.00	31,598.22	0.00	31,598.22	0.00	0.00	0.00	0.00
Total		0.00	975,263.93	0.00	975,263.93	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



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Open Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,307.70	4,692.30	6,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	83.37	1,116.63	1,200.00	0.00
	Total	0.00	1,391.07	5,808.93	7,200.00	0.00
Sheridan County Total 158	Indemnity	0.00	495,927.96	0.00	495,927.96	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	447,381.95	4,692.30	452,074.25	0.00
	Legal	0.00	1,663.50	0.00	1,663.50	0.00
	Other	0.00	31,681.59	1,116.63	32,798.22	0.00
	Total	0.00	976,655.00	5,808.93	982,463.93	0.00

ORG1 DESC : Sherman County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

<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 141					Indemnity	0.00	95,276.19	0.00	95,276.19	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	348,713.46	0.00	348,713.46	0.00
					Legal	7,408.20	25,808.23	0.00	25,808.23	0.00
					Other	0.00	20,437.69	0.00	20,437.69	0.00
					Total	7,408.20	490,235.57	0.00	490,235.57	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 : 07/01/2023 - 07/31/2023

Open Total 4	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,496.16	8,503.84	10,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	126.70	1,873.30	2,000.00	0.00
	Total	0.00	1,622.86	10,377.14	12,000.00	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	0.00	0.00	3,500.00	3,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	29.95	29.95	670.05	700.00	0.00
	Total	29.95	29.95	4,170.05	4,200.00	0.00

Sherman County Total 146	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	350,209.62	12,003.84	362,213.46	0.00
	Legal	7,408.20	25,808.23	0.00	25,808.23	0.00
	Other	29.95	20,594.34	2,543.35	23,137.69	0.00
	Total	7,438.15	491,888.38	14,547.19	506,435.57	0.00

ORG1 DESC : Smith County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

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	287,931.07	0.00	287,931.07	(8,186.50)
	Legal	0.00	15,452.71	0.00	15,452.71	0.00
	Other	0.00	24,592.16	0.00	24,592.16	0.00
	Total	0.00	562,021.63	0.00	562,021.63	(12,000.00)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

Smith County Total 98	Indemnity	0.00	234,045.69	0.00	234,045.69	(3,813.50)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	287,995.06	2,436.01	290,431.07	(8,186.50)
	Legal	0.00	15,452.71	0.00	15,452.71	0.00
	Other	0.00	24,603.08	489.08	25,092.16	0.00
	Total	0.00	562,096.54	2,925.09	565,021.63	(12,000.00)

ORG1 DESC : Stafford County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 25	Indemnity	0.00	84,221.14	0.00	84,221.14	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	138,523.28	0.00	138,523.28	0.00
	Legal	0.00	7,061.27	0.00	7,061.27	0.00
	Other	0.00	4,427.44	0.00	4,427.44	0.00
	Total	0.00	234,233.13	0.00	234,233.13	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

Stafford County Total 26	Indemnity	0.00	84,221.14	0.00	84,221.14	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	140,423.13	1,600.15	142,023.28	0.00
	Legal	0.00	7,061.27	0.00	7,061.27	0.00
	Other	0.00	4,502.92	624.52	5,127.44	0.00
	Total	0.00	236,208.46	2,224.67	238,433.13	0.00

ORG1 DESC : Stanton County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 99	Indemnity	0.00	209,346.63	0.00	209,346.63	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	393,499.74	0.00	393,499.74	0.00
	Legal	0.00	882.00	0.00	882.00	0.00
	Other	0.00	22,662.98	0.00	22,662.98	(5,990.28)
	Total	0.00	626,391.35	0.00	626,391.35	(5,990.28)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 3	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	2,163.90	3,536.10	5,700.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	86.07	1,013.93	1,100.00	0.00
	Total	0.00	2,249.97	4,550.03	6,800.00	0.00

Stanton County Total 102	Indemnity	0.00	209,346.63	0.00	209,346.63	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	395,663.64	3,536.10	399,199.74	0.00
	Legal	0.00	882.00	0.00	882.00	0.00
	Other	0.00	22,749.05	1,013.93	23,762.98	(5,990.28)
	Total	0.00	628,641.32	4,550.03	633,191.35	(5,990.28)

ORG1 DESC : Stevens County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 443		Indemnity	0.00	450,259.74	0.00	450,259.74	(568.53)
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	856,641.33	0.00	856,641.33	(8,276.57)
		Legal	0.00	12,169.92	0.00	12,169.92	0.00
		Other	0.00	61,786.76	0.00	61,786.76	(5,000.00)
		Total	0.00	1,380,857.75	0.00	1,380,857.75	(13,845.10)
Stevens County Total 443		Indemnity	0.00	450,259.74	0.00	450,259.74	(568.53)
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	856,641.33	0.00	856,641.33	(8,276.57)
		Legal	0.00	12,169.92	0.00	12,169.92	0.00
		Other	0.00	61,786.76	0.00	61,786.76	(5,000.00)
		Total	0.00	1,380,857.75	0.00	1,380,857.75	(13,845.10)

ORG1 DESC : Stevens Health Systems
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 208									
					0.00	199,916.95	0.00	199,916.95	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	418,457.40	0.00	418,457.40	0.00
					0.00	4,036.84	0.00	4,036.84	0.00
					0.00	35,084.74	0.00	35,084.74	0.00
					Total	0.00	657,495.93	0.00	657,495.93
Stevens Health Systems Total 208									
					0.00	199,916.95	0.00	199,916.95	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	418,457.40	0.00	418,457.40	0.00
					0.00	4,036.84	0.00	4,036.84	0.00
					0.00	35,084.74	0.00	35,084.74	0.00
					Total	0.00	657,495.93	0.00	657,495.93

ORG1 DESC : Sumner County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 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 235	Indemnity	0.00	165,666.86	0.00	165,666.86	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	327,696.77	0.00	327,696.77	0.00
					Legal	0.00	784.00	0.00	784.00	0.00
					Other	0.00	23,117.46	0.00	23,117.46	(2,355.43)
					Total	0.00	517,265.09	0.00	517,265.09	(2,355.43)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Open Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,695.56	2,504.44	4,200.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	850.45	249.55	1,100.00	0.00
	Total	0.00	2,546.01	2,753.99	5,300.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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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	2,927.78	572.22	3,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	1,034.54	329.44	1,363.98	0.00
	Total	0.00	3,962.32	901.66	4,863.98	0.00

Thomas County Total 238	Indemnity	0.00	165,666.86	0.00	165,666.86	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	332,320.11	3,076.66	335,396.77	0.00
	Legal	0.00	784.00	0.00	784.00	0.00
	Other	0.00	25,002.45	578.99	25,581.44	(2,355.43)
	Total	0.00	523,773.42	3,655.65	527,429.07	(2,355.43)

ORG1 DESC : Trego County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 07/01/2023 - 07/31/2023

Closed Total 117	Indemnity	0.00	78,389.17	0.00	78,389.17	(1,403.88)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	236,855.33	0.00	236,855.33	(2,835.19)
	Legal	0.00	976.00	0.00	976.00	0.00
	Other	0.00	13,502.53	0.00	13,502.53	(515.12)
	Total	0.00	329,723.03	0.00	329,723.03	(4,754.19)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 1					Indemnity	0.00	3,151.95	1,466.49	4,618.44	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	56.81	4,016.72	4,683.28	8,700.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	9.98	382.16	1,367.84	1,750.00	0.00
					Total	66.79	7,550.83	7,517.61	15,068.44	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 1					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	1,037.27	1,462.73	2,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	88.84	411.16	500.00	0.00
					Total	0.00	1,126.11	1,873.89	3,000.00	0.00



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Trego County Total 119	Indemnity	0.00	81,541.12	1,466.49	83,007.61	(1,403.88)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	56.81	241,909.32	6,146.01	248,055.33	(2,835.19)
	Legal	0.00	976.00	0.00	976.00	0.00
	Other	9.98	13,973.53	1,779.00	15,752.53	(515.12)
	Total	66.79	338,399.97	9,391.50	347,791.47	(4,754.19)

ORG1 DESC : Wabaunsee County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	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	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	0.00	0.00	0.00	0.00
					Total	0.00	0.00	0.00	0.00	0.00
				Wabaunsee County Total 4	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	0.00	0.00	0.00	0.00
					Total	0.00	0.00	0.00	0.00	0.00

ORG1 DESC : Wabaunsee County RWD No 2
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 : 07/01/2023 - 07/31/2023

Closed Total 1		Indemnity	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	110.02	0.00	110.02	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	15.53	0.00	15.53	0.00
Total			0.00	125.55	0.00	125.55	0.00

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

ORG1 DESC : Wallace County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 83					0.00	34,338.97	0.00	34,338.97	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	151,740.86	0.00	151,740.86	0.00
					0.00	424.50	0.00	424.50	0.00
					0.00	5,615.14	0.00	5,615.14	0.00
Total					0.00	192,119.47	0.00	192,119.47	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim 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 : 07/01/2023 - 07/31/2023

Open Total 1		Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	89.10	1,247.01	1,252.99	2,500.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	11.67	55.14	444.86	500.00	0.00	0.00
Total		100.77	1,302.15	1,697.85	3,000.00	0.00	0.00

Wallace County Total 84		Indemnity	0.00	34,338.97	0.00	34,338.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	89.10	152,987.87	1,252.99	154,240.86	0.00	0.00
	Legal	0.00	424.50	0.00	424.50	0.00	0.00
	Other	11.67	5,670.28	444.86	6,115.14	0.00	0.00
Total		100.77	193,421.62	1,697.85	195,119.47	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	(12,500.00)

ORG1 DESC : Woodson County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
				Closed Total 37					
				Indemnity	0.00	25,084.42	0.00	25,084.42	0.00
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	0.00	49,746.19	0.00	49,746.19	0.00
				Legal	0.00	984.00	0.00	984.00	0.00
				Other	0.00	3,329.52	0.00	3,329.52	0.00
				Total	0.00	79,144.13	0.00	79,144.13	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

				Woodson County Total 38					
				Indemnity	0.00	25,084.42	0.00	25,084.42	0.00
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	0.00	49,746.19	700.00	50,446.19	0.00
				Legal	0.00	984.00	0.00	984.00	0.00
				Other	0.00	3,329.52	100.00	3,429.52	0.00
				Total	0.00	79,144.13	800.00	79,944.13	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 : 07/01/2023 - 07/31/2023

Closed Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	0.00	0.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00
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 21438	Indemnity	52,909.48	32,018,567.94	2,885,803.04	34,904,370.98	(51,121.92)
	Rehab	0.00	573.00	2,500.00	3,073.00	0.00
	Medical	437,904.35	52,151,770.48	3,792,330.36	55,944,100.84	(959,221.30)
	Legal	36,468.05	944,721.33	427,394.20	1,372,115.53	(11,597.99)
	Other	58,980.36	5,364,134.73	768,103.72	6,132,238.45	(3,956,045.40)
	Total	586,262.24	90,479,767.48	7,876,731.32	98,356,498.80	(4,977,986.61)
Grand Total: 21438	Indemnity	52,909.48	32,018,567.94	2,885,803.04	34,904,370.98	(51,121.92)
	Rehab	0.00	573.00	2,500.00	3,073.00	0.00
	Medical	437,904.35	52,151,770.48	3,792,330.36	55,944,100.84	(959,221.30)
	Legal	36,468.05	944,721.33	427,394.20	1,372,115.53	(11,597.99)
	Other	58,980.36	5,364,134.73	768,103.72	6,132,238.45	(3,956,045.40)
	Total	586,262.24	90,479,767.48	7,876,731.32	98,356,498.80	(4,977,986.61)



Claim Summary - Workers Compensation

PERIOD : 07/01/2023 - 07/31/2023

Report Fields

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

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

Outstanding: total outstanding reserves remaining

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

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

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

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

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