



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

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 54					
				Indemnity	0.00	32,308.26	0.00	32,308.26	(2,000.00)
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	0.00	153,949.39	0.00	153,949.39	(18,272.78)
				Legal	0.00	16,451.72	0.00	16,451.72	0.00
				Other	0.00	7,275.70	0.00	7,275.70	(12,214.66)
				Total	0.00	209,985.07	0.00	209,985.07	(32,487.44)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
				Open Total 8					
				Indemnity	1,451.54	26,964.74	90,128.96	117,093.70	0.00
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	527.44	82,002.79	115,097.21	197,100.00	(2,000.00)
				Legal	0.00	7,903.55	15,146.45	23,050.00	0.00
				Other	164.64	4,393.30	19,196.70	23,590.00	0.00
				Total	2,143.62	121,264.38	239,569.32	360,833.70	(2,000.00)

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

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	6,906.06	46,049.00	5,401.00	51,450.00	(1,000.00)	
	Legal	0.00	1,230.80	7,869.20	9,100.00	0.00	
	Other	1,972.50	3,172.98	5,707.02	8,880.00	0.00	
Total		8,878.56	57,128.26	40,211.63	97,339.89	(1,000.00)	

Allen County Total 63		Indemnity	1,451.54	65,948.48	111,363.37	177,311.85	(2,000.00)
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	7,433.50	282,001.18	120,498.21	402,499.39	(21,272.78)	
	Legal	0.00	25,586.07	23,015.65	48,601.72	0.00	
	Other	2,137.14	14,841.98	24,903.72	39,745.70	(12,214.66)	
Total		11,022.18	388,377.71	279,780.95	668,158.66	(35,487.44)	

ORG1 DESC : Anderson County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 200					0.00	670,348.73	0.00	670,348.73	0.00
	Rehab				0.00	573.00	0.00	573.00	0.00
	Medical				0.00	807,987.29	0.00	807,987.29	0.00
	Legal				0.00	13,807.30	0.00	13,807.30	0.00
	Other				0.00	58,015.21	0.00	58,015.21	(3,864.70)
Total					0.00	1,550,731.53	0.00	1,550,731.53	(3,864.70)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

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

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

Anderson County Total 203	Indemnity	0.00	723,615.47	24,733.18	748,348.65	0.00
	Rehab	0.00	573.00	0.00	573.00	0.00
	Medical	0.00	973,441.48	27,000.00	1,000,441.48	0.00
	Legal	0.00	13,807.30	4,700.00	18,507.30	0.00
	Other	0.00	71,317.03	7,389.54	78,706.57	(3,864.70)
	Total	0.00	1,782,754.28	63,822.72	1,846,577.00	(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 : 06/01/2023 - 06/30/2023

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 4	Indemnity	0.00	41,114.97	0.00	41,114.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	566.87	33,717.83	12,782.17	46,500.00	0.00
	Legal	0.00	822.05	8,677.95	9,500.00	0.00
	Other	31.99	1,206.44	4,206.06	5,412.50	0.00
	Total	598.86	76,861.29	25,666.18	102,527.47	0.00

Barber County Total 272	Indemnity	0.00	263,196.56	0.00	263,196.56	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	566.87	390,607.74	12,782.17	403,389.91	0.00
	Legal	0.00	4,426.40	8,677.95	13,104.35	0.00
	Other	31.99	31,090.57	4,206.06	35,296.63	(2,201.73)
	Total	598.86	689,321.27	25,666.18	714,987.45	(2,201.73)

ORG1 DESC : Bourbon County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

Closed Total 295	Indemnity	0.00	377,333.93	0.00	377,333.93	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	726,420.79	0.00	726,420.79	(14,648.00)
	Legal	0.00	14,357.35	0.00	14,357.35	(5,986.67)
	Other	0.00	95,007.27	0.00	95,007.27	(124,733.70)
	Total	0.00	1,213,119.34	0.00	1,213,119.34	(145,368.37)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 7					Indemnity	0.00	181,902.52	205,470.29	387,372.81	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	10,892.41	210,510.55	555,739.45	766,250.00	(258.82)
					Legal	0.00	8,611.15	29,838.85	38,450.00	0.00
					Other	1,017.66	65,150.38	104,274.62	169,425.00	(28,149.84)
					Total	11,910.07	466,174.60	895,323.21	1,361,497.81	(28,408.66)

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	2,175.92	0.00	2,175.92	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	13,080.76	3,850.00	16,930.76	0.00
					Legal	0.00	492.00	0.00	492.00	0.00
					Other	0.00	1,144.42	0.00	1,144.42	0.00
					Total	0.00	16,893.10	3,850.00	20,743.10	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Bourbon County Total 303	Indemnity	0.00	561,412.37	205,470.29	766,882.66	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	10,892.41	950,012.10	559,589.45	1,509,601.55	(14,906.82)
	Legal	0.00	23,460.50	29,838.85	53,299.35	(5,986.67)
	Other	1,017.66	161,302.07	104,274.62	265,576.69	(152,883.54)
	Total	11,910.07	1,696,187.04	899,173.21	2,595,360.25	(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	
				Closed Total 87	Indemnity	0.00	254,143.69	0.00	254,143.69	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	364,854.17	0.00	364,854.17	0.00
					Legal	0.00	9,293.80	0.00	9,293.80	0.00
					Other	0.00	23,605.55	0.00	23,605.55	(944.56)
					Total	0.00	651,897.21	0.00	651,897.21	(944.56)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 4	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	352.01	2,839.31	9,160.69	12,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	207.76	353.83	2,046.17	2,400.00	0.00
					Total	559.77	3,193.14	11,206.86	14,400.00	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Brown County Total 91	Indemnity	0.00	254,143.69	0.00	254,143.69	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	352.01	367,693.48	9,160.69	376,854.17	0.00
	Legal	0.00	9,293.80	0.00	9,293.80	0.00
	Other	207.76	23,959.38	2,046.17	26,005.55	(944.56)
	Total	559.77	655,090.35	11,206.86	666,297.21	(944.56)

ORG1 DESC : Butler County
CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

ORG1 DESC : Chase 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 : 06/01/2023 - 06/30/2023

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 6	Indemnity	377.42	1,700.18	26,395.70	28,095.88	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,711.89	29,947.60	36,002.40	65,950.00	0.00
	Legal	0.00	488.70	8,011.30	8,500.00	0.00
	Other	57.63	1,439.87	10,022.63	11,462.50	0.00
	Total	4,146.94	33,576.35	80,432.03	114,008.38	0.00

Chase County Total 25	Indemnity	377.42	1,700.18	26,395.70	28,095.88	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,711.89	41,022.82	36,002.40	77,025.22	0.00
	Legal	0.00	488.70	8,011.30	8,500.00	0.00
	Other	57.63	1,956.09	10,022.63	11,978.72	0.00
	Total	4,146.94	45,167.79	80,432.03	125,599.82	0.00

ORG1 DESC : Chautauqua County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 3	Indemnity	0.00	0.00	655.65	655.65	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	323.19	2,639.53	5,860.47	8,500.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	310.66	485.98	1,214.02	1,700.00	0.00
	Total	633.85	3,125.51	8,330.14	11,455.65	0.00

Chautauqua County Total 97	Indemnity	0.00	236,530.32	655.65	237,185.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	323.19	446,808.12	5,860.47	452,668.59	0.00
	Legal	0.00	1,528.00	600.00	2,128.00	0.00
	Other	310.66	43,427.31	1,214.02	44,641.33	(11,977.87)
	Total	633.85	728,293.75	8,330.14	736,623.89	(11,977.87)

ORG1 DESC : Cherokee County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

Closed Total 414	Indemnity	0.00	954,640.23	0.00	954,640.23	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,174,885.95	0.00	1,174,885.95	0.00
	Legal	0.00	50,183.82	0.00	50,183.82	0.00
	Other	0.00	100,659.83	0.00	100,659.83	(33,794.04)
	Total	0.00	2,280,369.83	0.00	2,280,369.83	(33,794.04)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 8					Indemnity	57,037.93	169,769.60	76,537.66	246,307.26	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	3,239.52	255,135.12	79,363.26	334,498.38	0.00
					Legal	0.00	2,340.94	18,909.06	21,250.00	0.00
					Other	275.54	35,872.89	14,336.48	50,209.37	0.00
					Total	60,552.99	463,118.55	189,146.46	652,265.01	0.00
Cherokee County Total 422					Indemnity	57,037.93	1,124,409.83	76,537.66	1,200,947.49	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	3,239.52	1,430,021.07	79,363.26	1,509,384.33	0.00
					Legal	0.00	52,524.76	18,909.06	71,433.82	0.00
					Other	275.54	136,532.72	14,336.48	150,869.20	(33,794.04)
					Total	60,552.99	2,743,488.38	189,146.46	2,932,634.84	(33,794.04)

ORG1 DESC : Cheyenne County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

Closed Total 34	Indemnity	0.00	2,617.62	0.00	2,617.62	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	66,826.70	0.00	66,826.70	0.00
	Legal	0.00	392.00	0.00	392.00	0.00
	Other	0.00	941.91	0.00	941.91	0.00
	Total	0.00	70,778.23	0.00	70,778.23	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 2	Indemnity	0.00	5,000.00	0.00	5,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	8,312.43	4,387.57	12,700.00	0.00
	Legal	0.00	1,104.25	10,188.00	11,292.25	0.00
	Other	0.00	400.47	1,449.53	1,850.00	0.00
	Total	0.00	14,817.15	16,025.10	30,842.25	0.00

Cheyenne County Total 36	Indemnity	0.00	7,617.62	0.00	7,617.62	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	75,139.13	4,387.57	79,526.70	0.00
	Legal	0.00	1,496.25	10,188.00	11,684.25	0.00
	Other	0.00	1,342.38	1,449.53	2,791.91	0.00
	Total	0.00	85,595.38	16,025.10	101,620.48	0.00

ORG1 DESC : Clark County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 2	Indemnity	0.00	0.00	40,000.00	40,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	218.50	103,181.34	63,818.66	167,000.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	9.00	14,597.46	6,102.54	20,700.00	0.00
	Total	227.50	117,778.80	110,521.20	228,300.00	0.00

Clark County Total 27	Indemnity	0.00	12,659.85	40,000.00	52,659.85	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	218.50	164,757.01	63,818.66	228,575.67	(3,474.33)
	Legal	0.00	511.50	600.00	1,111.50	0.00
	Other	9.00	22,794.89	6,102.54	28,897.43	0.00
	Total	227.50	200,723.25	110,521.20	311,244.45	(3,474.33)

ORG1 DESC : Clay County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

Closed Total 270	Indemnity	0.00	184,463.53	0.00	184,463.53	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	505,177.26	0.00	505,177.26	(14,587.26)
	Legal	0.00	6,952.00	0.00	6,952.00	0.00
	Other	0.00	59,356.03	0.00	59,356.03	(25,079.92)
	Total	0.00	755,948.82	0.00	755,948.82	(39,667.18)

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 5					Indemnity	0.00	8,965.36	46,955.18	55,920.54	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	3,090.10	117,256.30	129,493.70	246,750.00	(500.00)
					Legal	492.00	492.00	708.00	1,200.00	0.00
					Other	18.00	12,582.54	16,117.46	28,700.00	0.00
					Total	3,600.10	139,296.20	193,274.34	332,570.54	(500.00)

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 2					Indemnity	0.00	95,276.30	0.00	95,276.30	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	189,499.96	35,202.21	224,702.17	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	19,114.98	1,385.02	20,500.00	0.00
					Total	0.00	303,891.24	36,587.23	340,478.47	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Clay County Total 277	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	3,090.10	811,933.52	164,695.91	976,629.43	(15,087.26)
	Legal	492.00	7,444.00	708.00	8,152.00	0.00
	Other	18.00	91,053.55	17,502.48	108,556.03	(25,079.92)
	Total	3,600.10	1,199,136.26	229,861.57	1,428,997.83	(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	
Closed Total 403					Indemnity	0.00	391,018.68	0.00	391,018.68	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	425.88	368,577.75	0.00	368,577.75	(4,807.87)
					Legal	0.00	1,376.00	0.00	1,376.00	0.00
					Other	22.80	31,132.85	0.00	31,132.85	(2,972.65)
					Total	448.68	792,105.28	0.00	792,105.28	(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	
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	40.56	11,712.50	9,287.50	21,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	12.11	997.83	3,202.17	4,200.00	0.00
					Total	52.67	12,710.33	12,489.67	25,200.00	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Cloud County Total 407	Indemnity	0.00	391,018.68	0.00	391,018.68	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	466.44	380,290.25	9,287.50	389,577.75	(4,807.87)
	Legal	0.00	1,376.00	0.00	1,376.00	0.00
	Other	34.91	32,130.68	3,202.17	35,332.85	(2,972.65)
	Total	501.35	804,815.61	12,489.67	817,305.28	(7,780.52)

ORG1 DESC : Comanche County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

ORG1 DESC : Comanche Hospital
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

ORG1 DESC : Cowley County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

Closed Total 181	Indemnity	0.00	143,546.07	0.00	143,546.07	(500.00)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	226,428.35	0.00	226,428.35	(37,169.77)
	Legal	0.00	10,421.50	0.00	10,421.50	0.00
	Other	0.00	43,540.71	0.00	43,540.71	(15,139.56)
	Total	0.00	423,936.63	0.00	423,936.63	(52,809.33)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 8	Indemnity	20,000.00	20,000.00	60,476.20	80,476.20	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	550.00	147,163.93	45,786.07	192,950.00	(1,000.00)
					Legal	0.00	0.00	11,200.00	11,200.00	0.00
					Other	0.00	23,722.22	12,865.28	36,587.50	0.00
					Total	20,550.00	190,886.15	130,327.55	321,213.70	(1,000.00)
				Cowley County Total 189	Indemnity	20,000.00	163,546.07	60,476.20	224,022.27	(500.00)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	550.00	373,592.28	45,786.07	419,378.35	(38,169.77)
					Legal	0.00	10,421.50	11,200.00	21,621.50	0.00
					Other	0.00	67,262.93	12,865.28	80,128.21	(15,139.56)
					Total	20,550.00	614,822.78	130,327.55	745,150.33	(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 : 06/01/2023 - 06/30/2023

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 158									
		Indemnity	0.00		197,287.62	0.00		197,287.62	0.00
		Rehab	0.00		0.00	0.00		0.00	0.00
		Medical	0.00		275,193.33	0.00		275,193.33	0.00
		Legal	0.00		4,956.45	0.00		4,956.45	0.00
		Other	0.00		32,486.97	0.00		32,486.97	(25,000.00)
		Total	0.00		509,924.37	0.00		509,924.37	(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 : 06/01/2023 - 06/30/2023

Open Total 3		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	0.00
	Medical	2,652.56	67,704.29	200,995.71	268,700.00	0.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00	0.00
	Other	109.61	4,642.57	43,857.43	48,500.00	0.00	0.00
Total		2,762.17	73,685.26	264,114.74	337,800.00	0.00	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	0.00
	Medical	2,652.56	342,897.62	200,995.71	543,893.33	0.00	0.00
	Legal	0.00	4,956.45	600.00	5,556.45	0.00	0.00
	Other	109.61	37,129.54	43,857.43	80,986.97	(25,000.00)	0.00
Total		2,762.17	583,609.63	264,114.74	847,724.37	(25,000.00)	0.00

ORG1 DESC : Decatur 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 87									
					0.00	58,437.46	0.00	58,437.46	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	121,169.36	0.00	121,169.36	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	18,224.42	0.00	18,224.42	(601.91)
Total					0.00	197,831.24	0.00	197,831.24	(601.91)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Open Total 1	Indemnity	0.00	85,116.04	25,000.00	110,116.04	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	13,748.62	21,425.26	35,173.88	0.00
	Legal	0.00	0.00	10,500.00	10,500.00	0.00
	Other	0.00	21,757.38	2,836.02	24,593.40	0.00
	Total	0.00	120,622.04	59,761.28	180,383.32	0.00
Decatur Health Systems Total 88	Indemnity	0.00	143,553.50	25,000.00	168,553.50	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	134,917.98	21,425.26	156,343.24	0.00
	Legal	0.00	0.00	10,500.00	10,500.00	0.00
	Other	0.00	39,981.80	2,836.02	42,817.82	(601.91)
	Total	0.00	318,453.28	59,761.28	378,214.56	(601.91)

ORG1 DESC : Dickinson County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

Open Total 5		Indemnity	0.00	148,137.41	5,448.60	153,586.01	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	397.63	192,725.82	45,929.31	238,655.13	0.00
		Legal	0.00	14,697.05	600.00	15,297.05	0.00
		Other	42.38	13,122.12	6,957.88	20,080.00	0.00
		Total	440.01	368,682.40	58,935.79	427,618.19	0.00
Dickinson County Total 419		Indemnity	0.00	775,877.53	5,448.60	781,326.13	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	397.63	1,083,180.39	45,929.31	1,129,109.70	(3,660.76)
		Legal	0.00	21,026.30	600.00	21,626.30	0.00
		Other	42.38	75,244.67	6,957.88	82,202.55	(104,198.93)
		Total	440.01	1,955,328.89	58,935.79	2,014,264.68	(107,859.69)

ORG1 DESC : Doniphan County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

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

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

ORG1 DESC : Edwards County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

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

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

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	0.00	700.00	700.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	100.00	100.00	0.00
	Total	0.00	0.00	800.00	800.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				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	657.68	240,409.05	94,941.45	335,350.50	(70,270.55)
					Legal	0.00	100.00	8,400.00	8,500.00	0.00
					Other	36.02	17,026.94	12,098.06	29,125.00	0.00
					Total	693.70	273,008.78	130,439.51	403,448.29	(70,270.55)
				Elk County Total 131	Indemnity	0.00	418,964.15	15,000.00	433,964.15	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	657.68	656,706.96	95,641.45	752,348.41	(108,103.43)
					Legal	0.00	6,059.35	8,400.00	14,459.35	0.00
					Other	36.02	61,825.79	12,198.06	74,023.85	0.00
					Total	693.70	1,143,556.25	131,239.51	1,274,795.76	(108,103.43)

ORG1 DESC : Ellis County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 5					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	283.80	1,551.50	11,948.50	13,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	20.25	145.23	2,554.77	2,700.00	0.00
					Total	304.05	1,696.73	14,503.27	16,200.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Ellis County Total 334	Indemnity	0.00	302,510.31	0.00	302,510.31	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	283.80	682,113.63	12,575.75	694,689.38	0.00
	Legal	0.00	8,014.60	0.00	8,014.60	0.00
	Other	20.25	57,199.19	3,188.75	60,387.94	(57,317.78)
	Total	304.05	1,049,837.73	15,764.50	1,065,602.23	(57,317.78)

ORG1 DESC : Ellsworth County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 260									
					Indemnity	0.00	339,345.45	0.00	339,345.45
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	672,437.66	0.00	672,437.66
					Legal	0.00	33,667.21	0.00	33,667.21
					Other	0.00	56,740.10	0.00	56,740.10
					Total	0.00	1,102,190.42	0.00	1,102,190.42
									(166,000.00)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Open Total 3									
					Indemnity	0.00	10,728.56	0.00	10,728.56
					Rehab	0.00	0.00	0.00	0.00
					Medical	707.97	34,641.15	24,058.85	58,700.00
					Legal	7,675.50	8,605.70	2,994.30	11,600.00
					Other	14.99	7,578.93	8,211.07	15,790.00
					Total	8,398.46	61,554.34	35,264.22	96,818.56
									(22,250.83)



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Ellsworth County Total 263		Indemnity	0.00	350,074.01	0.00	350,074.01	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	707.97	707,078.81	24,058.85	731,137.66	(188,250.83)	
	Legal	7,675.50	42,272.91	2,994.30	45,267.21	0.00	
	Other	14.99	64,319.03	8,211.07	72,530.10	0.00	
	Total	8,398.46	1,163,744.76	35,264.22	1,199,008.98	(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)

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

ORG1 DESC : Finney County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Closed Total 32	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	5,161.94	0.00	5,161.94	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	901.69	0.00	901.69	0.00
	Total	0.00	6,063.63	0.00	6,063.63	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 14					Indemnity	0.00	6,120.00	50,179.66	56,299.66	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,447.88	61,961.75	52,388.25	114,350.00	0.00
					Legal	0.00	0.00	1,800.00	1,800.00	0.00
					Other	120.72	2,275.42	16,094.58	18,370.00	0.00
					Total	2,568.60	70,357.17	120,462.49	190,819.66	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 1					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	95.33	500.00	595.33	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	21.56	61.87	78.44	140.31	0.00
					Total	21.56	157.20	578.44	735.64	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Finney County Total 47	Indemnity	0.00	6,120.00	50,179.66	56,299.66	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,447.88	67,219.02	52,888.25	120,107.27	0.00
	Legal	0.00	0.00	1,800.00	1,800.00	0.00
	Other	142.28	3,238.98	16,173.02	19,412.00	0.00
	Total	2,590.16	76,578.00	121,040.93	197,618.93	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 551					Indemnity	0.00	1,057,462.06	0.00	1,057,462.06	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	937,880.29	0.00	937,880.29	(3,873.46)
					Legal	0.00	21,514.80	0.00	21,514.80	0.00
					Other	0.00	90,986.48	0.00	90,986.48	(39,155.80)
					Total	0.00	2,107,843.63	0.00	2,107,843.63	(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 16					Indemnity	3,723.31	8,444.29	126,015.71	134,460.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,784.93	219,546.80	151,753.20	371,300.00	0.00
					Legal	0.00	0.00	18,800.00	18,800.00	0.00
					Other	269.54	18,608.23	34,206.77	52,815.00	0.00
					Total	6,777.78	246,599.32	330,775.68	577,375.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Re-Open Total 2	Indemnity	0.00	0.00	2,000.00	2,000.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	512.90	5,175.50	5,688.40	0.00
					Legal	0.00	0.00	2,000.00	2,000.00	0.00
					Other	0.00	32.71	826.89	859.60	0.00
					Total	0.00	545.61	10,002.39	10,548.00	0.00
				Ford County Total 569	Indemnity	3,723.31	1,065,906.35	128,015.71	1,193,922.06	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,784.93	1,157,939.99	156,928.70	1,314,868.69	(3,873.46)
					Legal	0.00	21,514.80	20,800.00	42,314.80	0.00
					Other	269.54	109,627.42	35,033.66	144,661.08	(39,155.80)
					Total	6,777.78	2,354,988.56	340,778.07	2,695,766.63	(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 716	Indemnity	0.00	941,783.10	0.00	941,783.10	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	1,363,837.24	0.00	1,363,837.24	(17,114.66)
					Legal	0.00	41,032.45	0.00	41,032.45	0.00
					Other	0.00	148,286.12	0.00	148,286.12	(22,962.95)
					Total	0.00	2,494,938.91	0.00	2,494,938.91	(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 : 06/01/2023 - 06/30/2023

Open Total 19	Indemnity	478.57	161,521.43	125,394.85	286,916.28	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,543.88	239,663.92	103,136.08	342,800.00	0.00
	Legal	0.00	344.90	17,260.10	17,605.00	0.00
	Other	149.25	38,179.70	31,417.80	69,597.50	0.00
	Total	3,171.70	439,709.95	277,208.83	716,918.78	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	1,121.59	32,286.03	8,290.17	40,576.20	0.00
	Legal	0.00	0.00	6,500.00	6,500.00	0.00
	Other	0.00	5,209.02	3,321.00	8,530.02	0.00
	Total	1,121.59	77,275.05	31,111.17	108,386.22	0.00

Franklin County Total 737	Indemnity	478.57	1,143,084.53	138,394.85	1,281,479.38	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,665.47	1,635,787.19	111,426.25	1,747,213.44	(17,114.66)
	Legal	0.00	41,377.35	23,760.10	65,137.45	0.00
	Other	149.25	191,674.84	34,738.80	226,413.64	(22,962.95)
	Total	4,293.29	3,011,923.91	308,320.00	3,320,243.91	(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 : 06/01/2023 - 06/30/2023

Closed Total 754	Indemnity	0.00	799,971.41	0.00	799,971.41	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,344,552.38	0.00	1,344,552.38	(49,476.59)
	Legal	0.00	32,102.04	0.00	32,102.04	(33.50)
	Other	0.00	187,151.00	0.00	187,151.00	(30,701.97)
	Total	0.00	2,363,776.83	0.00	2,363,776.83	(80,212.06)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 19					Indemnity	0.00	28,681.52	0.00	28,681.52	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,205.71	33,392.38	38,104.96	71,497.34	0.00
					Legal	0.00	1,301.25	8,198.75	9,500.00	0.00
					Other	197.36	4,878.18	10,339.30	15,217.48	0.00
					Total	1,403.07	68,253.33	56,643.01	124,896.34	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Geary County Total 774	Indemnity	0.00	828,652.93	0.00	828,652.93	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,205.71	1,377,944.76	38,104.96	1,416,049.72	(49,476.59)
	Legal	0.00	33,403.29	8,198.75	41,602.04	(33.50)
	Other	197.36	192,029.18	10,339.30	202,368.48	(30,701.97)
	Total	1,403.07	2,432,030.16	56,643.01	2,488,673.17	(80,212.06)

ORG1 DESC : Gove County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 3					Indemnity	0.00	6,050.93	93,091.53	99,142.46	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	6,934.31	278,354.59	24,961.02	303,315.61	0.00
					Legal	0.00	378.80	9,771.20	10,150.00	0.00
					Other	1,717.30	26,922.75	23,152.25	50,075.00	0.00
					Total	8,651.61	311,707.07	150,976.00	462,683.07	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Gove County Total 90	Indemnity	0.00	471,366.02	93,091.53	564,457.55	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	6,934.31	606,458.21	24,961.02	631,419.23	0.00
	Legal	0.00	20,883.97	9,771.20	30,655.17	0.00
	Other	1,717.30	71,911.33	23,152.25	95,063.58	(5,352.49)
	Total	8,651.61	1,170,619.53	150,976.00	1,321,595.53	(5,352.49)

ORG1 DESC : Graham County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

Closed Total 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	145,101.56	0.00	145,101.56	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	11,948.29	0.00	11,948.29	0.00
	Total	0.00	236,989.03	0.00	236,989.03	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	145,101.56	0.00	145,101.56	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	11,948.29	0.00	11,948.29	0.00
	Total	0.00	236,989.03	0.00	236,989.03	0.00

ORG1 DESC : Grant County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Closed Total 275		Indemnity	0.00	161,485.05	0.00	161,485.05	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	512,449.24	0.00	512,449.24	(13,770.43)	
	Legal	0.00	392.00	0.00	392.00	0.00	
	Other	0.00	19,336.79	0.00	19,336.79	0.00	
Total		0.00	693,663.08	0.00	693,663.08	(13,770.43)	

Grant County Total 275		Indemnity	0.00	161,485.05	0.00	161,485.05	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	512,449.24	0.00	512,449.24	(13,770.43)	
	Legal	0.00	392.00	0.00	392.00	0.00	
	Other	0.00	19,336.79	0.00	19,336.79	0.00	
Total		0.00	693,663.08	0.00	693,663.08	(13,770.43)	

ORG1 DESC : Gray County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 191									
	Indemnity	0.00			333,175.41		0.00	333,175.41	0.00
	Rehab	0.00			0.00		0.00	0.00	0.00
	Medical	70.00			526,096.22		0.00	526,096.22	(118,439.57)
	Legal	0.00			24,510.82		0.00	24,510.82	0.00
	Other	0.00			32,125.41		0.00	32,125.41	0.00
Total		70.00			915,907.86		0.00	915,907.86	(118,439.57)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Open Total 8	Indemnity	2,948.00	31,095.71	130,311.10	161,406.81	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,153.97	82,051.20	143,148.80	225,200.00	0.00
	Legal	0.00	506.90	9,193.10	9,700.00	0.00
	Other	108.65	12,496.95	26,365.55	38,862.50	0.00
	Total	5,210.62	126,150.76	309,018.55	435,169.31	0.00
Gray County Total 199	Indemnity	2,948.00	364,271.12	130,311.10	494,582.22	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,223.97	608,147.42	143,148.80	751,296.22	(118,439.57)
	Legal	0.00	25,017.72	9,193.10	34,210.82	0.00
	Other	108.65	44,622.36	26,365.55	70,987.91	0.00
	Total	5,280.62	1,042,058.62	309,018.55	1,351,077.17	(118,439.57)

ORG1 DESC : Greenwood 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 186					Indemnity	0.00	575,022.21	0.00	575,022.21	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	619,080.59	0.00	619,080.59	0.00
					Legal	0.00	4,593.70	0.00	4,593.70	0.00
					Other	0.00	70,364.47	0.00	70,364.47	(5,183.55)
					Total	0.00	1,269,060.97	0.00	1,269,060.97	(5,183.55)

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 : 06/01/2023 - 06/30/2023

Open Total 4		Indemnity	0.00	43,044.46	0.00	43,044.46	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	230.87	62,034.08	6,648.85	68,682.93	0.00
		Legal	0.00	216.00	0.00	216.00	0.00
		Other	9.35	16,722.57	1,638.39	18,360.96	0.00
		Total	240.22	122,017.11	8,287.24	130,304.35	0.00
Greenwood County Total 190		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	230.87	681,114.67	6,648.85	687,763.52	0.00
		Legal	0.00	4,809.70	0.00	4,809.70	0.00
		Other	9.35	87,087.04	1,638.39	88,725.43	(5,183.55)
		Total	240.22	1,391,078.08	8,287.24	1,399,365.32	(5,183.55)

ORG1 DESC : Hamilton County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 244									
		Indemnity	0.00	173,148.20	0.00	173,148.20	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	366,381.29	0.00	366,381.29	0.00	0.00	0.00
		Legal	0.00	9,580.00	0.00	9,580.00	0.00	0.00	0.00
		Other	0.00	24,915.57	0.00	24,915.57	0.00	0.00	0.00
		Total	0.00	574,025.06	0.00	574,025.06	0.00	0.00	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

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	0.00
	Medical	1,821.88	3,946.69	4,553.31	8,500.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	52.07	196.38	1,503.62	1,700.00	0.00	0.00
	Total	1,873.95	4,143.07	6,056.93	10,200.00	0.00	0.00

Hamilton County Total 247		Indemnity	0.00	173,148.20	0.00	173,148.20	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	1,821.88	370,327.98	4,553.31	374,881.29	0.00	0.00
	Legal	0.00	9,580.00	0.00	9,580.00	0.00	0.00
	Other	52.07	25,111.95	1,503.62	26,615.57	0.00	0.00
	Total	1,873.95	578,168.13	6,056.93	584,225.06	0.00	0.00

ORG1 DESC : Hamilton Health Systems
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 135										
	Indemnity	0.00			243,887.96	0.00	243,887.96	0.00	0.00	
	Rehab	0.00			0.00	0.00	0.00	0.00	0.00	
	Medical	0.00			342,466.75	0.00	342,466.75	0.00	0.00	
	Legal	0.00			590.50	0.00	590.50	0.00	0.00	
	Other	0.00			29,170.17	0.00	29,170.17	0.00	0.00	
	Total	0.00			616,115.38	0.00	616,115.38	0.00	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	0.00
	Medical	0.00	342,466.75	0.00	342,466.75	0.00	0.00
	Legal	0.00	590.50	0.00	590.50	0.00	0.00
	Other	0.00	29,170.17	0.00	29,170.17	0.00	0.00
	Total	0.00	616,115.38	0.00	616,115.38	0.00	0.00

ORG1 DESC : Harper County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 3	Indemnity	2,664.96	2,664.96	25,532.34	28,197.30	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,057.91	13,970.38	24,989.62	38,960.00	0.00
					Legal	0.00	1,316.90	3,683.10	5,000.00	0.00
					Other	79.68	508.38	7,303.62	7,812.00	0.00
					Total	3,802.55	18,460.62	61,508.68	79,969.30	0.00
				Harper County Total 425	Indemnity	2,664.96	705,223.14	25,532.34	730,755.48	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,057.91	996,335.58	24,989.62	1,021,325.20	0.00
					Legal	0.00	4,059.71	3,683.10	7,742.81	0.00
					Other	79.68	96,611.48	7,303.62	103,915.10	(10,299.81)
					Total	3,802.55	1,802,229.91	61,508.68	1,863,738.59	(10,299.81)

ORG1 DESC : Harvey County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

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

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

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

ORG1 DESC : Haskell County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

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

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Re-Open Total 3	Indemnity	0.00	150,486.42	8,518.28	159,004.70	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	761.46	506,875.11	116,675.76	623,550.87	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	55.11	14,388.81	9,234.70	23,623.51	0.00
	Total	816.57	671,750.34	135,028.74	806,779.08	0.00

Haskell County Total 87	Indemnity	0.00	268,260.61	8,518.28	276,778.89	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	761.46	716,266.13	116,675.76	832,941.89	0.00
	Legal	0.00	1,276.00	600.00	1,876.00	0.00
	Other	55.11	29,476.94	9,234.70	38,711.64	(41,425.31)
	Total	816.57	1,015,279.68	135,028.74	1,150,308.42	(41,425.31)

ORG1 DESC : Hodgeman County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

Closed Total 27	Indemnity	0.00	18,126.46	0.00	18,126.46	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	271.08	55,985.75	0.00	55,985.75	0.00
	Legal	0.00	5,095.77	0.00	5,095.77	0.00
	Other	35.13	3,071.50	0.00	3,071.50	0.00
	Total	306.21	82,279.48	0.00	82,279.48	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	286.53	4,713.47	5,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	17.16	982.84	1,000.00	0.00
	Total	0.00	303.69	5,696.31	6,000.00	0.00

Hodgeman County Total 29	Indemnity	0.00	18,126.46	0.00	18,126.46	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	271.08	56,272.28	4,713.47	60,985.75	0.00
	Legal	0.00	5,095.77	0.00	5,095.77	0.00
	Other	35.13	3,088.66	982.84	4,071.50	0.00
	Total	306.21	82,583.17	5,696.31	88,279.48	0.00

ORG1 DESC : Jackson County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 3					Indemnity	0.00	92,500.00	0.00	92,500.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	80,651.34	60,748.66	141,400.00	0.00
					Legal	0.00	17,572.00	3,928.00	21,500.00	0.00
					Other	0.00	3,524.41	5,675.59	9,200.00	(500.00)
					Total	0.00	194,247.75	70,352.25	264,600.00	(500.00)

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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	18,777.93	253,154.17	104,166.23	357,320.40	0.00
					Legal	0.00	0.00	4,500.00	4,500.00	0.00
					Other	9.00	53,618.00	31,882.00	85,500.00	(29,327.84)
					Total	18,786.93	418,861.21	165,548.23	584,409.44	(29,327.84)



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Jackson County Total 298	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	18,777.93	876,845.74	164,914.89	1,041,760.63	(16,870.70)
	Legal	0.00	29,329.73	8,428.00	37,757.73	0.00
	Other	9.00	123,689.15	37,557.59	161,246.74	(89,855.37)
	Total	18,786.93	1,505,693.58	235,900.48	1,741,594.06	(106,726.07)

ORG1 DESC : Jefferson County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 476					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	1,001,133.96	0.00	1,001,133.96	(461.12)
					Legal	0.00	28,261.84	0.00	28,261.84	0.00
					Other	0.00	116,801.38	0.00	116,801.38	(98,366.06)
					Total	0.00	1,845,474.23	0.00	1,845,474.23	(98,827.18)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 7					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	309.28	5,267.87	14,232.13	19,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	29.72	871.38	3,028.62	3,900.00	0.00
					Total	339.00	6,139.25	17,260.75	23,400.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 2					Indemnity	0.00	28,302.06	25,000.00	53,302.06	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	24,820.14	30,199.86	55,020.00	0.00
					Legal	0.00	0.00	9,500.00	9,500.00	0.00
					Other	0.00	2,625.20	5,927.64	8,552.84	0.00
					Total	0.00	55,747.40	70,627.50	126,374.90	0.00
Jefferson County Total 485					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	309.28	1,031,221.97	44,431.99	1,075,653.96	(461.12)
					Legal	0.00	28,261.84	9,500.00	37,761.84	0.00
					Other	29.72	120,297.96	8,956.26	129,254.22	(98,366.06)
					Total	339.00	1,907,360.88	87,888.25	1,995,249.13	(98,827.18)

ORG1 DESC : Jefferson County RWD 12

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

ORG1 DESC : Jewell County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 268					Indemnity	0.00	579,393.30	0.00	579,393.30	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	493,425.02	0.00	493,425.02	0.00
					Legal	0.00	19,232.50	0.00	19,232.50	0.00
					Other	0.00	42,818.27	0.00	42,818.27	(1,157.51)
					Total	0.00	1,134,869.09	0.00	1,134,869.09	(1,157.51)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 5					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	116.99	237,732.16	72,617.84	310,350.00	0.00
					Legal	0.00	16,873.44	8,126.56	25,000.00	0.00
					Other	21.06	11,579.66	3,455.34	15,035.00	0.00
					Total	138.05	411,015.56	106,699.74	517,715.30	0.00
Jewell County Total 273					Indemnity	0.00	724,223.60	20,000.00	744,223.60	0.00
					Rehab	0.00	0.00	2,500.00	2,500.00	0.00
					Medical	116.99	731,157.18	72,617.84	803,775.02	0.00
					Legal	0.00	36,105.94	8,126.56	44,232.50	0.00
					Other	21.06	54,397.93	3,455.34	57,853.27	(1,157.51)
					Total	138.05	1,545,884.65	106,699.74	1,652,584.39	(1,157.51)

ORG1 DESC : Kansas Association Of Counties
CLAIMANT STATUS DESC : Closed



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

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

ORG1 DESC : Kearny County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 60	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	73,421.49	0.00	73,421.49	0.00
					Legal	0.00	1,282.50	0.00	1,282.50	0.00
					Other	0.00	3,195.60	0.00	3,195.60	0.00
					Total	0.00	132,361.87	0.00	132,361.87	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 : 06/01/2023 - 06/30/2023

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	1,404.65	6,095.35	7,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	94.77	1,405.23	1,500.00	0.00
	Total	0.00	1,499.42	7,500.58	9,000.00	0.00
Kearny County Total 63	Indemnity	0.00	54,462.28	0.00	54,462.28	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	74,826.14	6,095.35	80,921.49	0.00
	Legal	0.00	1,282.50	0.00	1,282.50	0.00
	Other	0.00	3,290.37	1,405.23	4,695.60	0.00
	Total	0.00	133,861.29	7,500.58	141,361.87	0.00

ORG1 DESC : Kingman County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

<u>Claim Number</u> <u>Claim Type</u>	<u>Claimant Name</u> <u>Claimant Status</u>	<u>InjuryDate</u> <u>Closed</u>	<u>Received</u> <u>Examiner</u>	<u>Lit / Den</u>	<u>Paid</u> <u>this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>	
Closed Total 15					Indemnity	0.00	1,453.21	0.00	1,453.21	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	11,993.78	0.00	11,993.78	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	1,122.27	0.00	1,122.27	0.00
					Total	0.00	14,569.26	0.00	14,569.26	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

<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 : 06/01/2023 - 06/30/2023

Open Total 2		Indemnity	0.00	10,093.24	15,960.99	26,054.23	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	2,031.14	44,181.68	11,018.32	55,200.00	0.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00	0.00
	Other	104.50	1,400.67	4,399.33	5,800.00	0.00	0.00
Total		2,135.64	55,675.59	31,978.64	87,654.23	0.00	0.00

Kingman County Total 17		Indemnity	0.00	11,546.45	15,960.99	27,507.44	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	2,031.14	56,175.46	11,018.32	67,193.78	0.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00	0.00
	Other	104.50	2,522.94	4,399.33	6,922.27	0.00	0.00
Total		2,135.64	70,244.85	31,978.64	102,223.49	0.00	0.00

ORG1 DESC : Kiowa 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 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	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

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	0.00	700.00	700.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	100.00	100.00	0.00
		Total	0.00	0.00	800.00	800.00	0.00
Kiowa County Total 2		Indemnity	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	701.32	700.00	1,401.32	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	55.07	100.00	155.07	0.00
		Total	0.00	756.39	800.00	1,556.39	0.00

ORG1 DESC : Lane County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 103									
					0.00	54,872.08	0.00	54,872.08	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	114,129.21	0.00	114,129.21	0.00
					0.00	5,183.75	0.00	5,183.75	0.00
					0.00	12,338.48	0.00	12,338.48	0.00
					0.00	186,523.52	0.00	186,523.52	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 : 06/01/2023 - 06/30/2023

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	250.78	4,749.22	5,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	81.43	918.57	1,000.00	0.00
	Total	0.00	332.21	5,667.79	6,000.00	0.00
Lane County Total 105	Indemnity	0.00	54,872.08	0.00	54,872.08	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	114,379.99	4,749.22	119,129.21	0.00
	Legal	0.00	5,183.75	0.00	5,183.75	0.00
	Other	0.00	12,419.91	918.57	13,338.48	0.00
	Total	0.00	186,855.73	5,667.79	192,523.52	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 273					Indemnity	0.00	216,912.26	0.00	216,912.26	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	514,800.21	0.00	514,800.21	0.00
					Legal	0.00	518.00	0.00	518.00	0.00
					Other	0.00	37,254.86	0.00	37,254.86	(756.73)
					Total	0.00	769,485.33	0.00	769,485.33	(756.73)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

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	2,544.87	3,173.22	2,826.78	6,000.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	94.34	131.19	1,068.81	1,200.00	0.00
Total			2,639.21	3,304.41	3,895.59	7,200.00	0.00

Lincoln County Total 275		Indemnity	0.00	216,912.26	0.00	216,912.26	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	2,544.87	517,973.43	2,826.78	520,800.21	0.00
		Legal	0.00	518.00	0.00	518.00	0.00
		Other	94.34	37,386.05	1,068.81	38,454.86	(756.73)
Total			2,639.21	772,789.74	3,895.59	776,685.33	(756.73)

ORG1 DESC : Linn County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 295									
					Indemnity	0.00	479,676.31	0.00	479,676.31 (14,013.80)
					Rehab	0.00	0.00	0.00	0.00
					Medical	88.20	738,667.65	0.00	738,667.65 (19,661.57)
					Legal	0.00	3,586.50	0.00	3,586.50 0.00
					Other	11.65	61,674.07	0.00	61,674.07 0.00
Total						99.85	1,283,604.53	0.00	1,283,604.53 (33,675.37)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

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	906.74	283,629.02	180,548.81	464,177.83	0.00
	Legal	0.00	9,710.14	9,789.86	19,500.00	0.00
	Other	74.72	15,523.35	53,896.37	69,419.72	0.00
	Total	981.46	354,867.43	714,235.04	1,069,102.47	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
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Re-Open Total 2	Indemnity	0.00	1,429.48	5,070.52	6,500.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	24,886.34	12,540.06	37,426.40	0.00
	Legal	0.00	0.00	550.00	550.00	0.00
	Other	0.00	2,811.11	4,127.19	6,938.30	0.00
	Total	0.00	29,126.93	22,287.77	51,414.70	0.00

Linn County Total 305	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	994.94	1,047,183.01	193,088.87	1,240,271.88	(19,661.57)
	Legal	0.00	13,296.64	10,339.86	23,636.50	0.00
	Other	86.37	80,008.53	58,023.56	138,032.09	0.00
	Total	1,081.31	1,667,598.89	736,522.81	2,404,121.70	(33,675.37)

ORG1 DESC : Lyon County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

Closed Total 722	Indemnity	0.00	929,049.96	0.00	929,049.96	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,324,322.80	0.00	1,324,322.80	(1,770.30)
	Legal	0.00	33,355.20	0.00	33,355.20	0.00
	Other	0.00	185,636.87	0.00	185,636.87	(8,160.28)
	Total	0.00	2,472,364.83	0.00	2,472,364.83	(9,930.58)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 9					Indemnity	0.00	25,692.48	87,393.55	113,086.03	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,851.85	129,198.57	75,971.84	205,170.41	0.00
					Legal	0.00	0.00	1,750.00	1,750.00	0.00
					Other	426.21	15,247.10	14,396.65	29,643.75	0.00
					Total	2,278.06	170,138.15	179,512.04	349,650.19	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	3,331.95	28,609.47	31,941.42	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	106.60	24,096.18	22,903.82	47,000.00	0.00
					Legal	0.00	380.00	10,670.00	11,050.00	0.00
					Other	10.51	1,876.53	5,423.47	7,300.00	0.00
					Total	117.11	29,684.66	67,606.76	97,291.42	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Lyon County Total 732	Indemnity	0.00	958,074.39	116,003.02	1,074,077.41	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,958.45	1,477,617.55	98,875.66	1,576,493.21	(1,770.30)
	Legal	0.00	33,735.20	12,420.00	46,155.20	0.00
	Other	436.72	202,760.50	19,820.12	222,580.62	(8,160.28)
	Total	2,395.17	2,672,187.64	247,118.80	2,919,306.44	(9,930.58)

ORG1 DESC : Marion County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 310					Indemnity	0.00	338,071.77	0.00	338,071.77	(12,859.30)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	669,578.75	0.00	669,578.75	(20,844.68)
					Legal	0.00	16,598.16	0.00	16,598.16	0.00
					Other	0.00	64,401.10	0.00	64,401.10	(29,697.36)
					Total	0.00	1,088,649.78	0.00	1,088,649.78	(63,401.34)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 6					Indemnity	0.00	0.00	15,750.00	15,750.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	350.00	11,142.47	15,257.53	26,400.00	0.00
					Legal	0.00	373.75	8,226.25	8,600.00	0.00
					Other	29.95	576.69	3,763.31	4,340.00	0.00
					Total	379.95	12,092.91	42,997.09	55,090.00	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Marion County Total 316	Indemnity	0.00	338,071.77	15,750.00	353,821.77	(12,859.30)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	350.00	680,721.22	15,257.53	695,978.75	(20,844.68)
	Legal	0.00	16,971.91	8,226.25	25,198.16	0.00
	Other	29.95	64,977.79	3,763.31	68,741.10	(29,697.36)
	Total	379.95	1,100,742.69	42,997.09	1,143,739.78	(63,401.34)

ORG1 DESC : Marshall County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 218					Indemnity	0.00	172,657.84	0.00	172,657.84	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	337,296.08	0.00	337,296.08	0.00
					Legal	0.00	890.50	0.00	890.50	0.00
					Other	0.00	28,515.23	0.00	28,515.23	(63,662.41)
					Total	0.00	539,359.65	0.00	539,359.65	(63,662.41)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

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

ORG1 DESC : McPherson County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 74	Indemnity	0.00	240,562.13	0.00	240,562.13	(500.00)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	526,064.85	0.00	526,064.85	(15,010.66)
					Legal	0.00	22,800.05	0.00	22,800.05	0.00
					Other	0.00	62,074.37	0.00	62,074.37	0.00
					Total	0.00	851,501.40	0.00	851,501.40	(15,510.66)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 8	Indemnity	31,090.79	44,818.06	34,822.00	79,640.06	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	4,904.71	51,018.51	51,881.49	102,900.00	(1,000.00)
					Legal	50.00	1,540.30	22,459.70	24,000.00	0.00
					Other	125.76	10,928.32	15,361.68	26,290.00	0.00
					Total	36,171.26	108,305.19	124,524.87	232,830.06	(1,000.00)

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

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	5,500.00	5,500.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	3,828.95	2,071.05	5,900.00	(500.00)
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	326.94	853.06	1,180.00	0.00
					Total	0.00	4,155.89	9,024.11	13,180.00	(500.00)
				McPherson County Total 83	Indemnity	31,090.79	285,380.19	40,322.00	325,702.19	(500.00)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	4,904.71	580,912.31	53,952.54	634,864.85	(16,510.66)
					Legal	50.00	24,340.35	22,459.70	46,800.05	0.00
					Other	125.76	73,329.63	16,214.74	89,544.37	0.00
					Total	36,171.26	963,962.48	133,548.98	1,097,511.46	(17,010.66)

ORG1 DESC : Meade County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 211	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	667,011.34	0.00	667,011.34	0.00
					Legal	0.00	16,591.01	0.00	16,591.01	0.00
					Other	0.00	45,128.07	0.00	45,128.07	(7,381.97)
					Total	0.00	1,017,299.26	0.00	1,017,299.26	(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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Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Open Total 4		Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	220.96	1,101.64	8,098.36	9,200.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	14.33	149.65	1,650.35	1,800.00	0.00	0.00
Total		235.29	1,251.29	9,748.71	11,000.00	0.00	0.00

Meade County Total 215		Indemnity	0.00	288,568.84	0.00	288,568.84	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	220.96	668,112.98	8,098.36	676,211.34	0.00	0.00
	Legal	0.00	16,591.01	0.00	16,591.01	0.00	0.00
	Other	14.33	45,277.72	1,650.35	46,928.07	(7,381.97)	(7,381.97)
Total		235.29	1,018,550.55	9,748.71	1,028,299.26	(7,381.97)	(7,381.97)

ORG1 DESC : Metropolitan Topeka Airport Authority

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 79									
					0.00	92,544.79	0.00	92,544.79	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	165,765.04	0.00	165,765.04	(382.84)
					0.00	910.00	0.00	910.00	0.00
					0.00	14,586.59	0.00	14,586.59	(1,376.32)
Total					0.00	273,806.42	0.00	273,806.42	(1,759.16)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

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	2,638.26	2,361.74	5,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	341.72	658.28	1,000.00	0.00
	Total	0.00	2,979.98	3,020.02	6,000.00	0.00
Metropolitan Topeka Airport Authority 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	2,361.74	170,765.04	(382.84)
	Legal	0.00	910.00	0.00	910.00	0.00
	Other	0.00	14,928.31	658.28	15,586.59	(1,376.32)
	Total	0.00	276,786.40	3,020.02	279,806.42	(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	
Closed Total 714					Indemnity	0.00	1,316,483.69	0.00	1,316,483.69	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	1,882,108.70	0.00	1,882,108.70	(2,784.23)
					Legal	0.00	15,600.69	0.00	15,600.69	0.00
					Other	0.00	165,824.34	0.00	165,824.34	(212,591.31)
					Total	0.00	3,380,017.42	0.00	3,380,017.42	(215,375.54)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

Open Total 6	Indemnity	0.00	44,099.14	25,214.77	69,313.91	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	6,515.84	123,981.61	80,426.17	204,407.78	0.00
	Legal	0.00	12,985.89	12,614.11	25,600.00	0.00
	Other	1,405.60	8,633.81	12,528.69	21,162.50	0.00
	Total	7,921.44	189,700.45	130,783.74	320,484.19	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Re-Open Total 1	Indemnity	0.00	0.00	45,000.00	45,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	4,699.52	16,580.00	21,279.52	0.00
	Legal	0.00	928.45	7,671.55	8,600.00	0.00
	Other	0.00	802.89	1,694.70	2,497.59	0.00
	Total	0.00	6,430.86	70,946.25	77,377.11	0.00

Miami County Total 721	Indemnity	0.00	1,360,582.83	70,214.77	1,430,797.60	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	6,515.84	2,010,789.83	97,006.17	2,107,796.00	(2,784.23)
	Legal	0.00	29,515.03	20,285.66	49,800.69	0.00
	Other	1,405.60	175,261.04	14,223.39	189,484.43	(212,591.31)
	Total	7,921.44	3,576,148.73	201,729.99	3,777,878.72	(215,375.54)

ORG1 DESC : Mitchell County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

Closed Total 135	Indemnity	0.00	333,289.29	0.00	333,289.29	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	455,098.35	0.00	455,098.35	0.00
	Legal	442.00	1,476.00	0.00	1,476.00	0.00
	Other	0.00	41,969.93	0.00	41,969.93	(45,137.43)
	Total	442.00	831,833.57	0.00	831,833.57	(45,137.43)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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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	617.72	26,731.17	7,518.83	34,250.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	42.41	6,129.75	3,570.25	9,700.00	0.00
	Total	660.13	37,566.21	21,781.47	59,347.68	0.00

Mitchell County Total 137	Indemnity	0.00	337,994.58	10,092.39	348,086.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	617.72	481,829.52	7,518.83	489,348.35	0.00
	Legal	442.00	1,476.00	600.00	2,076.00	0.00
	Other	42.41	48,099.68	3,570.25	51,669.93	(45,137.43)
	Total	1,102.13	869,399.78	21,781.47	891,181.25	(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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Closed Total 32	Indemnity	0.00	17,888.07	0.00	17,888.07	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	23,200.21	0.00	23,200.21	0.00
	Legal	0.00	485.00	0.00	485.00	0.00
	Other	0.00	4,927.45	0.00	4,927.45	0.00
	Total	0.00	46,500.73	0.00	46,500.73	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 3					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	276.56	797.80	6,902.20	7,700.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	375.74	1,004.93	1,495.07	2,500.00	0.00
					Total	652.30	1,802.73	8,397.27	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	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	0.00	0.00	0.00	0.00
					Total	0.00	0.00	0.00	0.00	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Montgomery County Total 36	Indemnity	0.00	17,888.07	0.00	17,888.07	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	276.56	23,998.01	6,902.20	30,900.21	0.00
	Legal	0.00	485.00	0.00	485.00	0.00
	Other	375.74	5,932.38	1,495.07	7,427.45	0.00
	Total	652.30	48,303.46	8,397.27	56,700.73	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 118					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	183,501.80	0.00	183,501.80	0.00
					Legal	0.00	343.50	0.00	343.50	0.00
					Other	0.00	10,372.36	0.00	10,372.36	(1,485.81)
					Total	0.00	273,285.29	0.00	273,285.29	(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	0.00	500.00	900.00	1,400.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	29.95	29.95	210.05	240.00	0.00
					Total	29.95	529.95	1,110.05	1,640.00	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Morris County Total 120	Indemnity	0.00	79,067.63	0.00	79,067.63	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	184,001.80	900.00	184,901.80	0.00
	Legal	0.00	343.50	0.00	343.50	0.00
	Other	29.95	10,402.31	210.05	10,612.36	(1,485.81)
	Total	29.95	273,815.24	1,110.05	274,925.29	(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 150										
					Indemnity	0.00	132,605.97	0.00	132,605.97	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	262,016.25	0.00	262,016.25	0.00
					Legal	0.00	9,734.30	0.00	9,734.30	0.00
					Other	0.00	31,026.01	0.00	31,026.01	(176.00)
					Total	0.00	435,382.53	0.00	435,382.53	(176.00)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 1										
					Indemnity	2,948.00	141,304.75	220,603.25	361,908.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	4,102.03	19,897.97	24,000.00	0.00
					Legal	0.00	4,685.16	2,814.84	7,500.00	0.00
					Other	0.00	325.55	2,524.45	2,850.00	0.00
					Total	2,948.00	150,417.49	245,840.51	396,258.00	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Morton County Total 151	Indemnity	2,948.00	273,910.72	220,603.25	494,513.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	266,118.28	19,897.97	286,016.25	0.00
	Legal	0.00	14,419.46	2,814.84	17,234.30	0.00
	Other	0.00	31,351.56	2,524.45	33,876.01	(176.00)
	Total	2,948.00	585,800.02	245,840.51	831,640.53	(176.00)

ORG1 DESC : Morton County Health Care System

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	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 : 06/01/2023 - 06/30/2023

Closed Total 329	Indemnity	0.00	387,645.12	0.00	387,645.12	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	574,192.10	0.00	574,192.10	(89,074.79)
	Legal	0.00	12,416.70	0.00	12,416.70	0.00
	Other	0.00	73,807.06	0.00	73,807.06	(54,824.28)
	Total	0.00	1,048,060.98	0.00	1,048,060.98	(143,899.07)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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	11,052.75	101,829.00	13,947.25	115,776.25	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	923.26	386,663.86	125,727.04	512,390.90	(500.00)
					Legal	142.00	4,635.14	20,673.24	25,308.38	0.00
					Other	29.95	35,362.49	14,352.51	49,715.00	(500.00)
					Total	12,147.96	528,490.49	174,700.04	703,190.53	(1,000.00)
Neosho County Total 334					Indemnity	11,052.75	489,474.12	13,947.25	503,421.37	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	923.26	960,855.96	125,727.04	1,086,583.00	(89,574.79)
					Legal	142.00	17,051.84	20,673.24	37,725.08	0.00
					Other	29.95	109,169.55	14,352.51	123,522.06	(55,324.28)
					Total	12,147.96	1,576,551.47	174,700.04	1,751,251.51	(144,899.07)

ORG1 DESC : Ness County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

Closed Total 33	Indemnity	0.00	71,155.16	0.00	71,155.16	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	105,255.05	198.90	105,453.95	0.00
	Legal	0.00	492.00	0.00	492.00	0.00
	Other	0.00	8,789.82	0.00	8,789.82	(15,000.00)
	Total	0.00	185,692.03	198.90	185,890.93	(15,000.00)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 2					Indemnity	16,000.00	21,914.61	1,473.23	23,387.84	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	5,135.50	12,667.18	8,332.82	21,000.00	0.00
					Legal	0.00	835.85	8,714.15	9,550.00	0.00
					Other	38.95	602.66	3,597.34	4,200.00	0.00
					Total	21,174.45	36,020.30	22,117.54	58,137.84	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Ness County Total 36	Indemnity	16,000.00	93,069.77	1,473.23	94,543.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	5,135.50	118,239.22	10,714.73	128,953.95	0.00
	Legal	0.00	1,327.85	8,714.15	10,042.00	0.00
	Other	38.95	9,417.70	4,072.12	13,489.82	(15,000.00)
	Total	21,174.45	222,054.54	24,974.23	247,028.77	(15,000.00)

ORG1 DESC : North Central Kansas Regional Juvenile Detention

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 45					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	28.58	19,540.88	0.00	19,540.88	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	9.41	4,156.30	0.00	4,156.30	0.00
					Total	37.99	26,837.66	0.00	26,837.66	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 21					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	4,412.25	9,382.41	37,917.59	47,300.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	808.78	1,848.19	8,291.81	10,140.00	0.00
					Total	5,221.03	11,230.60	46,209.40	57,440.00	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

North Central Kansas Regional Juvenile Detention Total 66	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	4,440.83	28,923.29	37,917.59	66,840.88	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	818.19	6,004.49	8,291.81	14,296.30	0.00
	Total	5,259.02	38,068.26	46,209.40	84,277.66	0.00

ORG1 DESC : Northwest Kansas Regional Recycling Center

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

ORG1 DESC : Norton County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

Closed Total 171	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	417,991.96	0.00	417,991.96	(9,036.60)
	Legal	0.00	511.50	0.00	511.50	0.00
	Other	0.00	41,578.69	0.00	41,578.69	(34,632.43)
	Total	0.00	672,309.01	0.00	672,309.01	(43,669.03)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim 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	133.34	1,022.36	5,477.64	6,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	13.00	72.97	1,227.03	1,300.00	0.00
	Total	146.34	1,095.33	6,704.67	7,800.00	0.00

Norton County Total 174	Indemnity	0.00	212,226.86	0.00	212,226.86	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	133.34	419,014.32	5,477.64	424,491.96	(9,036.60)
	Legal	0.00	511.50	0.00	511.50	0.00
	Other	13.00	41,651.66	1,227.03	42,878.69	(34,632.43)
	Total	146.34	673,404.34	6,704.67	680,109.01	(43,669.03)

ORG1 DESC : Osage County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

Closed Total 335	Indemnity	0.00	504,631.53	0.00	504,631.53	(14,660.57)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	827,407.08	0.00	827,407.08	(4,005.96)
	Legal	0.00	9,771.00	0.00	9,771.00	0.00
	Other	0.00	66,641.78	0.00	66,641.78	(50,779.03)
	Total	0.00	1,408,451.39	0.00	1,408,451.39	(69,445.56)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 6					Indemnity	0.00	9,921.02	6,000.00	15,921.02	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	10,254.40	39,410.26	43,658.26	83,068.52	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	1,201.67	2,983.52	6,816.48	9,800.00	0.00
					Total	11,456.07	52,314.80	57,074.74	109,389.54	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Osage County Total 342	Indemnity	0.00	514,552.55	6,000.00	520,552.55	(14,660.57)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	10,254.40	868,765.53	44,710.07	913,475.60	(4,005.96)
	Legal	0.00	9,771.00	600.00	10,371.00	0.00
	Other	1,201.67	69,797.76	7,444.02	77,241.78	(50,779.03)
	Total	11,456.07	1,462,886.84	58,754.09	1,521,640.93	(69,445.56)

ORG1 DESC : Osborne County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 232					Indemnity	0.00	89,853.19	0.00	89,853.19	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	183,532.40	0.00	183,532.40	0.00
					Legal	0.00	1,508.50	0.00	1,508.50	0.00
					Other	0.00	24,563.62	0.00	24,563.62	0.00
					Total	0.00	299,457.71	0.00	299,457.71	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
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	1,019.39	1,452.08	4,947.92	6,400.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	60.37	103.21	1,096.79	1,200.00	0.00
					Total	1,079.76	1,555.29	6,044.71	7,600.00	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Osborne County Total 236	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	1,019.39	184,984.48	4,947.92	189,932.40	0.00
	Legal	0.00	1,508.50	0.00	1,508.50	0.00
	Other	60.37	24,666.83	1,096.79	25,763.62	0.00
	Total	1,079.76	301,013.00	6,044.71	307,057.71	0.00

ORG1 DESC : Ottawa County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 2					Indemnity	0.00	5,785.45	4,925.55	10,711.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,466.60	27,966.74	1,833.26	29,800.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	98.40	2,581.26	1,798.74	4,380.00	0.00
					Total	1,565.00	36,333.45	9,157.55	45,491.00	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Ottawa County Total 213		Indemnity	0.00	109,508.17	4,925.55	114,433.72	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	1,466.60	255,624.35	1,833.26	257,457.61	0.00	0.00
	Legal	0.00	5,853.52	600.00	6,453.52	0.00	0.00
	Other	98.40	32,929.89	1,798.74	34,728.63	(31,291.15)	
	Total	1,565.00	403,915.93	9,157.55	413,073.48	(31,291.15)	

ORG1 DESC : Pawnee County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 183									
	Indemnity	0.00	65,554.37	0.00	65,554.37	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	175,090.17	0.00	175,090.17	0.00	0.00	175,090.17	0.00
	Legal	0.00	505.00	0.00	505.00	0.00	0.00	505.00	0.00
	Other	0.00	9,247.73	0.00	9,247.73	0.00	0.00	9,247.73	(5,743.63)
	Total	0.00	250,397.27	0.00	250,397.27	0.00	0.00	250,397.27	(5,743.63)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Open Total 2									
	Indemnity	1,780.80	331,268.37	226,635.13	557,903.50	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	84,388.06	24,583.94	108,972.00	0.00	0.00	0.00	0.00
	Legal	0.00	1,438.75	12,211.25	13,650.00	0.00	0.00	0.00	0.00
	Other	0.00	13,092.15	4,402.85	17,495.00	0.00	0.00	0.00	0.00
	Total	1,780.80	430,187.33	267,833.17	698,020.50	0.00	0.00	0.00	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Pawnee County Total 185	Indemnity	1,780.80	396,822.74	226,635.13	623,457.87	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	259,478.23	24,583.94	284,062.17	0.00
	Legal	0.00	1,943.75	12,211.25	14,155.00	0.00
	Other	0.00	22,339.88	4,402.85	26,742.73	(5,743.63)
	Total	1,780.80	680,584.60	267,833.17	948,417.77	(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 146					Indemnity	0.00	421,432.14	0.00	421,432.14	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	478,467.69	0.00	478,467.69	(38,473.40)
					Legal	0.00	2,588.10	0.00	2,588.10	0.00
					Other	0.00	114,202.29	0.00	114,202.29	(291.80)
					Total	0.00	1,016,690.22	0.00	1,016,690.22	(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 3					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	660.46	1,670.97	9,829.03	11,500.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	66.64	138.73	2,861.27	3,000.00	0.00
					Total	727.10	2,301.22	16,092.26	18,393.48	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Phillips County Total 149	Indemnity	0.00	421,923.66	2,801.96	424,725.62	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	660.46	480,138.66	9,829.03	489,967.69	(38,473.40)
	Legal	0.00	2,588.10	600.00	3,188.10	0.00
	Other	66.64	114,341.02	2,861.27	117,202.29	(291.80)
	Total	727.10	1,018,991.44	16,092.26	1,035,083.70	(38,765.20)

ORG1 DESC : Pottawatomie County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 574					Indemnity	0.00	450,758.40	0.00	450,758.40	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	190.37	835,234.48	0.00	835,234.48	(36,011.00)
					Legal	0.00	16,975.62	0.00	16,975.62	(197.00)
					Other	38.95	78,357.64	0.00	78,357.64	(72,608.23)
					Total	229.32	1,381,326.14	0.00	1,381,326.14	(108,816.23)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 7					Indemnity	0.00	335,918.95	0.00	335,918.95	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	211.70	189,219.78	48,668.98	237,888.76	(718.38)
					Legal	0.00	919.97	8,680.03	9,600.00	0.00
					Other	28.09	27,494.33	13,643.17	41,137.50	(500.00)
					Total	239.79	553,553.03	70,992.18	624,545.21	(1,218.38)

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Re-Open Total 4	Indemnity	2,765.84	38,679.64	38,319.86	76,999.50	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,175.22	72,612.38	36,587.62	109,200.00	(500.00)
					Legal	0.00	0.00	11,000.00	11,000.00	0.00
					Other	122.14	5,550.02	8,089.98	13,640.00	0.00
					Total	4,063.20	116,842.04	93,997.46	210,839.50	(500.00)
				Pottawatomie County Total 585	Indemnity	2,765.84	825,356.99	38,319.86	863,676.85	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,577.29	1,097,066.64	85,256.60	1,182,323.24	(37,229.38)
					Legal	0.00	17,895.59	19,680.03	37,575.62	(197.00)
					Other	189.18	111,401.99	21,733.15	133,135.14	(73,108.23)
					Total	4,532.31	2,051,721.21	164,989.64	2,216,710.85	(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 : 06/01/2023 - 06/30/2023

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 85	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	179,019.43	0.00	179,019.43	0.00
					Legal	0.00	1,415.00	0.00	1,415.00	0.00
					Other	0.00	9,080.64	0.00	9,080.64	(825.25)
					Total	0.00	223,062.14	0.00	223,062.14	(825.25)

CLAIMANT STATUS DESC : Open



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

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	0.00	9,941.09	3,658.91	13,600.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	264.63	2,455.37	2,720.00	0.00
					Total	0.00	10,205.72	6,114.28	16,320.00	0.00
Rawlins County Total 87					Indemnity	0.00	33,547.07	0.00	33,547.07	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	188,960.52	3,658.91	192,619.43	0.00
					Legal	0.00	1,415.00	0.00	1,415.00	0.00
					Other	0.00	9,345.27	2,455.37	11,800.64	(825.25)
					Total	0.00	233,267.86	6,114.28	239,382.14	(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 1740					Indemnity	0.00	2,868,467.07	0.00	2,868,467.07	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	5,031,826.43	0.00	5,031,826.43	(640.30)
					Legal	0.00	23,003.48	0.00	23,003.48	0.00
					Other	0.00	598,426.95	0.00	598,426.95	(2,326,633.54)
					Total	0.00	8,521,723.93	0.00	8,521,723.93	(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 : 06/01/2023 - 06/30/2023

Open Total 22	Indemnity	0.00	221,521.24	110,889.04	332,410.28	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,634.71	528,680.12	162,947.61	691,627.73	0.00
	Legal	167.00	6,668.80	33,031.20	39,700.00	0.00
	Other	186.38	50,117.25	28,735.38	78,852.63	0.00
	Total	1,988.09	806,987.41	335,603.23	1,142,590.64	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 4										
					Indemnity	0.00	60,207.51	74,521.31	134,728.82	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,586.05	233,197.02	91,251.86	324,448.88	(25,775.85)
					Legal	0.00	3,231.60	7,868.40	11,100.00	0.00
					Other	140.34	30,788.61	10,601.39	41,390.00	(21,398.16)
					Total	2,726.39	327,424.74	184,242.96	511,667.70	(47,174.01)

Reno County Total 1766										
					Indemnity	0.00	3,150,195.82	185,410.35	3,335,606.17	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	4,220.76	5,793,703.57	254,199.47	6,047,903.04	(26,416.15)
					Legal	167.00	32,903.88	40,899.60	73,803.48	0.00
					Other	326.72	679,332.81	39,336.77	718,669.58	(2,348,031.70)
					Total	4,714.48	9,656,136.08	519,846.19	10,175,982.27	(2,374,447.85)

ORG1 DESC : Republic County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

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	358,043.32	0.00	358,043.32	0.00
	Legal	0.00	2,833.70	0.00	2,833.70	0.00
	Other	0.00	41,485.18	0.00	41,485.18	(10,186.58)
	Total	0.00	569,290.87	0.00	569,290.87	(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	1,219.27	22,141.88	8,609.11	30,750.99	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	39.17	496.94	4,777.17	5,274.11	0.00
					Total	1,258.44	24,246.93	21,386.28	45,633.21	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

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	1,219.27	434,154.99	20,496.72	454,651.71	0.00
		Legal	0.00	2,833.70	0.00	2,833.70	0.00
		Other	39.17	44,440.33	9,818.96	54,259.29	(10,186.58)
		Total	1,258.44	669,586.09	38,315.68	707,901.77	(10,186.58)

ORG1 DESC : Rice County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
		Closed Total 99							
			Indemnity		0.00	233,444.38	0.00	233,444.38	(802.34)
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		0.00	383,865.66	0.00	383,865.66	(28,038.06)
			Legal		0.00	8,210.60	0.00	8,210.60	0.00
			Other		0.00	44,414.57	0.00	44,414.57	(23,763.43)
			Total		0.00	669,935.21	0.00	669,935.21	(52,603.83)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
		Open Total 9							
			Indemnity		0.00	39,239.29	9,600.49	48,839.78	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		358.04	236,398.57	42,901.43	279,300.00	(2,969.69)
			Legal		0.00	1,042.50	107.50	1,150.00	0.00
			Other		22.09	22,100.53	20,944.47	43,045.00	0.00
			Total		380.13	298,780.89	73,553.89	372,334.78	(2,969.69)



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Rice County Total 108	Indemnity	0.00	272,683.67	9,600.49	282,284.16	(802.34)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	358.04	620,264.23	42,901.43	663,165.66	(31,007.75)
	Legal	0.00	9,253.10	107.50	9,360.60	0.00
	Other	22.09	66,515.10	20,944.47	87,459.57	(23,763.43)
	Total	380.13	968,716.10	73,553.89	1,042,269.99	(55,573.52)

ORG1 DESC : Rooks County
CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

Open Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	323.17	323.17	2,876.83	3,200.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	29.95	29.95	570.05	600.00	0.00
	Total	353.12	353.12	3,446.88	3,800.00	0.00

Rooks County Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	323.17	323.17	2,876.83	3,200.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	29.95	29.95	570.05	600.00	0.00
	Total	353.12	353.12	3,446.88	3,800.00	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



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 4	Indemnity	10,175.59	14,953.85	41,549.75	56,503.60	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	11,910.91	115,438.05	42,961.95	158,400.00	0.00
					Legal	50.00	50.00	2,350.00	2,400.00	0.00
					Other	1,338.87	15,104.70	11,895.30	27,000.00	0.00
					Total	23,475.37	145,546.60	98,757.00	244,303.60	0.00
				Rush County Total 116	Indemnity	10,175.59	203,673.82	41,549.75	245,223.57	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	11,910.91	646,226.25	42,961.95	689,188.20	0.00
					Legal	50.00	1,526.00	2,350.00	3,876.00	0.00
					Other	1,338.87	37,939.43	11,895.30	49,834.73	0.00
					Total	23,475.37	889,365.50	98,757.00	988,122.50	0.00

ORG1 DESC : Russell County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

Closed Total 261	Indemnity	0.00	223,154.90	0.00	223,154.90	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	400,804.40	0.00	400,804.40	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	40,274.00	0.00	40,274.00	(16,491.48)
	Total	0.00	664,233.30	0.00	664,233.30	(16,491.48)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 3					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	317.42	1,115.43	8,384.57	9,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	24.57	73.05	1,826.95	1,900.00	0.00
					Total	341.99	1,188.48	10,211.52	11,400.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Russell County Total 265		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	317.42	401,919.83	8,384.57	410,304.40	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	24.57	40,347.05	1,826.95	42,174.00	(16,491.48)	
	Total	341.99	665,421.78	10,211.52	675,633.30	(16,491.48)	

ORG1 DESC : Saline County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
		Closed Total 1221							
			Indemnity		0.00	866,794.87	0.00	866,794.87	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		0.00	1,311,522.87	(9.00)	1,311,513.87	(9,808.31)
			Legal		0.00	24,454.17	0.00	24,454.17	(5,380.82)
			Other		0.00	185,531.57	0.00	185,531.57	(67,682.97)
			Total		0.00	2,388,303.48	(9.00)	2,388,294.48	(82,872.10)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
		Open Total 11							
			Indemnity		0.00	6,154.27	7,635.27	13,789.54	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		1,951.44	85,707.52	76,172.67	161,880.19	0.00
			Legal		0.00	0.00	0.00	0.00	0.00
			Other		113.92	27,025.52	10,799.78	37,825.30	0.00
			Total		2,065.36	118,887.31	94,607.72	213,495.03	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

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	42,815.77	1,500.00	44,315.77	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	66,912.82	10,500.00	77,412.82	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	0.00	2,554.19	1,500.00	4,054.19	0.00
					Total	0.00	112,282.78	14,100.00	126,382.78	0.00
				Saline County Total 1233	Indemnity	0.00	915,764.91	9,135.27	924,900.18	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,951.44	1,464,143.21	86,663.67	1,550,806.88	(9,808.31)
					Legal	0.00	24,454.17	600.00	25,054.17	(5,380.82)
					Other	113.92	215,111.28	12,299.78	227,411.06	(67,682.97)
					Total	2,065.36	2,619,473.57	108,698.72	2,728,172.29	(82,872.10)

ORG1 DESC : Scott County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 48	Indemnity	0.00	18,808.47	0.00	18,808.47	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	83,758.77	0.00	83,758.77	0.00
					Legal	0.00	4,727.60	0.00	4,727.60	0.00
					Other	0.00	9,013.33	0.00	9,013.33	0.00
					Total	0.00	116,308.17	0.00	116,308.17	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

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	0.00	2,500.00	2,500.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	500.00	500.00	0.00
Total			0.00	0.00	3,000.00	3,000.00	0.00

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	83,758.77	2,500.00	86,258.77	0.00
		Legal	0.00	4,727.60	0.00	4,727.60	0.00
		Other	0.00	9,013.33	500.00	9,513.33	0.00
Total			0.00	116,308.17	3,000.00	119,308.17	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 155					0.00	495,927.96	0.00	495,927.96	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	445,366.67	0.00	445,366.67	0.00
					0.00	1,663.50	0.00	1,663.50	0.00
					0.00	31,539.68	0.00	31,539.68	0.00
Total					0.00	974,497.81	0.00	974,497.81	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 : 06/01/2023 - 06/30/2023

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	2,015.28	7,484.72	9,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	29.95	141.91	1,758.09	1,900.00	0.00
	Total	29.95	2,157.19	9,242.81	11,400.00	0.00
Sheridan County Total 158	Indemnity	0.00	495,927.96	0.00	495,927.96	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	447,381.95	7,484.72	454,866.67	0.00
	Legal	0.00	1,663.50	0.00	1,663.50	0.00
	Other	29.95	31,681.59	1,758.09	33,439.68	0.00
	Total	29.95	976,655.00	9,242.81	985,897.81	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 139					Indemnity	0.00	85,276.19	0.00	85,276.19	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	346,905.55	0.00	346,905.55	0.00
					Legal	0.00	16,602.78	0.00	16,602.78	0.00
					Other	0.00	20,317.10	0.00	20,317.10	0.00
					Total	0.00	469,101.62	0.00	469,101.62	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 : 06/01/2023 - 06/30/2023

Open Total 6	Indemnity	0.00	10,000.00	13,216.00	23,216.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	3,304.07	38,195.93	41,500.00	0.00
	Legal	0.00	1,797.25	7,702.75	9,500.00	0.00
	Other	0.00	247.29	6,512.71	6,760.00	0.00
	Total	0.00	15,348.61	65,627.39	80,976.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

Sherman County Total 146	Indemnity	0.00	95,276.19	13,216.00	108,492.19	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	350,209.62	41,695.93	391,905.55	0.00
	Legal	0.00	18,400.03	7,702.75	26,102.78	0.00
	Other	0.00	20,564.39	7,212.71	27,777.10	0.00
	Total	0.00	484,450.23	69,827.39	554,277.62	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 : 06/01/2023 - 06/30/2023

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	63.99	63.99	2,436.01	2,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	10.92	10.92	489.08	500.00	0.00
	Total	74.91	74.91	2,925.09	3,000.00	0.00

Smith County Total 98	Indemnity	0.00	234,045.69	0.00	234,045.69	(3,813.50)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	63.99	287,995.06	2,436.01	290,431.07	(8,186.50)
	Legal	0.00	15,452.71	0.00	15,452.71	0.00
	Other	10.92	24,603.08	489.08	25,092.16	0.00
	Total	74.91	562,096.54	2,925.09	565,021.63	(12,000.00)

ORG1 DESC : Stafford County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	420.82	1,899.85	1,600.15	3,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	20.86	75.48	624.52	700.00	0.00
	Total	441.68	1,975.33	2,224.67	4,200.00	0.00

Stafford County Total 26	Indemnity	0.00	84,221.14	0.00	84,221.14	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	420.82	140,423.13	1,600.15	142,023.28	0.00
	Legal	0.00	7,061.27	0.00	7,061.27	0.00
	Other	20.86	4,502.92	624.52	5,127.44	0.00
	Total	441.68	236,208.46	2,224.67	238,433.13	0.00

ORG1 DESC : Stanton County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 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	2,163.90	2,836.10	5,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	86.07	913.93	1,000.00	0.00
	Total	0.00	2,249.97	3,750.03	6,000.00	0.00

Stanton County 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	395,663.64	2,836.10	398,499.74	0.00
	Legal	0.00	882.00	0.00	882.00	0.00
	Other	0.00	22,749.05	913.93	23,662.98	(5,990.28)
	Total	0.00	628,641.32	3,750.03	632,391.35	(5,990.28)

ORG1 DESC : Stevens County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

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

ORG1 DESC : Sumner County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 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 234	Indemnity	0.00	165,666.86	0.00	165,666.86	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	327,696.77	0.00	327,696.77	0.00
					Legal	0.00	784.00	0.00	784.00	0.00
					Other	0.00	23,117.46	0.00	23,117.46	(2,355.43)
					Total	0.00	517,265.09	0.00	517,265.09	(2,355.43)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

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	228.37	1,695.56	1,804.44	3,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	14.82	850.45	149.55	1,000.00	0.00
	Total	243.19	2,546.01	1,953.99	4,500.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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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	2,127.41	2,927.78	572.22	3,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	398.52	1,034.54	329.44	1,363.98	0.00
	Total	2,525.93	3,962.32	901.66	4,863.98	0.00

Thomas County Total 237	Indemnity	0.00	165,666.86	0.00	165,666.86	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,355.78	332,320.11	2,376.66	334,696.77	0.00
	Legal	0.00	784.00	0.00	784.00	0.00
	Other	413.34	25,002.45	478.99	25,481.44	(2,355.43)
	Total	2,769.12	523,773.42	2,855.65	526,629.07	(2,355.43)

ORG1 DESC : Trego County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

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

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 1					Indemnity	0.00	3,151.95	1,466.49	4,618.44	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	3,959.91	4,740.09	8,700.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	372.18	1,377.82	1,750.00	0.00
					Total	0.00	7,484.04	7,584.40	15,068.44	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Trego County Total 119	Indemnity	0.00	81,541.12	1,466.49	83,007.61	(1,403.88)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	241,852.51	6,202.82	248,055.33	(2,835.19)
	Legal	0.00	976.00	0.00	976.00	0.00
	Other	0.00	13,963.55	1,788.98	15,752.53	(515.12)
	Total	0.00	338,333.18	9,458.29	347,791.47	(4,754.19)

ORG1 DESC : Wabaunsee County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 4	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	0.00	0.00	0.00	0.00
					Total	0.00	0.00	0.00	0.00	0.00
				Wabaunsee County Total 4	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	0.00	0.00	0.00	0.00
					Total	0.00	0.00	0.00	0.00	0.00

ORG1 DESC : Wabaunsee County RWD No 2
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

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

ORG1 DESC : Wallace County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

<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 83									
					0.00	34,338.97	0.00	34,338.97	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	151,740.86	0.00	151,740.86	0.00
					0.00	424.50	0.00	424.50	0.00
					0.00	5,615.14	0.00	5,615.14	0.00
					0.00	192,119.47	0.00	192,119.47	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 : 06/01/2023 - 06/30/2023

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	0.00
	Medical	1,157.91	1,157.91	1,342.09	2,500.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	43.47	43.47	456.53	500.00	0.00	0.00
Total		1,201.38	1,201.38	1,798.62	3,000.00	0.00	0.00

Wallace County Total 84		Indemnity	0.00	34,338.97	0.00	34,338.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	1,157.91	152,898.77	1,342.09	154,240.86	0.00	0.00
	Legal	0.00	424.50	0.00	424.50	0.00	0.00
	Other	43.47	5,658.61	456.53	6,115.14	0.00	0.00
Total		1,201.38	193,320.85	1,798.62	195,119.47	0.00	0.00

ORG1 DESC : Wichita County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

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

ORG1 DESC : Woodson County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
				Closed Total 35					
				Indemnity	0.00	25,084.42	0.00	25,084.42	0.00
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	0.00	49,503.15	0.00	49,503.15	0.00
				Legal	0.00	984.00	0.00	984.00	0.00
				Other	0.00	3,311.52	0.00	3,311.52	0.00
				Total	0.00	78,883.09	0.00	78,883.09	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
				Open Total 3					
				Indemnity	0.00	0.00	0.00	0.00	0.00
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	0.00	243.04	3,956.96	4,200.00	0.00
				Legal	0.00	0.00	0.00	0.00	0.00
				Other	0.00	18.00	782.00	800.00	0.00
				Total	0.00	261.04	4,738.96	5,000.00	0.00

				Woodson County Total 38					
				Indemnity	0.00	25,084.42	0.00	25,084.42	0.00
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	0.00	49,746.19	3,956.96	53,703.15	0.00
				Legal	0.00	984.00	0.00	984.00	0.00
				Other	0.00	3,329.52	782.00	4,111.52	0.00
				Total	0.00	79,144.13	4,738.96	83,883.09	0.00

ORG1 DESC :

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2023 - 06/30/2023

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
Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	0.00	0.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00
Kansas Workers Risk Cooperative for Counties Total 21380	Indemnity	164,495.50	31,965,658.46	2,906,721.37	34,872,379.83	(51,121.92)
	Rehab	0.00	573.00	2,500.00	3,073.00	0.00
	Medical	148,479.51	51,713,866.13	4,195,534.77	55,909,400.90	(959,221.30)
	Legal	9,018.50	908,253.28	454,160.35	1,362,413.63	(11,597.99)
	Other	14,874.89	5,305,154.37	824,838.36	6,129,992.73	(3,956,045.40)
	Total	336,868.40	89,893,505.24	8,384,354.85	98,277,860.09	(4,977,986.61)
Grand Total: 21380	Indemnity	164,495.50	31,965,658.46	2,906,721.37	34,872,379.83	(51,121.92)
	Rehab	0.00	573.00	2,500.00	3,073.00	0.00
	Medical	148,479.51	51,713,866.13	4,195,534.77	55,909,400.90	(959,221.30)
	Legal	9,018.50	908,253.28	454,160.35	1,362,413.63	(11,597.99)
	Other	14,874.89	5,305,154.37	824,838.36	6,129,992.73	(3,956,045.40)
	Total	336,868.40	89,893,505.24	8,384,354.85	98,277,860.09	(4,977,986.61)



Claim Summary - Workers Compensation

PERIOD : 06/01/2023 - 06/30/2023

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)