	Addendum Aggregate Claims Information		1	1	1	1	
[Proposed D	Data Fields for Online Submission]			1			
		+	_	INJURY DA	TES		I
		FY 19-20	FY 18-19	FY 17-18	FY 16-17	FY 15-16	Years prior FY 15-16
Number of Ne	Notices of Representation Received in FY	F1 19-20	L1 10-13	F1 17-16	FT 10-17	F1 15-10	F1 13-10
	of claims in each category as of the end of the reporting period.						
	ims that fit into more than one category should be included in the count for	each categ	orv that ap	olies.)			
	Open Indemnity Claims						
	Open Medical-Only Claims						
	Open Future Medical Claims						
	Public Safety Employee <u>Benefit</u> Claims						
	Industrial Disability Leave Claims						
	Catastrophic Claims						
	Fatality Claims						
Aggregate amo	ount of benefits paid for each disability category						
	Temporary Disability Benefits Paid (\$ amount)						
	Number of Claims where TD benefits were provided						
	Public Safety Employee Benefits Paid (\$ amount)						
	Number of Claims where Public Safety Employees received						
	salary continuation benefits		1	1	1	1	1
	Industrial Disability Leave Benefits Paid (\$ amount)  Number of claims where Industrial Disability Leave benefits		+	+		+	1
	were provided						
	Permanent Disability Benefits Paid (\$ paid in permanent total and					1	
	permanent partial disability)						
	Number of Claims where PD benefits were paid						
	Supplemental Job Displacement Benefits Voucher paid (\$ amount)						
	Number of Claims where SJDBV was issued						
	Death Benefits Paid, including burial costs (\$ amount)						
						1	1
	Number of Claims were death benefits were provided						
Aggregate amo	ount of Medical Costs paid for each category						
	Interpreters (\$ amount)						
	Physician Visits (\$ amount)						
	In-Patient Hospital (\$ amount)						
	Out-Patient Hospital and Ambulatory Surgery Center (\$ amount)						
	Radiology Diagnostics (\$ amount)						
	DME supplies (\$ amount)						
	Physical Therapy (\$ amount)					1	1
	Pharmaceutical (\$ amount) Surgery (\$ amount)					-	-
	In Home Support (\$ amount)					1	1
	Medical-Legal (\$ amount)						
	All other Medical Costs not included above (\$ amount)						
Aggregate amo	ount of Legal and Loss Adjustment Expenses for each category						
	Attorney Fees and Legal Costs (\$ amount)						
	Photocopy Fees (\$ amount)						
	Interpreter's Fees (\$ amount)						
	Medical Cost Containment Fees - total (\$ amount)						
[line deleted]	Allocated and unallocated loss adjustment expense (\$ amount)						
[line deleted]	Bill Review, including IBR - total (\$ amount)						
	Utilization Review (\$ amount)						
	Independent Medical Review (\$ amount)					L	
	Uncategorized Legal and Loss expenses or any All-other Legal and Loss						
	Expenses not included above (\$ amount)						
Estimated Futu	ure Liabilities: (Estimate of total incurred costs, less paid ) - OPEN CLAIMS ONLY	,					
	Temporary Disability (\$ amount)		<u> </u>	<u> </u>		†	<del>                                     </del>
	Permanent Disability (\$ amount)					1	
	Public Safety Employee Benefits (\$ amount)					1	
	Industrial Disability Leave Benefits (\$ amount)					1	
	Supplemental Job Displacement Benefits Voucher (\$ amount)						
	Death Benefits (\$ amount)  Medical Costs (\$ amount)						