|  |  |  |  |
| --- | --- | --- | --- |
| **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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**