|  |
| --- |
| **Excess Coverage Receivables Worksheet** |
| **Claims Valuation Date 06/30/2020** |
|  |  |  |  |
| **Claim Number** |  |  |
| **Claimant Name** |  |  |
| **Excess Coverage Calculation** |  |  |
| + | MED/BI/COMP | **$164,168.55** |  |
| + | IND/PD/COLL | **$0.00** |  |
| + | VOC REHAB | **$180.96** |  |
| = | TOTAL PAID | **$164,349.51** |  |
|   | - SIR | **$500,000.00**  |  |
| = | TOTAL EXCESS COVERAGE DUE | **-$335,650.49** |  |
|  |  |  |  |
| **Excess Coverage Receivable Calculation**  |  |
|  | TOTAL EXCESS COVERAGE DUE |  **-$335,650.49**  |  |
|  | - % PENALTY  | **$0.00** |  |
| = | EXCESS RECEIVABLE | **-$335,650.49** |  |
|  | * EXCESS RECOVERY REC'D
 | **$0.00** |  |
|  | * SUBRO/SIF RECOVERY RECV’D
 | **$0.00** |  |
| = | EXCESS COVERAGE RECEIVABLE DUE |  **-$335,650.49** |  |
|  |  |  |  |
|  | **ADJUSTER'S NAME** |   |  |
|  | **NOTES** |  |  |

**Carrier Midwest ORM Supervisor:**

**SIR $500,000.00 Report: Yes**

**Is Claim De-Controlled: No**

**Second Injury Fund**

**Claim: N Subrogation: no**

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| **Excess Coverage Receivables Worksheet** |
| **Claims Valuation Date 06/30/2020** |
|  |  |  |  |
| **Claim Number** |   |  |
| **Claimant Name** |   |  |
| **Excess Coverage Calculation** |  |  |
| + | MED/BI/COMP | **$139,711.68** |  |
| + | IND/PD/COLL | **$337,013.33** |  |
| + | VOC REHAB | **$104.50** |  |
| = | TOTAL PAID | **$476,829.51** |  |
|   | - SIR | **$500,000.00**  |  |
| = | TOTAL EXCESS COVERAGE DUE | **-$23,170.49** |  |
|  |  |  |  |
| **Excess Coverage Receivable Calculation**  |  |
|  | TOTAL EXCESS COVERAGE DUE |  **-$23,170.49**  |  |
|  | - % PENALTY  | **$0.00** |  |
| = | EXCESS RECEIVABLE | **-$23,170.49** |  |
|  | * EXCESS RECOVERY REC'D
 | **$0.00** |  |
|  | * SUBRO/SIF RECOVERY RECV’D
 | **$8,693.20** |  |
| = | EXCESS COVERAGE RECEIVABLE DUE |  **-$31,863.69** |  |
|  |  |   |  |
|  | **ADJUSTER'S NAME** |   |  |
|  | **NOTES** | $8,693.20 recovery received was subrogation |  |

**Carrier Riverstone ORM Supervisor:**

**SIR $500,000.00 Report: Yes**

**Is Claim De-Controlled: No**

**Second Injury Fund**

**Claim: N Subrogation: yes**