



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

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 59					
				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	974.72	160,320.58	0.00	160,320.58	(18,272.78)
				Legal	0.00	16,451.72	0.00	16,451.72	0.00
				Other	47.24	7,566.62	0.00	7,566.62	(12,214.66)
				Total	1,021.96	216,647.18	0.00	216,647.18	(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 7					
				Indemnity	0.00	65,867.82	47,725.88	113,593.70	0.00
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	793.30	130,826.40	61,673.60	192,500.00	(2,000.00)
				Legal	15,597.50	23,759.05	3,293.15	27,052.20	0.00
				Other	125.98	14,511.22	11,778.78	26,290.00	0.00
				Total	16,516.78	234,964.49	124,471.41	359,435.90	(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 : 11/01/2023 - 11/30/2023

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	0.00	46,594.76	4,855.24	51,450.00	(1,000.00)	
	Legal	0.00	1,230.80	7,869.20	9,100.00	0.00	
	Other	0.00	3,193.33	5,686.67	8,880.00	0.00	
Total		0.00	57,694.37	39,645.52	97,339.89	(1,000.00)	

Allen County Total 67		Indemnity	0.00	104,851.56	68,960.29	173,811.85	(2,000.00)
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	1,768.02	337,741.74	66,528.84	404,270.58	(21,272.78)	
	Legal	15,597.50	41,441.57	11,162.35	52,603.92	0.00	
	Other	173.22	25,271.17	17,465.45	42,736.62	(12,214.66)	
Total		17,538.74	509,306.04	164,116.93	673,422.97	(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			0.00	573.00	0.00	573.00	0.00
	Medical	0.00			0.00	808,105.76	0.00	808,105.76	0.00
	Legal	0.00			0.00	13,807.30	0.00	13,807.30	0.00
	Other	0.00			0.00	58,032.18	0.00	58,032.18	(3,864.70)
Total		0.00			0.00	1,550,866.97	0.00	1,550,866.97	(3,864.70)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Open Total 3	Indemnity	0.00	53,266.74	15,008.15	68,274.89	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	152,779.39	5,824.80	158,604.19	0.00
	Legal	1,316.50	1,511.50	2,588.50	4,100.00	0.00
	Other	0.00	11,926.93	3,561.93	15,488.86	0.00
	Total	1,316.50	219,484.56	26,983.38	246,467.94	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

Anderson County Total 204	Indemnity	0.00	723,615.47	21,733.18	745,348.65	0.00
	Rehab	0.00	573.00	0.00	573.00	0.00
	Medical	0.00	973,621.55	19,938.40	993,559.95	0.00
	Legal	1,316.50	15,318.80	3,188.50	18,507.30	0.00
	Other	0.00	71,336.43	6,387.11	77,723.54	(3,864.70)
	Total	1,316.50	1,784,465.25	51,247.19	1,835,712.44	(3,864.70)

ORG1 DESC : Barber County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

Closed Total 272	Indemnity	0.00	263,196.56	0.00	263,196.56	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	500.00	393,699.53	0.00	393,699.53	0.00
	Legal	0.00	13,868.90	0.00	13,868.90	0.00
	Other	0.00	31,193.97	0.00	31,193.97	(2,201.73)
	Total	500.00	701,958.96	0.00	701,958.96	(2,201.73)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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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	666.52	666.52	4,333.48	5,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	72.92	72.92	927.08	1,000.00	0.00
	Total	739.44	739.44	5,260.56	6,000.00	0.00

Barber County Total 274	Indemnity	0.00	263,196.56	0.00	263,196.56	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,166.52	394,366.05	4,333.48	398,699.53	0.00
	Legal	0.00	13,868.90	0.00	13,868.90	0.00
	Other	72.92	31,266.89	927.08	32,193.97	(2,201.73)
	Total	1,239.44	702,698.40	5,260.56	707,958.96	(2,201.73)

ORG1 DESC : Bourbon County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 8	Indemnity	2,132.25	192,347.74	192,025.07	384,372.81	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	107,012.39	980,885.85	474,138.56	1,455,024.41	(258.82)
					Legal	0.00	8,289.90	29,560.10	37,850.00	0.00
					Other	(22,711.49)	98,698.91	67,701.09	166,400.00	(28,149.84)
					Total	86,433.15	1,280,222.40	763,424.82	2,043,647.22	(28,408.66)
				Bourbon County Total 306	Indemnity	2,132.25	572,073.62	192,025.07	764,098.69	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	107,012.39	1,738,769.49	474,138.56	2,212,908.05	(14,906.82)
					Legal	0.00	23,139.25	29,560.10	52,699.35	(5,986.67)
					Other	(22,711.49)	196,588.67	67,701.09	264,289.76	(152,883.54)
					Total	86,433.15	2,530,571.03	763,424.82	3,293,995.85	(173,777.03)

ORG1 DESC : Brown County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

Closed Total 92		Indemnity	0.00	258,123.52	0.00	258,123.52	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	483.32	382,358.02	0.00	382,358.02	0.00
		Legal	0.00	9,293.80	0.00	9,293.80	0.00
		Other	38.30	24,886.69	0.00	24,886.69	(944.56)
		Total	521.62	674,662.03	0.00	674,662.03	(944.56)
Brown County Total 92		Indemnity	0.00	258,123.52	0.00	258,123.52	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	483.32	382,358.02	0.00	382,358.02	0.00
		Legal	0.00	9,293.80	0.00	9,293.80	0.00
		Other	38.30	24,886.69	0.00	24,886.69	(944.56)
		Total	521.62	674,662.03	0.00	674,662.03	(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
Closed Total 16									
		Indemnity	0.00		0.00	0.00	0.00	0.00	0.00
		Rehab	0.00		0.00	0.00	0.00	0.00	0.00
		Medical	0.00		2,131.87	0.00	2,131.87	0.00	0.00
		Legal	0.00		0.00	0.00	0.00	0.00	0.00
		Other	9.50		843.44	0.00	843.44	0.00	0.00
		Total	9.50		2,975.31	0.00	2,975.31	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 : 11/01/2023 - 11/30/2023

Open Total 8		Indemnity	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	878.08	923.69	29,376.31	30,300.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	186.76	218.91	6,841.09	7,060.00	0.00
		Total	1,064.84	1,142.60	36,217.40	37,360.00	0.00
Butler County Total 24		Indemnity	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	878.08	3,055.56	29,376.31	32,431.87	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	196.26	1,062.35	6,841.09	7,903.44	0.00
		Total	1,074.34	4,117.91	36,217.40	40,335.31	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	
Closed Total 23										
					0.00	2,479.64	0.00	2,479.64	0.00	
					0.00	0.00	0.00	0.00	0.00	
					632.17	15,503.29	0.00	15,503.29	0.00	
					0.00	0.00	0.00	0.00	0.00	
					14.78	817.39	0.00	817.39	0.00	
					Total	646.95	18,800.32	0.00	18,800.32	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

Open Total 5	Indemnity	0.00	1,322.76	23,753.76	25,076.52	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	224.07	33,006.89	20,743.11	53,750.00	0.00
	Legal	0.00	548.70	7,951.30	8,500.00	0.00
	Other	2,132.65	4,046.43	4,916.07	8,962.50	0.00
	Total		2,356.72	38,924.78	57,364.24	96,289.02
Chase County Total 28	Indemnity	0.00	3,802.40	23,753.76	27,556.16	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	856.24	48,510.18	20,743.11	69,253.29	0.00
	Legal	0.00	548.70	7,951.30	8,500.00	0.00
	Other	2,147.43	4,863.82	4,916.07	9,779.89	0.00
	Total		3,003.67	57,725.10	57,364.24	115,089.34

ORG1 DESC : Chautauqua County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 97					Indemnity	0.00	237,185.97	0.00	237,185.97	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	447,267.95	0.00	447,267.95	0.00
					Legal	0.00	2,026.50	0.00	2,026.50	0.00
					Other	0.00	43,509.91	0.00	43,509.91	(11,977.87)
					Total	0.00	729,990.33	0.00	729,990.33	(11,977.87)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

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	30.84	251.02	4,748.98	5,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	10.05	36.61	963.39	1,000.00	0.00
	Total	40.89	287.63	5,712.37	6,000.00	0.00
Chautauqua County Total 99	Indemnity	0.00	237,185.97	0.00	237,185.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	30.84	447,518.97	4,748.98	452,267.95	0.00
	Legal	0.00	2,026.50	0.00	2,026.50	0.00
	Other	10.05	43,546.52	963.39	44,509.91	(11,977.87)
	Total	40.89	730,277.96	5,712.37	735,990.33	(11,977.87)

ORG1 DESC : Cherokee County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 419					Indemnity	0.00	959,649.09	0.00	959,649.09	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	1,207,886.05	0.00	1,207,886.05	0.00
					Legal	0.00	50,675.82	0.00	50,675.82	0.00
					Other	0.00	103,856.25	0.00	103,856.25	(33,794.04)
					Total	0.00	2,322,067.21	0.00	2,322,067.21	(33,794.04)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

Open Total 9		Indemnity	1,705.00	171,474.60	78,284.46	249,759.06	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	20,999.12	254,093.97	63,604.41	317,698.38	0.00
		Legal	95.00	3,338.44	27,311.56	30,650.00	0.00
		Other	417.52	33,568.84	16,115.53	49,684.37	0.00
		Total	23,216.64	462,475.85	185,315.96	647,791.81	0.00
Cherokee County Total 428		Indemnity	1,705.00	1,131,123.69	78,284.46	1,209,408.15	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	20,999.12	1,461,980.02	63,604.41	1,525,584.43	0.00
		Legal	95.00	54,014.26	27,311.56	81,325.82	0.00
		Other	417.52	137,425.09	16,115.53	153,540.62	(33,794.04)
		Total	23,216.64	2,784,543.06	185,315.96	2,969,859.02	(33,794.04)

ORG1 DESC : Cheyenne County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 36									
		Indemnity	0.00	7,617.62	0.00	7,617.62	0.00	0.00	
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	
		Medical	0.00	75,139.13	0.00	75,139.13	0.00	0.00	
		Legal	0.00	11,684.25	0.00	11,684.25	0.00	0.00	
		Other	0.00	1,342.38	0.00	1,342.38	0.00	0.00	
		Total	0.00	95,783.38	0.00	95,783.38	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 : 11/01/2023 - 11/30/2023

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	751.58	3,748.42	4,500.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	31.55	868.45	900.00	0.00
		Total	0.00	783.13	4,616.87	5,400.00	0.00
Cheyenne County Total 37		Indemnity	0.00	7,617.62	0.00	7,617.62	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	75,890.71	3,748.42	79,639.13	0.00
		Legal	0.00	11,684.25	0.00	11,684.25	0.00
		Other	0.00	1,373.93	868.45	2,242.38	0.00
		Total	0.00	96,566.51	4,616.87	101,183.38	0.00

ORG1 DESC : Clark County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 25									
					0.00	12,659.85	0.00	12,659.85	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	61,575.67	0.00	61,575.67	(3,474.33)
					0.00	511.50	0.00	511.50	0.00
					0.00	8,197.43	0.00	8,197.43	0.00
					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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Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Open Total 2		Indemnity	0.00	0.00	47,715.36	47,715.36	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	3,633.49	121,372.03	68,627.97	190,000.00	0.00	0.00
	Legal	0.00	0.00	1,200.00	1,200.00	0.00	0.00
	Other	96.45	15,106.50	10,293.50	25,400.00	0.00	0.00
Total		3,729.94	136,478.53	127,836.83	264,315.36	0.00	0.00

Clark County Total 27		Indemnity	0.00	12,659.85	47,715.36	60,375.21	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	3,633.49	182,947.70	68,627.97	251,575.67	(3,474.33)	0.00
	Legal	0.00	511.50	1,200.00	1,711.50	0.00	0.00
	Other	96.45	23,303.93	10,293.50	33,597.43	0.00	0.00
Total		3,729.94	219,422.98	127,836.83	347,259.81	(3,474.33)	0.00

ORG1 DESC : Clay County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 278									
	Indemnity	0.00			190,384.07	0.00	190,384.07	0.00	0.00
	Rehab	0.00			0.00	0.00	0.00	0.00	0.00
	Medical	0.00			520,457.24	0.00	520,457.24	(15,087.26)	0.00
	Legal	0.00			7,444.00	0.00	7,444.00	0.00	0.00
	Other	0.00			60,098.86	0.00	60,098.86	(25,079.92)	0.00
Total		0.00			778,384.17	0.00	778,384.17	(40,167.18)	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 : 11/01/2023 - 11/30/2023

Open Total 4	Indemnity	0.00	3,044.82	46,955.18	50,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,361.88	109,659.78	118,840.22	228,500.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	103.74	13,190.61	13,309.39	26,500.00	0.00
	Total	1,465.62	125,895.21	179,704.79	305,600.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Re-Open Total 1	Indemnity	0.00	95,276.30	0.00	95,276.30	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	189,499.96	32,702.21	222,202.17	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	19,114.98	885.02	20,000.00	0.00
	Total	0.00	303,891.24	33,587.23	337,478.47	0.00

Clay County Total 283	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	1,361.88	819,616.98	151,542.43	971,159.41	(15,087.26)
	Legal	0.00	7,444.00	600.00	8,044.00	0.00
	Other	103.74	92,404.45	14,194.41	106,598.86	(25,079.92)
	Total	1,465.62	1,208,170.62	213,292.02	1,421,462.64	(40,167.18)

ORG1 DESC : Cloud County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

Closed Total 406	Indemnity	0.00	391,018.68	0.00	391,018.68	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	379,364.94	0.00	379,364.94	(4,807.87)
	Legal	0.00	1,376.00	0.00	1,376.00	0.00
	Other	0.00	32,117.68	0.00	32,117.68	(2,972.65)
	Total	0.00	803,877.30	0.00	803,877.30	(7,780.52)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number 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	1,062.85	2,482.41	6,017.59	8,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	117.99	174.78	1,525.22	1,700.00	0.00
	Total	1,180.84	2,657.19	7,542.81	10,200.00	0.00

Cloud County Total 409	Indemnity	0.00	391,018.68	0.00	391,018.68	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,062.85	381,847.35	6,017.59	387,864.94	(4,807.87)
	Legal	0.00	1,376.00	0.00	1,376.00	0.00
	Other	117.99	32,292.46	1,525.22	33,817.68	(2,972.65)
	Total	1,180.84	806,534.49	7,542.81	814,077.30	(7,780.52)

ORG1 DESC : Comanche County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

Comanche County Total 140	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	5,000.00	190,479.61	0.00
	Legal	0.00	1,376.00	0.00	1,376.00	0.00
	Other	0.00	26,874.98	1,000.00	27,874.98	(7,532.69)
	Total	0.00	274,912.34	6,000.00	280,912.34	(7,532.69)

ORG1 DESC : Comanche Hospital

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

Closed Total 38	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	43,166.64	0.00	43,166.64	0.00
	Legal	0.00	492.00	0.00	492.00	0.00
	Other	0.00	4,142.85	0.00	4,142.85	0.00
	Total	0.00	73,213.32	0.00	73,213.32	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Open Total 2					Indemnity	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	492.66	4,507.34	5,000.00
					Legal	0.00	0.00	0.00	0.00
					Other	0.00	60.54	939.46	1,000.00
					Total	0.00	553.20	5,446.80	6,000.00

Comanche Hospital Total 40					Indemnity	0.00	25,411.83	0.00	25,411.83
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	43,659.30	4,507.34	48,166.64
					Legal	0.00	492.00	0.00	492.00
					Other	0.00	4,203.39	939.46	5,142.85
					Total	0.00	73,766.52	5,446.80	79,213.32

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 : 11/01/2023 - 11/30/2023

Closed Total 189	Indemnity	0.00	164,130.30	0.00	164,130.30	(500.00)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	324,875.91	0.00	324,875.91	(37,669.77)
	Legal	0.00	10,911.50	0.00	10,911.50	0.00
	Other	0.00	57,122.07	0.00	57,122.07	(15,139.56)
	Total	0.00	557,039.78	0.00	557,039.78	(53,309.33)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 6	Indemnity	0.00	0.00	60,000.00	60,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	113.36	50,761.94	37,188.06	87,950.00	(500.00)
	Legal	0.00	381.35	10,218.65	10,600.00	0.00
	Other	18.90	10,819.27	10,268.23	21,087.50	0.00
	Total	132.26	61,962.56	117,674.94	179,637.50	(500.00)

Cowley County Total 195	Indemnity	0.00	164,130.30	60,000.00	224,130.30	(500.00)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	113.36	375,637.85	37,188.06	412,825.91	(38,169.77)
	Legal	0.00	11,292.85	10,218.65	21,511.50	0.00
	Other	18.90	67,941.34	10,268.23	78,209.57	(15,139.56)
	Total	132.26	619,002.34	117,674.94	736,677.28	(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 : 11/01/2023 - 11/30/2023

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 : 11/01/2023 - 11/30/2023

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	0.00	79,724.88	86,475.12	166,200.00	0.00
		Legal	0.00	0.00	600.00	600.00	0.00
		Other	0.00	6,914.52	21,085.48	28,000.00	0.00
		Total	0.00	87,977.80	126,822.20	214,800.00	0.00
Decatur County Total 161		Indemnity	0.00	198,626.02	18,661.60	217,287.62	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	355,134.80	86,475.12	441,609.92	0.00
		Legal	0.00	4,956.45	600.00	5,556.45	0.00
		Other	0.00	39,628.12	21,085.48	60,713.60	(25,000.00)
		Total	0.00	598,345.39	126,822.20	725,167.59	(25,000.00)

ORG1 DESC : Decatur Health Systems
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 88										
					Indemnity	0.00	147,031.50	0.00	147,031.50	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	137,991.71	0.00	137,991.71	0.00
					Legal	3,826.00	3,974.50	0.00	3,974.50	0.00
					Other	0.00	39,981.80	0.00	39,981.80	(601.91)
					Total	3,826.00	328,979.51	0.00	328,979.51	(601.91)
Decatur Health Systems Total 88					Indemnity	0.00	147,031.50	0.00	147,031.50	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	137,991.71	0.00	137,991.71	0.00
					Legal	3,826.00	3,974.50	0.00	3,974.50	0.00
					Other	0.00	39,981.80	0.00	39,981.80	(601.91)
					Total	3,826.00	328,979.51	0.00	328,979.51	(601.91)

ORG1 DESC : Dickinson County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 417	Indemnity	0.00	627,740.12	0.00	627,740.12	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	892,639.04	0.00	892,639.04	(3,660.76)
					Legal	0.00	6,329.25	0.00	6,329.25	0.00
					Other	0.00	62,585.78	0.00	62,585.78	(104,198.93)
					Total	0.00	1,589,294.19	0.00	1,589,294.19	(107,859.69)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 7	Indemnity	3,293.16	151,430.57	2,155.44	153,586.01	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	500.00	195,969.59	44,085.54	240,055.13	0.00
					Legal	0.00	14,697.05	600.00	15,297.05	0.00
					Other	0.00	13,391.07	6,888.93	20,280.00	0.00
					Total	3,793.16	375,488.28	53,729.91	429,218.19	0.00
				Dickinson County Total 424	Indemnity	3,293.16	779,170.69	2,155.44	781,326.13	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	500.00	1,088,608.63	44,085.54	1,132,694.17	(3,660.76)
					Legal	0.00	21,026.30	600.00	21,626.30	0.00
					Other	0.00	75,976.85	6,888.93	82,865.78	(104,198.93)
					Total	3,793.16	1,964,782.47	53,729.91	2,018,512.38	(107,859.69)

ORG1 DESC : Doniphan County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

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

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

ORG1 DESC : Edwards County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

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

<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 131					0.00	406,702.02	0.00	406,702.02	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	418,775.68	0.00	418,775.68	(37,832.88)
					0.00	5,959.35	0.00	5,959.35	0.00
					0.00	45,131.32	0.00	45,131.32	0.00
					0.00	876,568.37	0.00	876,568.37	(37,832.88)

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 : 11/01/2023 - 11/30/2023

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	677.55	2,301.88	2,698.12	5,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	11.54	227.78	772.22	1,000.00	0.00
	Total	689.09	2,529.66	3,470.34	6,000.00	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	15,472.79	15,000.00	30,472.79	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	378.31	243,095.90	92,254.60	335,350.50	(76,505.54)
	Legal	0.00	1,403.75	7,096.25	8,500.00	0.00
	Other	34.15	17,193.99	11,931.01	29,125.00	0.00
	Total	412.46	277,166.43	126,281.86	403,448.29	(76,505.54)

Elk County Total 134	Indemnity	0.00	422,174.81	15,000.00	437,174.81	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,055.86	664,173.46	94,952.72	759,126.18	(114,338.42)
	Legal	0.00	7,363.10	7,096.25	14,459.35	0.00
	Other	45.69	62,553.09	12,703.23	75,256.32	0.00
	Total	1,101.55	1,156,264.46	129,752.20	1,286,016.66	(114,338.42)

ORG1 DESC : Ellis County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

Closed Total 337	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	203.44	681,231.55	0.00	681,231.55	0.00
	Legal	0.00	8,014.60	0.00	8,014.60	0.00
	Other	41.51	57,239.18	0.00	57,239.18	(57,317.78)
	Total	244.95	1,048,995.64	0.00	1,048,995.64	(57,317.78)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 6					Indemnity	3,233.94	8,653.88	366.12	9,020.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,208.85	8,686.99	28,263.01	36,950.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	65.83	937.78	5,562.22	6,500.00	0.00
					Total	4,508.62	18,278.65	34,791.35	53,070.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Ellis County Total 344	Indemnity	3,233.94	311,164.19	366.12	311,530.31	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,412.29	692,791.29	28,890.26	721,681.55	0.00
	Legal	0.00	8,014.60	600.00	8,614.60	0.00
	Other	107.34	58,742.98	6,196.20	64,939.18	(57,317.78)
	Total	4,753.57	1,070,713.06	36,052.58	1,106,765.64	(57,317.78)

ORG1 DESC : Ellsworth County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 264					Indemnity	0.00	350,074.01	0.00	350,074.01	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	708,213.74	0.00	708,213.74	(188,250.83)
					Legal	0.00	42,272.91	0.00	42,272.91	0.00
					Other	0.00	64,445.83	0.00	64,445.83	0.00
					Total	0.00	1,165,006.49	0.00	1,165,006.49	(188,250.83)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Ellsworth County Total 265	Indemnity	0.00	350,074.01	0.00	350,074.01	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	708,213.74	700.00	708,913.74	(188,250.83)
	Legal	0.00	42,272.91	0.00	42,272.91	0.00
	Other	0.00	64,445.83	100.00	64,545.83	0.00
	Total	0.00	1,165,006.49	800.00	1,165,806.49	(188,250.83)

ORG1 DESC : Ellsworth County RWD No 1

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

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

ORG1 DESC : Finney County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 50	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	715.99	13,028.95	0.00	13,028.95	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	62.53	1,624.38	0.00	1,624.38	0.00
					Total	778.52	14,653.33	0.00	14,653.33	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 13	Indemnity	2,953.80	21,099.57	35,200.09	56,299.66	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,555.83	68,353.88	42,396.12	110,750.00	0.00
					Legal	0.00	492.00	1,308.00	1,800.00	0.00
					Other	135.22	2,904.88	15,065.12	17,970.00	0.00
					Total	5,644.85	92,850.33	93,969.33	186,819.66	0.00



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Finney County Total 63	Indemnity	2,953.80	21,099.57	35,200.09	56,299.66	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,271.82	81,382.83	42,396.12	123,778.95	0.00
	Legal	0.00	492.00	1,308.00	1,800.00	0.00
	Other	197.75	4,529.26	15,065.12	19,594.38	0.00
	Total	6,423.37	107,503.66	93,969.33	201,472.99	0.00

ORG1 DESC : Ford County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 560					Indemnity	0.00	1,057,874.32	0.00	1,057,874.32	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	949,508.90	0.00	949,508.90	(3,873.46)
					Legal	0.00	22,006.80	0.00	22,006.80	0.00
					Other	0.00	93,625.39	0.00	93,625.39	(39,155.80)
					Total	0.00	2,123,015.41	0.00	2,123,015.41	(43,029.26)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 11					Indemnity	2,137.14	18,580.76	119,879.24	138,460.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,980.41	250,761.58	111,338.42	362,100.00	0.00
					Legal	0.00	0.00	27,800.00	27,800.00	0.00
					Other	249.69	17,941.06	22,573.94	40,515.00	0.00
					Total	4,367.24	287,283.40	281,591.60	568,875.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Re-Open Total 1	Indemnity	0.00	0.00	2,000.00	2,000.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	188.40	3,000.00	3,188.40	0.00
					Legal	0.00	0.00	2,000.00	2,000.00	0.00
					Other	0.00	19.10	90.50	109.60	0.00
					Total	0.00	207.50	7,090.50	7,298.00	0.00
				Ford County Total 572	Indemnity	2,137.14	1,076,455.08	121,879.24	1,198,334.32	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,980.41	1,200,458.88	114,338.42	1,314,797.30	(3,873.46)
					Legal	0.00	22,006.80	29,800.00	51,806.80	0.00
					Other	249.69	111,585.55	22,664.44	134,249.99	(39,155.80)
					Total	4,367.24	2,410,506.31	288,682.10	2,699,188.41	(43,029.26)

ORG1 DESC : Franklin County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 730	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	279.77	1,379,703.49	0.00	1,379,703.49	(17,114.66)
					Legal	0.00	41,032.45	0.00	41,032.45	0.00
					Other	28.47	151,761.07	0.00	151,761.07	(22,962.95)
					Total	308.24	2,514,280.11	0.00	2,514,280.11	(40,077.61)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

Open Total 14	Indemnity	1,667.48	171,776.55	127,418.32	299,194.87	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	5,492.00	268,292.11	93,407.89	361,700.00	0.00
	Legal	0.00	530.90	17,674.10	18,205.00	0.00
	Other	528.82	41,413.36	31,134.14	72,547.50	0.00
	Total	7,688.30	482,012.92	269,634.45	751,647.37	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Re-Open Total 2	Indemnity	0.00	39,780.00	13,000.00	52,780.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	31,524.44	9,051.76	40,576.20	0.00
	Legal	0.00	0.00	6,500.00	6,500.00	0.00
	Other	0.00	5,209.02	3,321.00	8,530.02	0.00
	Total	0.00	76,513.46	31,872.76	108,386.22	0.00

Franklin County Total 746	Indemnity	1,667.48	1,153,339.65	140,418.32	1,293,757.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	5,771.77	1,679,520.04	102,459.65	1,781,979.69	(17,114.66)
	Legal	0.00	41,563.35	24,174.10	65,737.45	0.00
	Other	557.29	198,383.45	34,455.14	232,838.59	(22,962.95)
	Total	7,996.54	3,072,806.49	301,507.21	3,374,313.70	(40,077.61)

ORG1 DESC : Geary County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

Closed Total 773	Indemnity	0.00	828,652.93	0.00	828,652.93	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,379,773.57	0.00	1,379,773.57	(49,476.59)
	Legal	0.00	40,400.79	0.00	40,400.79	(33.50)
	Other	0.00	192,139.27	0.00	192,139.27	(30,701.97)
	Total	0.00	2,440,966.56	0.00	2,440,966.56	(80,212.06)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 17	Indemnity	695.46	1,188.58	35,058.48	36,247.06	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	875.82	7,157.70	91,442.30	98,600.00	0.00
	Legal	0.00	0.00	8,700.00	8,700.00	0.00
	Other	388.94	1,953.50	15,946.50	17,900.00	0.00
	Total	1,960.22	10,299.78	151,147.28	161,447.06	0.00

Geary County Total 790	Indemnity	695.46	829,841.51	35,058.48	864,899.99	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	875.82	1,386,931.27	91,442.30	1,478,373.57	(49,476.59)
	Legal	0.00	40,400.79	8,700.00	49,100.79	(33.50)
	Other	388.94	194,092.77	15,946.50	210,039.27	(30,701.97)
	Total	1,960.22	2,451,266.34	151,147.28	2,602,413.62	(80,212.06)

ORG1 DESC : Gove County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

Closed Total 89	Indemnity	0.00	465,859.82	0.00	465,859.82	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	332,445.28	0.00	332,445.28	0.00
	Legal	0.00	20,505.17	0.00	20,505.17	0.00
	Other	0.00	45,246.43	0.00	45,246.43	(5,352.49)
	Total	0.00	864,056.70	0.00	864,056.70	(5,352.49)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 2					Indemnity	4,440.21	9,946.41	87,561.86	97,508.27	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	351.27	281,033.24	16,282.37	297,315.61	0.00
					Legal	0.00	378.80	9,771.20	10,150.00	0.00
					Other	12.82	25,738.49	22,136.51	47,875.00	0.00
					Total	4,804.30	317,096.94	135,751.94	452,848.88	0.00
Gove County Total 91					Indemnity	4,440.21	475,806.23	87,561.86	563,368.09	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	351.27	613,478.52	16,282.37	629,760.89	0.00
					Legal	0.00	20,883.97	9,771.20	30,655.17	0.00
					Other	12.82	70,984.92	22,136.51	93,121.43	(5,352.49)
					Total	4,804.30	1,181,153.64	135,751.94	1,316,905.58	(5,352.49)

ORG1 DESC : Graham County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

Closed Total 39	Indemnity	0.00	56,095.87	0.00	56,095.87	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	89,755.01	0.00	89,755.01	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	7,693.89	0.00	7,693.89	0.00
	Total	0.00	153,544.77	0.00	153,544.77	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

ORG1 DESC : Grant County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

Closed Total 276	Indemnity	0.00	161,485.05	0.00	161,485.05	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	11.86	512,613.14	0.00	512,613.14	(13,770.43)
	Legal	0.00	392.00	0.00	392.00	0.00
	Other	0.70	19,379.77	0.00	19,379.77	0.00
	Total	12.56	693,869.96	0.00	693,869.96	(13,770.43)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 4	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	90.00	1,470.73	8,529.27	10,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	12.20	95.01	1,904.99	2,000.00	0.00
	Total	102.20	1,565.74	10,434.26	12,000.00	0.00

Grant County Total 280	Indemnity	0.00	161,485.05	0.00	161,485.05	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	101.86	514,083.87	8,529.27	522,613.14	(13,770.43)
	Legal	0.00	392.00	0.00	392.00	0.00
	Other	12.90	19,474.78	1,904.99	21,379.77	0.00
	Total	114.76	695,435.70	10,434.26	705,869.96	(13,770.43)

ORG1 DESC : Gray County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 3	Indemnity	0.00	32,993.96	87,978.13	120,972.09	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	25,139.73	81,918.99	11,631.01	93,550.00	0.00
	Legal	0.00	913.15	16,586.85	17,500.00	0.00
	Other	4,849.36	19,698.48	6,736.52	26,435.00	0.00
	Total	29,989.09	135,524.58	122,932.51	258,457.09	0.00

Gray County Total 201	Indemnity	0.00	388,436.56	87,978.13	476,414.69	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	25,139.73	663,186.70	11,631.01	674,817.71	(118,439.57)
	Legal	0.00	25,915.97	16,586.85	42,502.82	0.00
	Other	4,849.36	62,311.13	6,736.52	69,047.65	0.00
	Total	29,989.09	1,139,850.36	122,932.51	1,262,782.87	(118,439.57)

ORG1 DESC : Greenwood County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

Closed Total 189	Indemnity	0.00	575,022.21	0.00	575,022.21	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	746.86	625,181.89	0.00	625,181.89	0.00
	Legal	0.00	4,593.70	0.00	4,593.70	0.00
	Other	16.46	71,226.88	0.00	71,226.88	(5,183.55)
	Total	763.32	1,276,024.68	0.00	1,276,024.68	(5,183.55)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 4	Indemnity	0.00	43,044.46	0.00	43,044.46	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	58,851.32	6,131.61	64,982.93	0.00
					Legal	0.00	216.00	0.00	216.00	0.00
					Other	0.00	16,059.31	1,561.65	17,620.96	0.00
					Total	0.00	118,171.09	7,693.26	125,864.35	0.00

				Greenwood County Total 193	Indemnity	0.00	618,066.67	0.00	618,066.67	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	746.86	684,033.21	6,131.61	690,164.82	0.00
					Legal	0.00	4,809.70	0.00	4,809.70	0.00
					Other	16.46	87,286.19	1,561.65	88,847.84	(5,183.55)
					Total	763.32	1,394,195.77	7,693.26	1,401,889.03	(5,183.55)

ORG1 DESC : Hamilton County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

Closed Total 245	Indemnity	0.00	173,148.20	0.00	173,148.20	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	367,643.90	0.00	367,643.90	0.00
	Legal	0.00	9,580.00	0.00	9,580.00	0.00
	Other	0.00	24,988.98	0.00	24,988.98	0.00
	Total	0.00	575,361.08	0.00	575,361.08	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

<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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Open Total 3	Indemnity	575.84	14,564.02	24,749.90	39,313.92	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,703.36	38,171.68	21,578.32	59,750.00	0.00
	Legal	0.00	0.00	1,200.00	1,200.00	0.00
	Other	(156.56)	3,101.26	7,598.74	10,700.00	0.00
	Total	4,122.64	55,836.96	55,126.96	110,963.92	0.00

Hamilton County Total 248	Indemnity	575.84	187,712.22	24,749.90	212,462.12	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,703.36	405,815.58	21,578.32	427,393.90	0.00
	Legal	0.00	9,580.00	1,200.00	10,780.00	0.00
	Other	(156.56)	28,090.24	7,598.74	35,688.98	0.00
	Total	4,122.64	631,198.04	55,126.96	686,325.00	0.00

ORG1 DESC : Hamilton Health Systems

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

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

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

ORG1 DESC : Harper County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 424					0.00	705,853.84	0.00	705,853.84	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	985,941.25	0.00	985,941.25	0.00
					0.00	2,742.81	0.00	2,742.81	0.00
					0.00	96,345.98	0.00	96,345.98	(10,299.81)
Total					0.00	1,790,883.88	0.00	1,790,883.88	(10,299.81)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Open Total 2	Indemnity	0.00	0.00	23,755.70	23,755.70	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	12,893.69	17,166.31	30,060.00	0.00
	Legal	0.00	1,316.90	3,683.10	5,000.00	0.00
	Other	0.00	434.77	4,977.23	5,412.00	0.00
	Total	0.00	14,645.36	49,582.34	64,227.70	0.00
Harper County Total 426	Indemnity	0.00	705,853.84	23,755.70	729,609.54	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	998,834.94	17,166.31	1,016,001.25	0.00
	Legal	0.00	4,059.71	3,683.10	7,742.81	0.00
	Other	0.00	96,780.75	4,977.23	101,757.98	(10,299.81)
	Total	0.00	1,805,529.24	49,582.34	1,855,111.58	(10,299.81)

ORG1 DESC : Harvey County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 279					Indemnity	0.00	645,289.16	0.00	645,289.16	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	563,156.49	0.00	563,156.49	(3,296.65)
					Legal	0.00	45,617.45	0.00	45,617.45	0.00
					Other	0.00	61,790.20	0.00	61,790.20	(4,524.15)
					Total	0.00	1,315,853.30	0.00	1,315,853.30	(7,820.80)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

Open Total 1	Indemnity	0.00	49,922.80	70,482.20	120,405.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	86,777.39	236,309.10	323,086.49	0.00
	Legal	0.00	1,878.50	11,621.50	13,500.00	0.00
	Other	0.00	12,544.58	3,955.42	16,500.00	0.00
	Total	0.00	151,123.27	322,368.22	473,491.49	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

<u>Claim Number</u> <u>Claim Type</u>	<u>Claimant Name</u> <u>Claimant Status</u>	<u>InjuryDate</u> <u>Closed</u>	<u>Received</u> <u>Examiner</u>	<u>Lit / Den</u>	<u>Paid</u> <u>this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Re-Open Total 1	Indemnity	0.00	4,604.04	0.00	4,604.04	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	63,274.74	6,225.26	69,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	29.95	2,641.72	358.28	3,000.00	0.00
	Total	29.95	70,520.50	6,583.54	77,104.04	0.00

Harvey County Total 281	Indemnity	0.00	699,816.00	70,482.20	770,298.20	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	713,208.62	242,534.36	955,742.98	(3,296.65)
	Legal	0.00	47,495.95	11,621.50	59,117.45	0.00
	Other	29.95	76,976.50	4,313.70	81,290.20	(4,524.15)
	Total	29.95	1,537,497.07	328,951.76	1,866,448.83	(7,820.80)

ORG1 DESC : Harvey-Marion CDDO

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

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

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

ORG1 DESC : Haskell County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

<u>Claim Number</u> <u>Claim Type</u>	<u>Claimant Name</u> <u>Claimant Status</u>	<u>InjuryDate</u> <u>Closed</u>	<u>Received</u> <u>Examiner</u>	<u>Lit / Den</u>	<u>Paid</u> <u>this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>	
Closed Total 84					Indemnity	0.00	170,962.73	0.00	170,962.73	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	537,203.06	0.00	537,203.06	0.00
					Legal	0.00	1,276.00	0.00	1,276.00	0.00
					Other	0.00	20,505.03	0.00	20,505.03	(41,425.31)
					Total	0.00	729,946.82	0.00	729,946.82	(41,425.31)

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

Re-Open Total 2		Indemnity	0.00	97,297.88	8,518.28	105,816.16	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	400.00	179,937.93	11,224.46	191,162.39	0.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00	0.00
	Other	0.00	8,992.33	2,631.18	11,623.51	0.00	0.00
	Total	400.00	286,228.14	22,973.92	309,202.06		0.00

Haskell County Total 86		Indemnity	0.00	268,260.61	8,518.28	276,778.89	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	400.00	717,140.99	11,224.46	728,365.45	0.00	0.00
	Legal	0.00	1,276.00	600.00	1,876.00	0.00	0.00
	Other	0.00	29,497.36	2,631.18	32,128.54	(41,425.31)	0.00
	Total	400.00	1,016,174.96	22,973.92	1,039,148.88		(41,425.31)

ORG1 DESC : Hodgeman County
 CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 28									
	Indemnity	0.00			18,126.46	0.00		18,126.46	0.00
	Rehab	0.00			0.00	0.00		0.00	0.00
	Medical	0.00			56,272.28	0.00		56,272.28	0.00
	Legal	0.00			5,095.77	0.00		5,095.77	0.00
	Other	0.00			3,088.66	0.00		3,088.66	0.00
	Total	0.00			82,583.17	0.00		82,583.17	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 : 11/01/2023 - 11/30/2023

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	631.53	1,868.47	2,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	53.62	446.38	500.00	0.00
	Total	0.00	685.15	2,314.85	3,000.00	0.00
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Hodgeman County Total 29	Indemnity	0.00	18,126.46	0.00	18,126.46	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	56,903.81	1,868.47	58,772.28	0.00
	Legal	0.00	5,095.77	0.00	5,095.77	0.00
	Other	0.00	3,142.28	446.38	3,588.66	0.00
	Total	0.00	83,268.32	2,314.85	85,583.17	0.00

ORG1 DESC : Jackson 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 297									
					0.00	271,239.92	0.00	271,239.92	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	545,470.52	0.00	545,470.52	(16,870.70)
					0.00	11,757.73	0.00	11,757.73	0.00
					0.00	66,698.96	0.00	66,698.96	(60,027.53)
					Total	0.00	895,167.13	0.00	895,167.13 (76,898.23)

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 : 11/01/2023 - 11/30/2023

Open Total 2	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	61,848.66	142,500.00	0.00
	Legal	0.00	17,572.00	3,928.00	21,500.00	0.00
	Other	0.00	3,524.41	5,975.59	9,500.00	(500.00)
	Total	0.00	194,247.75	71,752.25	266,000.00	(500.00)

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Re-Open Total 1	Indemnity	0.00	112,089.04	25,000.00	137,089.04	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,365.49	258,073.46	99,246.94	357,320.40	0.00
	Legal	0.00	0.00	4,500.00	4,500.00	0.00
	Other	466.10	54,201.79	31,298.21	85,500.00	(29,327.84)
	Total	2,831.59	424,364.29	160,045.15	584,409.44	(29,327.84)

Jackson County Total 300	Indemnity	0.00	475,828.96	25,000.00	500,828.96	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,365.49	884,195.32	161,095.60	1,045,290.92	(16,870.70)
	Legal	0.00	29,329.73	8,428.00	37,757.73	0.00
	Other	466.10	124,425.16	37,273.80	161,698.96	(89,855.37)
	Total	2,831.59	1,513,779.17	231,797.40	1,745,576.57	(106,726.07)

ORG1 DESC : Jefferson County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

Closed Total 486	Indemnity	0.00	699,277.05	0.00	699,277.05	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,012,851.70	0.00	1,012,851.70	(461.12)
	Legal	0.00	28,261.84	0.00	28,261.84	0.00
	Other	0.00	119,295.52	0.00	119,295.52	(98,366.06)
	Total	0.00	1,859,686.11	0.00	1,859,686.11	(98,827.18)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 4					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	139.11	1,002.15	7,497.85	8,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	28.10	106.64	1,593.36	1,700.00	0.00
					Total	167.21	1,108.79	9,091.21	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	
Re-Open Total 1					Indemnity	0.00	28,302.06	25,000.00	53,302.06	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	20,297.05	28,022.95	48,320.00	0.00
					Legal	0.00	0.00	9,500.00	9,500.00	0.00
					Other	0.00	1,209.10	5,863.74	7,072.84	0.00
					Total	0.00	49,808.21	68,386.69	118,194.90	0.00



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Jefferson County Total 491	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	139.11	1,034,150.90	35,520.80	1,069,671.70	(461.12)
	Legal	0.00	28,261.84	9,500.00	37,761.84	0.00
	Other	28.10	120,611.26	7,457.10	128,068.36	(98,366.06)
	Total	167.21	1,910,603.11	77,477.90	1,988,081.01	(98,827.18)

ORG1 DESC : Jefferson County RWD 12

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

ORG1 DESC : Jewell County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Closed Total 271	Indemnity	0.00	579,393.30	0.00	579,393.30	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	500,045.23	0.00	500,045.23	0.00
	Legal	0.00	19,232.50	0.00	19,232.50	0.00
	Other	0.00	43,550.03	0.00	43,550.03	(1,157.51)
	Total	0.00	1,142,221.06	0.00	1,142,221.06	(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
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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	9,200.00	246,426.54	63,223.46	309,650.00	0.00
	Legal	0.00	16,873.44	8,126.56	25,000.00	0.00
	Other	30.00	11,518.64	3,416.36	14,935.00	0.00
	Total	9,230.00	419,648.92	97,266.38	516,915.30	0.00

Jewell County Total 275	Indemnity	0.00	724,223.60	20,000.00	744,223.60	0.00
	Rehab	0.00	0.00	2,500.00	2,500.00	0.00
	Medical	9,200.00	746,471.77	63,223.46	809,695.23	0.00
	Legal	0.00	36,105.94	8,126.56	44,232.50	0.00
	Other	30.00	55,068.67	3,416.36	58,485.03	(1,157.51)
	Total	9,230.00	1,561,869.98	97,266.38	1,659,136.36	(1,157.51)

ORG1 DESC : Kansas Association Of Counties

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

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

ORG1 DESC : Kearny County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

<u>Claim Number</u> <u>Claim Type</u>	<u>Claimant Name</u> <u>Claimant Status</u>	<u>InjuryDate</u> <u>Closed</u>	<u>Received</u> <u>Examiner</u>	<u>Lit / Den</u>	<u>Paid</u> <u>this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
Closed Total 62									
			Indemnity		0.00	54,462.28	0.00	54,462.28	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		0.00	74,826.14	0.00	74,826.14	0.00
			Legal		0.00	1,282.50	0.00	1,282.50	0.00
			Other		0.00	3,290.37	0.00	3,290.37	0.00
			Total		0.00	133,861.29	0.00	133,861.29	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

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	0.00	1,015.48	3,984.52	5,000.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	68.09	931.91	1,000.00	0.00
		Total	0.00	1,083.57	4,916.43	6,000.00	0.00
Kearny County Total 65		Indemnity	0.00	54,462.28	0.00	54,462.28	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	75,841.62	3,984.52	79,826.14	0.00
		Legal	0.00	1,282.50	0.00	1,282.50	0.00
		Other	0.00	3,358.46	931.91	4,290.37	0.00
		Total	0.00	134,944.86	4,916.43	139,861.29	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	
Closed Total 19										
					Indemnity	0.00	20,515.77	0.00	20,515.77	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	64,978.86	0.00	64,978.86	0.00
					Legal	492.00	492.00	0.00	492.00	0.00
					Other	0.00	3,004.28	0.00	3,004.28	0.00
					Total	492.00	88,990.91	0.00	88,990.91	0.00
Kingman County Total 19					Indemnity	0.00	20,515.77	0.00	20,515.77	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	64,978.86	0.00	64,978.86	0.00
					Legal	492.00	492.00	0.00	492.00	0.00
					Other	0.00	3,004.28	0.00	3,004.28	0.00
					Total	492.00	88,990.91	0.00	88,990.91	0.00

ORG1 DESC : Kiowa County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

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	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	
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	793.61	822.85	6,677.15	7,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	84.09	115.40	1,384.60	1,500.00	0.00
					Total	877.70	938.25	8,061.75	9,000.00	0.00
Kiowa 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	793.61	1,524.17	6,677.15	8,201.32	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	84.09	170.47	1,384.60	1,555.07	0.00
					Total	877.70	1,694.64	8,061.75	9,756.39	0.00

ORG1 DESC : Lane County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

Closed Total 106		Indemnity	0.00	54,872.08	0.00	54,872.08	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	114,692.95	0.00	114,692.95	0.00
		Legal	0.00	5,183.75	0.00	5,183.75	0.00
		Other	0.00	12,443.36	0.00	12,443.36	0.00
		Total	0.00	187,192.14	0.00	187,192.14	0.00
Lane County Total 106		Indemnity	0.00	54,872.08	0.00	54,872.08	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	114,692.95	0.00	114,692.95	0.00
		Legal	0.00	5,183.75	0.00	5,183.75	0.00
		Other	0.00	12,443.36	0.00	12,443.36	0.00
		Total	0.00	187,192.14	0.00	187,192.14	0.00

ORG1 DESC : Lincoln County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

ORG1 DESC : Linn County
CLAIMANT STATUS DESC : Closed



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 302	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	961.00	759,019.76	0.00	759,019.76	(19,661.57)
					Legal	0.00	3,586.50	0.00	3,586.50	0.00
					Other	0.00	64,129.73	0.00	64,129.73	0.00
					Total	961.00	1,306,412.30	0.00	1,306,412.30	(33,675.37)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 8	Indemnity	0.00	46,004.92	470,000.00	516,004.92	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	281,163.08	173,914.75	455,077.83	0.00
					Legal	0.00	10,108.89	9,391.11	19,500.00	0.00
					Other	0.00	14,631.21	52,788.51	67,419.72	0.00
					Total	0.00	351,908.10	706,094.37	1,058,002.47	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Linn County Total 311	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	961.00	1,051,058.77	184,538.82	1,235,597.59	(19,661.57)
	Legal	0.00	13,695.39	9,941.11	23,636.50	0.00
	Other	0.00	80,074.32	54,875.13	134,949.45	0.00
	Total	961.00	1,671,939.19	724,425.58	2,396,364.77	(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 726					Indemnity	0.00	934,869.52	0.00	934,869.52	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	1,334,268.72	0.00	1,334,268.72	(1,770.30)
					Legal	0.00	33,847.20	0.00	33,847.20	0.00
					Other	0.00	188,739.33	0.00	188,739.33	(8,160.28)
					Total	0.00	2,491,724.77	0.00	2,491,724.77	(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	
Open Total 12					Indemnity	543.15	27,021.46	123,703.21	150,724.67	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	15,312.42	154,094.62	129,325.79	283,420.41	0.00
					Legal	0.00	396.25	18,953.75	19,350.00	0.00
					Other	2,888.26	19,716.58	24,887.17	44,603.75	0.00
					Total	18,743.83	201,228.91	296,869.92	498,098.83	0.00

CLAIMANT STATUS DESC : Re-Open



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 1					Indemnity	0.00	3,331.95	28,609.47	31,941.42	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	24,996.48	22,003.52	47,000.00	0.00
					Legal	0.00	380.00	10,670.00	11,050.00	0.00
					Other	0.00	1,978.14	5,321.86	7,300.00	0.00
					Total	0.00	30,686.57	66,604.85	97,291.42	0.00
Lyon County Total 739					Indemnity	543.15	965,222.93	152,312.68	1,117,535.61	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	15,312.42	1,513,359.82	151,329.31	1,664,689.13	(1,770.30)
					Legal	0.00	34,623.45	29,623.75	64,247.20	0.00
					Other	2,888.26	210,434.05	30,209.03	240,643.08	(8,160.28)
					Total	18,743.83	2,723,640.25	363,474.77	3,087,115.02	(9,930.58)

ORG1 DESC : Marion County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 314					Indemnity	0.00	338,071.77	0.00	338,071.77	(12,859.30)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	670,780.90	0.00	670,780.90	(20,844.68)
					Legal	0.00	16,598.16	0.00	16,598.16	0.00
					Other	0.00	64,524.08	0.00	64,524.08	(29,697.36)
					Total	0.00	1,089,974.91	0.00	1,089,974.91	(63,401.34)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

Open Total 4	Indemnity	0.00	0.00	15,750.00	15,750.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	11,780.92	14,019.08	25,800.00	0.00
	Legal	0.00	373.75	8,226.25	8,600.00	0.00
	Other	0.00	525.28	4,014.72	4,540.00	0.00
	Total	0.00	12,679.95	42,010.05	54,690.00	0.00
Marion County Total 318	Indemnity	0.00	338,071.77	15,750.00	353,821.77	(12,859.30)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	682,561.82	14,019.08	696,580.90	(20,844.68)
	Legal	0.00	16,971.91	8,226.25	25,198.16	0.00
	Other	0.00	65,049.36	4,014.72	69,064.08	(29,697.36)
	Total	0.00	1,102,654.86	42,010.05	1,144,664.91	(63,401.34)

ORG1 DESC : Marshall 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 220					Indemnity	0.00	172,657.84	0.00	172,657.84	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	337,776.30	0.00	337,776.30	0.00
					Legal	0.00	890.50	0.00	890.50	0.00
					Other	0.00	28,577.26	0.00	28,577.26	(63,662.41)
					Total	0.00	539,901.90	0.00	539,901.90	(63,662.41)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

<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 : 11/01/2023 - 11/30/2023

Open Total 2		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	0.00	0.00	0.00	0.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00
		Total	0.00	0.00	0.00	0.00	0.00	0.00
Marshall County Total 222		Indemnity	0.00	172,657.84	0.00	172,657.84	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	337,776.30	0.00	337,776.30	0.00	0.00
		Legal	0.00	890.50	0.00	890.50	0.00	0.00
		Other	0.00	28,577.26	0.00	28,577.26	0.00	(63,662.41)
		Total	0.00	539,901.90	0.00	539,901.90	0.00	(63,662.41)

ORG1 DESC : McPherson County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

<u>Claim Number</u> <u>Claim Type</u>	<u>Claimant Name</u> <u>Claimant Status</u>	<u>InjuryDate</u> <u>Closed</u>	<u>Received</u> <u>Examiner</u>	<u>Lit / Den</u>	<u>Paid</u> <u>this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>	
Closed Total 77					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	528,200.98	0.00	528,200.98	(15,010.66)
					Legal	0.00	22,800.05	0.00	22,800.05	0.00
					Other	0.00	62,262.71	0.00	62,262.71	0.00
					Total	0.00	853,825.87	0.00	853,825.87	(15,510.66)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

Open Total 7	Indemnity	5,693.07	51,178.28	32,961.78	84,140.06	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,651.00	59,414.31	46,935.69	106,350.00	(1,000.00)
	Legal	8,402.50	10,132.80	13,867.20	24,000.00	0.00
	Other	303.94	12,338.73	15,051.27	27,390.00	0.00
	Total	17,050.51	133,064.12	108,815.94	241,880.06	(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
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Re-Open Total 1	Indemnity	0.00	0.00	17,422.00	17,422.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	4,078.30	20,824.70	24,903.00	(500.00)
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	0.00	705.57	4,474.43	5,180.00	0.00
	Total	0.00	4,783.87	43,921.13	48,705.00	(500.00)

McPherson County Total 85	Indemnity	5,693.07	291,740.41	50,383.78	342,124.19	(500.00)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,651.00	591,693.59	67,760.39	659,453.98	(16,510.66)
	Legal	8,402.50	32,932.85	14,467.20	47,400.05	0.00
	Other	303.94	75,307.01	19,525.70	94,832.71	0.00
	Total	17,050.51	991,673.86	152,737.07	1,144,410.93	(17,010.66)

ORG1 DESC : Meade County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

Closed Total 214	Indemnity	0.00	288,568.84	0.00	288,568.84	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	669,965.42	0.00	669,965.42	0.00
	Legal	0.00	16,591.01	0.00	16,591.01	0.00
	Other	0.00	45,390.81	0.00	45,390.81	(7,381.97)
	Total	0.00	1,020,516.08	0.00	1,020,516.08	(7,381.97)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	815.80	2,677.24	2,322.76	5,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	38.57	155.99	844.01	1,000.00	0.00
	Total	854.37	2,833.23	3,166.77	6,000.00	0.00

Meade County Total 216	Indemnity	0.00	288,568.84	0.00	288,568.84	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	815.80	672,642.66	2,322.76	674,965.42	0.00
	Legal	0.00	16,591.01	0.00	16,591.01	0.00
	Other	38.57	45,546.80	844.01	46,390.81	(7,381.97)
	Total	854.37	1,023,349.31	3,166.77	1,026,516.08	(7,381.97)

ORG1 DESC : Metropolitan Topeka Airport Authority

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	852.04	865.23	4,134.77	5,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	139.46	149.15	850.85	1,000.00	0.00
	Total	991.50	1,014.38	4,985.62	6,000.00	0.00

Metropolitan Topeka Airport Authority Total 82	Indemnity	0.00	92,544.79	0.00	92,544.79	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	852.04	169,268.53	4,134.77	173,403.30	(382.84)
	Legal	0.00	910.00	0.00	910.00	0.00
	Other	139.46	15,077.46	850.85	15,928.31	(1,376.32)
	Total	991.50	277,800.78	4,985.62	282,786.40	(1,759.16)

ORG1 DESC : Miami County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

Closed Total 719	Indemnity	0.00	1,316,483.69	0.00	1,316,483.69	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	(569.69)	1,883,906.00	0.00	1,883,906.00	(2,784.23)
	Legal	0.00	15,600.69	0.00	15,600.69	0.00
	Other	19.00	166,231.55	0.00	166,231.55	(212,591.31)
	Total	(550.69)	3,382,221.93	0.00	3,382,221.93	(215,375.54)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 10					Indemnity	0.00	45,399.14	30,914.77	76,313.91	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,074.96	130,090.12	95,167.66	225,257.78	0.00
					Legal	0.00	12,985.89	13,214.11	26,200.00	0.00
					Other	37.09	10,354.55	17,107.95	27,462.50	0.00
					Total	1,112.05	198,829.70	156,404.49	355,234.19	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	
Re-Open Total 1					Indemnity	0.00	0.00	45,000.00	45,000.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	8,699.52	12,580.00	21,279.52	0.00
					Legal	0.00	928.45	7,671.55	8,600.00	0.00
					Other	28.00	2,950.89	4,546.70	7,497.59	0.00
					Total	28.00	12,578.86	69,798.25	82,377.11	0.00



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Miami County Total 730	Indemnity	0.00	1,361,882.83	75,914.77	1,437,797.60	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	505.27	2,022,695.64	107,747.66	2,130,443.30	(2,784.23)
	Legal	0.00	29,515.03	20,885.66	50,400.69	0.00
	Other	84.09	179,536.99	21,654.65	201,191.64	(212,591.31)
	Total	589.36	3,593,630.49	226,202.74	3,819,833.23	(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 138	Indemnity	0.00	333,289.29	0.00	333,289.29	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	456,096.27	0.00	456,096.27	0.00
					Legal	0.00	1,476.00	0.00	1,476.00	0.00
					Other	0.00	42,039.55	0.00	42,039.55	(45,137.43)
					Total	0.00	832,901.11	0.00	832,901.11	(45,137.43)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number 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	4,705.29	10,092.39	14,797.68	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	87.99	27,197.76	7,052.24	34,250.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	9.50	6,140.46	3,559.54	9,700.00	0.00
					Total	97.49	38,043.51	21,304.17	59,347.68	0.00



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Mitchell County Total 140	Indemnity	0.00	337,994.58	10,092.39	348,086.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	87.99	483,294.03	7,052.24	490,346.27	0.00
	Legal	0.00	1,476.00	600.00	2,076.00	0.00
	Other	9.50	48,180.01	3,559.54	51,739.55	(45,137.43)
	Total	97.49	870,944.62	21,304.17	892,248.79	(45,137.43)

ORG1 DESC : Montgomery County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 35	Indemnity	0.00	17,888.07	0.00	17,888.07	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	253.02	25,464.97	0.00	25,464.97	0.00
					Legal	0.00	485.00	0.00	485.00	0.00
					Other	47.52	6,190.63	0.00	6,190.63	0.00
					Total	300.54	50,028.67	0.00	50,028.67	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 5	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	124.87	124.87	5,175.13	5,300.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	15.92	15.92	884.08	900.00	0.00
					Total	140.79	140.79	6,059.21	6,200.00	0.00



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Montgomery County Total 40	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	377.89	25,589.84	5,175.13	30,764.97	0.00
	Legal	0.00	485.00	0.00	485.00	0.00
	Other	63.44	6,206.55	884.08	7,090.63	0.00
	Total	441.33	50,169.46	6,059.21	56,228.67	0.00

ORG1 DESC : Morris County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	40.00	119.98	3,080.02	3,200.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	84.74	101.00	499.00	600.00	0.00
					Total	124.74	220.98	3,579.02	3,800.00	0.00



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Morris County Total 122	Indemnity	0.00	79,067.63	0.00	79,067.63	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	40.00	184,121.78	3,080.02	187,201.80	0.00
	Legal	0.00	343.50	0.00	343.50	0.00
	Other	84.74	10,503.31	499.00	11,002.31	(1,485.81)
	Total	124.74	274,036.22	3,579.02	277,615.24	(1,485.81)

ORG1 DESC : Morton County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 151					Indemnity	0.00	132,605.97	0.00	132,605.97	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	95.38	262,486.27	0.00	262,486.27	0.00
					Legal	0.00	9,734.30	0.00	9,734.30	0.00
					Other	10.86	31,067.46	0.00	31,067.46	(176.00)
					Total	106.24	435,894.00	0.00	435,894.00	(176.00)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 2					Indemnity	3,685.00	157,518.75	204,389.25	361,908.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	4,102.03	23,097.97	27,200.00	0.00
					Legal	0.00	4,685.16	2,814.84	7,500.00	0.00
					Other	0.00	325.55	3,424.45	3,750.00	0.00
					Total	3,685.00	166,631.49	233,726.51	400,358.00	0.00



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Morton County Total 153	Indemnity	3,685.00	290,124.72	204,389.25	494,513.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	95.38	266,588.30	23,097.97	289,686.27	0.00
	Legal	0.00	14,419.46	2,814.84	17,234.30	0.00
	Other	10.86	31,393.01	3,424.45	34,817.46	(176.00)
	Total	3,791.24	602,525.49	233,726.51	836,252.00	(176.00)

ORG1 DESC : Morton County Health Care System

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

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

ORG1 DESC : Neosho 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 : 11/01/2023 - 11/30/2023

Closed Total 331	Indemnity	0.00	396,445.12	0.00	396,445.12	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	577,027.69	0.00	577,027.69	(89,574.79)
	Legal	10,284.50	25,307.00	0.00	25,307.00	0.00
	Other	0.00	73,845.66	0.00	73,845.66	(54,824.28)
	Total	10,284.50	1,072,625.47	0.00	1,072,625.47	(144,399.07)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim 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	96,545.82	9,230.43	105,776.25	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,325.99	403,684.52	106,706.38	510,390.90	0.00
	Legal	0.00	2,029.34	15,779.04	17,808.38	0.00
	Other	400.51	36,509.12	11,690.88	48,200.00	(500.00)
	Total	2,726.50	538,768.80	143,406.73	682,175.53	(500.00)

Neosho County Total 336	Indemnity	0.00	492,990.94	9,230.43	502,221.37	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,325.99	980,712.21	106,706.38	1,087,418.59	(89,574.79)
	Legal	10,284.50	27,336.34	15,779.04	43,115.38	0.00
	Other	400.51	110,354.78	11,690.88	122,045.66	(55,324.28)
	Total	13,011.00	1,611,394.27	143,406.73	1,754,801.00	(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
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Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Closed Total 36	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	13.74	110,589.20	198.90	110,788.10	0.00
	Legal	0.00	492.00	0.00	492.00	0.00
	Other	9.69	9,149.26	0.00	9,149.26	(15,000.00)
	Total	23.43	191,385.62	198.90	191,584.52	(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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Open Total 1	Indemnity	0.00	21,914.61	1,473.23	23,387.84	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	12,560.53	4,939.47	17,500.00	0.00
	Legal	7,627.50	8,618.35	931.65	9,550.00	0.00
	Other	0.00	552.00	2,948.00	3,500.00	0.00
	Total	7,627.50	43,645.49	10,292.35	53,937.84	0.00

Ness County Total 37	Indemnity	0.00	93,069.77	1,473.23	94,543.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	13.74	123,149.73	5,138.37	128,288.10	0.00
	Legal	7,627.50	9,110.35	931.65	10,042.00	0.00
	Other	9.69	9,701.26	2,948.00	12,649.26	(15,000.00)
	Total	7,650.93	235,031.11	10,491.25	245,522.36	(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 : 11/01/2023 - 11/30/2023

Closed Total 64	Indemnity	0.00	3,140.48	0.00	3,140.48	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	30,404.10	0.00	30,404.10	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	6,042.75	0.00	6,042.75	0.00
	Total	0.00	39,587.33	0.00	39,587.33	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	29.78	2,752.94	8,247.06	11,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	28.57	507.18	1,692.82	2,200.00	0.00
	Total	58.35	3,260.12	9,939.88	13,200.00	0.00

North Central Kansas Regional Juvenile Detention Total 68	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	29.78	33,157.04	8,247.06	41,404.10	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	28.57	6,549.93	1,692.82	8,242.75	0.00
	Total	58.35	42,847.45	9,939.88	52,787.33	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 : 11/01/2023 - 11/30/2023

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

Claim 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 174		Indemnity	0.00	212,226.86	0.00	212,226.86	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	419,335.48	0.00	419,335.48	(9,111.56)
		Legal	0.00	511.50	0.00	511.50	0.00
		Other	0.00	41,688.77	0.00	41,688.77	(34,632.43)
		Total	0.00	673,762.61	0.00	673,762.61	(43,743.99)

Norton County Total 174		Indemnity	0.00	212,226.86	0.00	212,226.86	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	419,335.48	0.00	419,335.48	(9,111.56)
		Legal	0.00	511.50	0.00	511.50	0.00
		Other	0.00	41,688.77	0.00	41,688.77	(34,632.43)
		Total	0.00	673,762.61	0.00	673,762.61	(43,743.99)

ORG1 DESC : Osage County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 338	Indemnity	0.00	504,631.53	0.00	504,631.53	(14,660.57)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	834,704.92	136.27	834,841.19	(4,005.96)
					Legal	0.00	9,771.00	0.00	9,771.00	0.00
					Other	0.00	67,871.99	11.44	67,883.43	(50,779.03)
					Total	0.00	1,416,979.44	147.71	1,417,127.15	(69,445.56)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 5	Indemnity	0.00	9,921.02	6,000.00	15,921.02	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	36,371.89	35,896.63	72,268.52	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	0.00	2,148.97	5,651.03	7,800.00	0.00
					Total	0.00	48,441.88	48,147.66	96,589.54	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Osage County Total 344	Indemnity	0.00	514,552.55	6,000.00	520,552.55	(14,660.57)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	873,119.01	36,990.70	910,109.71	(4,005.96)
	Legal	0.00	9,771.00	600.00	10,371.00	0.00
	Other	0.00	70,204.65	6,278.78	76,483.43	(50,779.03)
	Total	0.00	1,467,647.21	49,869.48	1,517,516.69	(69,445.56)

ORG1 DESC : Osborne County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 235					Indemnity	0.00	89,853.19	0.00	89,853.19	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	186,047.40	0.00	186,047.40	0.00
					Legal	0.00	1,508.50	0.00	1,508.50	0.00
					Other	0.00	24,765.14	0.00	24,765.14	0.00
					Total	0.00	302,174.23	0.00	302,174.23	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 2					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	596.07	596.07	4,403.93	5,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	37.11	37.11	962.89	1,000.00	0.00
					Total	633.18	633.18	5,366.82	6,000.00	0.00



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Osborne County Total 237		Indemnity	0.00	89,853.19	0.00	89,853.19	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	596.07	186,643.47	4,403.93	191,047.40	0.00	0.00
	Legal	0.00	1,508.50	0.00	1,508.50	0.00	0.00
	Other	37.11	24,802.25	962.89	25,765.14	0.00	0.00
	Total	633.18	302,807.41	5,366.82	308,174.23	0.00	0.00

ORG1 DESC : Ottawa 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 213							
			Indemnity		0.00	103,722.72	0.00	103,722.72	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		0.00	228,006.33	0.00	228,006.33	0.00
			Legal		0.00	5,853.52	0.00	5,853.52	0.00
			Other		0.00	30,847.37	0.00	30,847.37	(31,291.15)
			Total		0.00	368,429.94	0.00	368,429.94	(31,291.15)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
		Open Total 4							
			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		1,183.40	35,598.82	9,501.18	45,100.00	0.00
			Legal		0.00	0.00	600.00	600.00	0.00
			Other		89.06	3,177.82	3,802.18	6,980.00	0.00
			Total		1,272.46	44,562.09	23,828.91	68,391.00	0.00



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Ottawa County Total 217	Indemnity	0.00	109,508.17	9,925.55	119,433.72	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,183.40	263,605.15	9,501.18	273,106.33	0.00
	Legal	0.00	5,853.52	600.00	6,453.52	0.00
	Other	89.06	34,025.19	3,802.18	37,827.37	(31,291.15)
	Total	1,272.46	412,992.03	23,828.91	436,820.94	(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
Closed Total 184									
			Indemnity		0.00	65,554.37	0.00	65,554.37	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		0.00	176,434.94	0.00	176,434.94	0.00
			Legal		0.00	505.00	0.00	505.00	0.00
			Other		9.50	9,308.90	0.00	9,308.90	(5,743.63)
			Total		9.50	251,803.21	0.00	251,803.21	(5,743.63)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Open Total 2									
			Indemnity		1,780.80	340,172.37	217,731.13	557,903.50	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		0.00	84,388.06	24,583.94	108,972.00	0.00
			Legal		0.00	1,438.75	12,211.25	13,650.00	0.00
			Other		0.00	13,092.15	4,402.85	17,495.00	0.00
			Total		1,780.80	439,091.33	258,929.17	698,020.50	0.00



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Pawnee County Total 186	Indemnity	1,780.80	405,726.74	217,731.13	623,457.87	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	260,823.00	24,583.94	285,406.94	0.00
	Legal	0.00	1,943.75	12,211.25	14,155.00	0.00
	Other	9.50	22,401.05	4,402.85	26,803.90	(5,743.63)
	Total	1,790.30	690,894.54	258,929.17	949,823.71	(5,743.63)

ORG1 DESC : Phillips 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 148	Indemnity	0.00	421,432.14	0.00	421,432.14	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	479,378.75	0.00	479,378.75	(38,473.40)
					Legal	0.00	2,588.10	0.00	2,588.10	0.00
					Other	0.00	114,274.38	0.00	114,274.38	(291.80)
					Total	0.00	1,017,673.37	0.00	1,017,673.37	(38,765.20)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	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	491.52	2,801.96	3,293.48	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	75.68	1,544.69	9,955.31	11,500.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	16.17	140.49	2,859.51	3,000.00	0.00
					Total	91.85	2,176.70	16,216.78	18,393.48	0.00



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Phillips County Total 152	Indemnity	0.00	421,923.66	2,801.96	424,725.62	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	75.68	480,923.44	9,955.31	490,878.75	(38,473.40)
	Legal	0.00	2,588.10	600.00	3,188.10	0.00
	Other	16.17	114,414.87	2,859.51	117,274.38	(291.80)
	Total	91.85	1,019,850.07	16,216.78	1,036,066.85	(38,765.20)

ORG1 DESC : Pottawatomie 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 587					Indemnity	0.00	661,677.35	0.00	661,677.35	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	922,628.22	0.00	922,628.22	(36,729.38)
					Legal	0.00	28,671.59	0.00	28,671.59	(197.00)
					Other	0.00	87,765.24	0.00	87,765.24	(72,608.23)
					Total	0.00	1,700,742.40	0.00	1,700,742.40	(109,534.61)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 4					Indemnity	0.00	128,441.12	578.88	129,020.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,817.97	107,161.37	25,727.39	132,888.76	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	152.19	18,524.92	5,675.08	24,200.00	(500.00)
					Total	2,970.16	254,127.41	31,981.35	286,108.76	(500.00)

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Re-Open Total 3	Indemnity	60,000.00	100,159.36	0.00	100,159.36	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	37.00	77,976.37	20,023.63	98,000.00	(500.00)
					Legal	252.40	252.40	13,747.60	14,000.00	0.00
					Other	31.40	5,882.97	5,117.03	11,000.00	0.00
					Total	60,320.80	184,271.10	38,888.26	223,159.36	(500.00)
				Pottawatomie County Total 594	Indemnity	60,000.00	890,277.83	578.88	890,856.71	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,854.97	1,107,765.96	45,751.02	1,153,516.98	(37,229.38)
					Legal	252.40	28,923.99	13,747.60	42,671.59	(197.00)
					Other	183.59	112,173.13	10,792.11	122,965.24	(73,108.23)
					Total	63,290.96	2,139,140.91	70,869.61	2,210,010.52	(110,534.61)

ORG1 DESC : Pratt County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

ORG1 DESC : Public Wholesale Water Supply District No 11

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 1	Indemnity	0.00	3,712.50	0.00	3,712.50	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	1,473.64	0.00	1,473.64	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	523.53	0.00	523.53	0.00
					Total	0.00	5,709.67	0.00	5,709.67	0.00
				Public Wholesale Water Supply District No 11 Total 1	Indemnity	0.00	3,712.50	0.00	3,712.50	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	1,473.64	0.00	1,473.64	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	523.53	0.00	523.53	0.00
					Total	0.00	5,709.67	0.00	5,709.67	0.00

ORG1 DESC : Rawlins County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

CLAIMANT STATUS DESC : Open



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	100.40	100.40	1,299.60	1,400.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	9.50	9.50	190.50	200.00	0.00
					Total	109.90	109.90	1,490.10	1,600.00	0.00
				Rawlins County Total 90	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	100.40	189,069.92	1,299.60	190,369.52	0.00
					Legal	0.00	1,415.00	0.00	1,415.00	0.00
					Other	9.50	9,421.22	190.50	9,611.72	(825.25)
					Total	109.90	233,453.21	1,490.10	234,943.31	(825.25)

ORG1 DESC : Reno County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 1758	Indemnity	0.00	2,896,883.98	0.00	2,896,883.98	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	5,066,477.54	0.00	5,066,477.54	(640.30)
					Legal	6,978.50	33,694.48	0.00	33,694.48	0.00
					Other	0.00	601,350.33	0.00	601,350.33	(2,326,633.54)
					Total	6,978.50	8,598,406.33	0.00	8,598,406.33	(2,327,273.84)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

Open Total 33	Indemnity	317.29	244,606.69	103,613.10	348,219.79	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	9,890.84	567,672.85	176,504.88	744,177.73	0.00
	Legal	0.00	3,421.30	23,578.70	27,000.00	0.00
	Other	1,946.49	56,883.44	34,574.19	91,457.63	0.00
	Total	12,154.62	872,584.28	338,270.87	1,210,855.15	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 3										
					Indemnity	0.00	60,207.51	74,521.31	134,728.82	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,141.12	258,662.05	63,286.83	321,948.88	(26,307.26)
					Legal	0.00	3,231.60	7,868.40	11,100.00	0.00
					Other	126.98	31,795.63	9,094.37	40,890.00	(21,398.16)
					Total	1,268.10	353,896.79	154,770.91	508,667.70	(47,705.42)
Reno County Total 1794										
					Indemnity	317.29	3,201,698.18	178,134.41	3,379,832.59	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	11,031.96	5,892,812.44	239,791.71	6,132,604.15	(26,947.56)
					Legal	6,978.50	40,347.38	31,447.10	71,794.48	0.00
					Other	2,073.47	690,029.40	43,668.56	733,697.96	(2,348,031.70)
					Total	20,401.22	9,824,887.40	493,041.78	10,317,929.18	(2,374,979.26)

ORG1 DESC : Republic County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

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	0.00	358,217.80	0.00	358,217.80	0.00
	Legal	0.00	2,833.70	0.00	2,833.70	0.00
	Other	0.00	41,525.03	0.00	41,525.03	(10,186.58)
	Total	0.00	569,505.20	0.00	569,505.20	(10,186.58)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 1					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	11,887.61	65,857.40	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	2,458.21	5,041.79	7,500.00	0.00
					Total	0.00	76,048.29	16,929.40	92,977.69	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 1					Indemnity	0.00	1,608.11	8,000.00	9,608.11	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	235.09	26,769.58	3,981.41	30,750.99	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	9.50	589.94	4,684.17	5,274.11	0.00
					Total	244.59	28,967.63	16,665.58	45,633.21	0.00



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Republic County Total 228	Indemnity	0.00	188,157.07	8,000.00	196,157.07	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	235.09	438,957.17	15,869.02	454,826.19	0.00
	Legal	0.00	2,833.70	0.00	2,833.70	0.00
	Other	9.50	44,573.18	9,725.96	54,299.14	(10,186.58)
	Total	244.59	674,521.12	33,594.98	708,116.10	(10,186.58)

ORG1 DESC : Rice County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 106					Indemnity	0.00	234,569.28	0.00	234,569.28	(802.34)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	295.03	393,853.97	0.00	393,853.97	(29,007.75)
					Legal	0.00	8,210.60	0.00	8,210.60	0.00
					Other	23.19	45,131.15	0.00	45,131.15	(23,763.43)
					Total	318.22	681,765.00	0.00	681,765.00	(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	2,186.30	43,737.49	13,678.89	57,416.38	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	3,180.35	236,239.73	47,410.27	283,650.00	(2,000.00)
					Legal	0.00	1,042.50	457.50	1,500.00	0.00
					Other	4,015.71	25,775.35	17,269.65	43,045.00	0.00
					Total	9,382.36	306,795.07	78,816.31	385,611.38	(2,000.00)



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Rice County Total 113	Indemnity	2,186.30	278,306.77	13,678.89	291,985.66	(802.34)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,475.38	630,093.70	47,410.27	677,503.97	(31,007.75)
	Legal	0.00	9,253.10	457.50	9,710.60	0.00
	Other	4,038.90	70,906.50	17,269.65	88,176.15	(23,763.43)
	Total	9,700.58	988,560.07	78,816.31	1,067,376.38	(55,573.52)

ORG1 DESC : Rooks County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Open Total 1					Indemnity	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	1,001.04	1,498.96	2,500.00
					Legal	0.00	0.00	0.00	0.00
					Other	0.00	61.74	438.26	500.00
					Total	0.00	1,062.78	1,937.22	3,000.00



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Rooks County Total 3		Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	4,784.51	1,498.96	6,283.47	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	414.54	438.26	852.80	0.00	0.00
	Total	0.00	5,199.05	1,937.22	7,136.27	0.00	0.00

ORG1 DESC : Rush County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
		Closed Total 114			Indemnity	0.00	199,802.92	0.00	199,802.92	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	75.68	593,224.16	0.00	593,224.16	0.00
					Legal	0.00	2,003.00	0.00	2,003.00	0.00
					Other	20.96	28,397.50	0.00	28,397.50	0.00
					Total	96.64	823,427.58	0.00	823,427.58	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
		Open Total 4			Indemnity	10,358.01	14,228.91	29,785.00	44,013.91	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,954.81	65,762.50	24,737.50	90,500.00	0.00
					Legal	0.00	0.00	1,800.00	1,800.00	0.00
					Other	52.58	10,240.97	7,259.03	17,500.00	0.00
					Total	13,365.40	90,232.38	63,581.53	153,813.91	0.00



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Rush County Total 118	Indemnity	10,358.01	214,031.83	29,785.00	243,816.83	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,030.49	658,986.66	24,737.50	683,724.16	0.00
	Legal	0.00	2,003.00	1,800.00	3,803.00	0.00
	Other	73.54	38,638.47	7,259.03	45,897.50	0.00
	Total	13,462.04	913,659.96	63,581.53	977,241.49	0.00

ORG1 DESC : Russell County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 268					Indemnity	0.00	223,154.90	0.00	223,154.90	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	404,709.52	0.00	404,709.52	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	40,549.28	0.00	40,549.28	(16,491.48)
					Total	0.00	668,413.70	0.00	668,413.70	(16,491.48)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 2					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,054.47	1,305.37	4,694.63	6,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	137.15	157.58	1,042.42	1,200.00	0.00
					Total	1,191.62	1,462.95	5,737.05	7,200.00	0.00



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Russell County Total 270		Indemnity	0.00	223,154.90	0.00	223,154.90	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	1,054.47	406,014.89	4,694.63	410,709.52	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	137.15	40,706.86	1,042.42	41,749.28	(16,491.48)	
	Total	1,191.62	669,876.65	5,737.05	675,613.70	(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 1234			Indemnity	0.00	866,794.87	0.00	866,794.87
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	1,315,179.68	(9.00)	1,315,170.68
					Legal	0.00	24,454.17	0.00	24,454.17
					Other	0.00	185,854.87	0.00	185,854.87
					Total	0.00	2,392,283.59	(9.00)	2,392,274.59

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 20			Indemnity	0.00	6,154.27	7,635.27	13,789.54
					Rehab	0.00	0.00	0.00	0.00
					Medical	1,433.98	93,256.49	88,323.70	181,580.19
					Legal	0.00	0.00	0.00	0.00
					Other	157.41	27,609.00	14,116.30	41,725.30
					Total	1,591.39	127,019.76	110,075.27	237,095.03

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

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	43,315.77	1,000.00	44,315.77	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	74,904.37	2,508.45	77,412.82	0.00
					Legal	0.00	142.00	458.00	600.00	0.00
					Other	0.00	2,554.19	1,500.00	4,054.19	0.00
					Total	0.00	120,916.33	5,466.45	126,382.78	0.00
				Saline County Total 1255	Indemnity	0.00	916,264.91	8,635.27	924,900.18	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,433.98	1,483,340.54	90,823.15	1,574,163.69	(9,808.31)
					Legal	0.00	24,596.17	458.00	25,054.17	(5,380.82)
					Other	157.41	216,018.06	15,616.30	231,634.36	(67,682.97)
					Total	1,591.39	2,640,219.68	115,532.72	2,755,752.40	(82,872.10)

ORG1 DESC : Scott County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				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 : 11/01/2023 - 11/30/2023

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

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

ORG1 DESC : Sheridan County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 158					0.00	495,927.96	0.00	495,927.96	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	447,381.95	0.00	447,381.95	0.00
					0.00	1,663.50	0.00	1,663.50	0.00
					0.00	31,681.59	0.00	31,681.59	0.00
Total					0.00	976,655.00	0.00	976,655.00	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

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	904.31	5,095.69	6,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	32.60	1,167.40	1,200.00	0.00
	Total	0.00	936.91	6,263.09	7,200.00	0.00
Sheridan County Total 160	Indemnity	0.00	495,927.96	0.00	495,927.96	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	448,286.26	5,095.69	453,381.95	0.00
	Legal	0.00	1,663.50	0.00	1,663.50	0.00
	Other	0.00	31,714.19	1,167.40	32,881.59	0.00
	Total	0.00	977,591.91	6,263.09	983,855.00	0.00

ORG1 DESC : Sherman County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed 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	12.00	350,423.83	0.00	350,423.83	0.00
					Legal	0.00	25,808.23	0.00	25,808.23	0.00
					Other	9.50	20,605.99	0.00	20,605.99	0.00
					Total	21.50	492,114.24	0.00	492,114.24	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 : 11/01/2023 - 11/30/2023

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	250.05	250.05	2,249.95	2,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	99.52	99.52	400.48	500.00	0.00
	Total	349.57	349.57	2,650.43	3,000.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

Sherman County Total 148	Indemnity	0.00	95,276.19	0.00	95,276.19	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	262.05	353,424.17	2,999.66	356,423.83	0.00
	Legal	0.00	25,808.23	0.00	25,808.23	0.00
	Other	109.02	20,851.36	954.63	21,805.99	0.00
	Total	371.07	495,359.95	3,954.29	499,314.24	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 : 11/01/2023 - 11/30/2023

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	287,995.06	0.00	287,995.06	(8,186.50)
		Legal	0.00	15,452.71	0.00	15,452.71	0.00
		Other	0.00	24,603.08	0.00	24,603.08	0.00
		Total	0.00	562,096.54	0.00	562,096.54	(12,000.00)
Smith County Total 97		Indemnity	0.00	234,045.69	0.00	234,045.69	(3,813.50)
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	287,995.06	0.00	287,995.06	(8,186.50)
		Legal	0.00	15,452.71	0.00	15,452.71	0.00
		Other	0.00	24,603.08	0.00	24,603.08	0.00
		Total	0.00	562,096.54	0.00	562,096.54	(12,000.00)

ORG1 DESC : Stafford County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 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		90.00	140,513.13	0.00	140,513.13	0.00
			Legal		0.00	7,061.27	0.00	7,061.27	0.00
			Other		14.20	4,517.12	0.00	4,517.12	0.00
			Total		104.20	236,312.66	0.00	236,312.66	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		90.00	140,513.13	0.00	140,513.13	0.00
			Legal		0.00	7,061.27	0.00	7,061.27	0.00
			Other		14.20	4,517.12	0.00	4,517.12	0.00
			Total		104.20	236,312.66	0.00	236,312.66	0.00

ORG1 DESC : Stanton County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 101	Indemnity	0.00	209,346.63	0.00	209,346.63	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	395,677.38	0.00	395,677.38	0.00
					Legal	0.00	882.00	0.00	882.00	0.00
					Other	0.00	22,758.24	0.00	22,758.24	(5,990.28)
					Total	0.00	628,664.25	0.00	628,664.25	(5,990.28)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 5	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	438.43	438.43	9,561.57	10,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	40.27	40.27	1,959.73	2,000.00	0.00
					Total	478.70	478.70	11,521.30	12,000.00	0.00

				Stanton County Total 106	Indemnity	0.00	209,346.63	0.00	209,346.63	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	438.43	396,115.81	9,561.57	405,677.38	0.00
					Legal	0.00	882.00	0.00	882.00	0.00
					Other	40.27	22,798.51	1,959.73	24,758.24	(5,990.28)
					Total	478.70	629,142.95	11,521.30	640,664.25	(5,990.28)

ORG1 DESC : Stevens County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

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

ORG1 DESC : Sumner County
CLAIMANT STATUS DESC : Closed



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Insurer: Kansas Workers Risk Cooperative for Counties

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

Open Total 8	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	0.00	13,200.00	13,200.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	2,600.00	2,600.00	0.00
	Total	0.00	0.00	15,800.00	15,800.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Re-Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	10.51	4,956.80	2,043.20	7,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	24.19	1,404.26	595.74	2,000.00	0.00
	Total	34.70	6,361.06	2,638.94	9,000.00	0.00

Thomas County Total 247	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	10.51	334,548.88	15,243.20	349,792.08	0.00
	Legal	0.00	784.00	0.00	784.00	0.00
	Other	24.19	25,376.40	3,195.74	28,572.14	(2,355.43)
	Total	34.70	526,376.14	18,438.94	544,815.08	(2,355.43)

ORG1 DESC : Trego County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 3	Indemnity	0.00	0.00	15,000.00	15,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,024.48	2,170.16	14,029.84	16,200.00	0.00
	Legal	0.00	0.00	9,000.00	9,000.00	0.00
	Other	181.02	341.24	3,258.76	3,600.00	0.00
	Total	1,205.50	2,511.40	41,288.60	43,800.00	0.00

Trego County Total 122	Indemnity	0.00	81,541.12	15,000.00	96,541.12	(1,403.88)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,024.48	244,856.62	14,029.84	258,886.46	(2,835.19)
	Legal	0.00	976.00	9,000.00	9,976.00	0.00
	Other	181.02	14,345.02	3,258.76	17,603.78	(515.12)
	Total	1,205.50	341,718.76	41,288.60	383,007.36	(4,754.19)

ORG1 DESC : Wabaunsee County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

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	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

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

ORG1 DESC : Wallace County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	183.18	183.18	2,316.82	2,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	12.08	12.08	487.92	500.00	0.00
					Total	195.26	195.26	2,804.74	3,000.00	0.00

				Wallace County Total 85	Indemnity	0.00	34,338.97	0.00	34,338.97	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	183.18	153,200.85	2,316.82	155,517.67	0.00
					Legal	0.00	424.50	0.00	424.50	0.00
					Other	12.08	5,691.44	487.92	6,179.36	0.00
					Total	195.26	193,655.76	2,804.74	196,460.50	0.00

ORG1 DESC : Wichita County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 11/01/2023 - 11/30/2023

Closed Total 78		Indemnity	0.00	389,769.08	0.00	389,769.08	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	90,812.55	0.00	90,812.55	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	32,951.61	0.00	32,951.61	(12,500.00)
Total			0.00	513,533.24	0.00	513,533.24	(12,500.00)

Wichita County Total 78		Indemnity	0.00	389,769.08	0.00	389,769.08	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	90,812.55	0.00	90,812.55	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	32,951.61	0.00	32,951.61	(12,500.00)
Total			0.00	513,533.24	0.00	513,533.24	(12,500.00)

ORG1 DESC : Woodson County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 39					0.00	25,084.42	0.00	25,084.42	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	49,746.19	0.00	49,746.19	0.00
					0.00	984.00	0.00	984.00	0.00
					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	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

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	0.00	1,258.30	5,441.70	6,700.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	19.00	1,281.00	1,300.00	0.00
		Total	0.00	1,277.30	6,722.70	8,000.00	0.00
Woodson County Total 42		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	51,004.49	5,441.70	56,446.19	0.00
		Legal	0.00	984.00	0.00	984.00	0.00
		Other	0.00	3,348.52	1,281.00	4,629.52	0.00
		Total	0.00	80,421.43	6,722.70	87,144.13	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
Closed Total 1									
		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		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
Total 1		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		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



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

Kansas Workers Risk Cooperative for Counties Total 21695	Indemnity	107,397.90	32,313,983.86	2,775,100.80	35,089,084.66	(51,121.92)
	Rehab	0.00	573.00	2,500.00	3,073.00	0.00
	Medical	248,324.21	53,242,098.53	3,495,168.86	56,737,267.39	(966,062.66)
	Legal	54,872.40	1,017,130.48	414,429.07	1,431,559.55	(11,597.99)
	Other	(1,121.48)	5,439,342.16	695,043.57	6,134,385.73	(3,956,045.40)
	Total	409,473.03	92,013,128.03	7,382,842.30	99,395,970.33	(4,984,827.97)
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Grand Total: 21695	Indemnity	107,397.90	32,313,983.86	2,775,100.80	35,089,084.66	(51,121.92)
	Rehab	0.00	573.00	2,500.00	3,073.00	0.00
	Medical	248,324.21	53,242,098.53	3,495,168.86	56,737,267.39	(966,062.66)
	Legal	54,872.40	1,017,130.48	414,429.07	1,431,559.55	(11,597.99)
	Other	(1,121.48)	5,439,342.16	695,043.57	6,134,385.73	(3,956,045.40)
	Total	409,473.03	92,013,128.03	7,382,842.30	99,395,970.33	(4,984,827.97)



Claim Summary - Workers Compensation

PERIOD : 11/01/2023 - 11/30/2023

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)