

Kentucky Assigned Claims Plan
Explanatory Information for Billing Summary Form:
SCROLL DOWN FOR BILLING SUMMARY FORM

Please include current reimbursement requests only and do not include amounts for which your company has already been paid.

Subrogation:

- a. **Gross Recovery** is the total amount recovered in subrogation for this specific claim. Do not include recoveries for others involved in the same accident, as each must be submitted on a separate billing summary form.
- b. **Recovery Costs**, Rule 8 of the KACP Rules and Regulations states:
In pursuit of subrogation authorized by the Bureau, the servicing insurer shall be entitled to a fee equal to 15% of gross recovery, or 15% of net recovery if an attorney is engaged to make recovery. In the event of subrogation authorized by the Bureau there shall be a minimum fee of \$30.00 per claim. Court costs incurred by the servicing insurer, even when recovery is unsuccessful, will be reimbursed by the Bureau.
- c. **Net Recovery**, If an attorney was not involved the company is entitled to 15% of the gross recovery.
- d. **Fee**; see (b) above for explanation.
- e. **Our Draft**; (c-d) Net recovery minus Fee and Check is being sent to KACP
- f. **Please Pay**: Used to request payment of KACP if the subrogation costs exceed net recovery or nothing is recovered.

Loss Payments:

1,2,3,4,5: List PIP amounts paid for each item separately.

a. Total Paid: Add each item under 1-5 for a total paid for this claimant.

b. Fee: Section 4, Rule 6 of KACP Rules and Regulations states:

The Bureau shall be responsible for reimbursement to the servicing insurers as follows:

- (a) *The servicing insurer shall be entitled to reimbursement for all benefits paid in good faith and to a maximum claim handling fee equal to 10% of such benefits paid per accident or loss. In no event shall such fee be less than \$250.00 per claimant. In addition, the servicing insurer shall be reimbursed for allocated claim expenses, subject to approval of the Bureau.*
- (b) *The servicing insurer shall not be reimbursed for interest or penalties on overdue payments which results from its negligence or for any improper payments in failing to take all allowable deductions set forth in KRS 304.39-160.*

c. Allocated Costs: A servicing insurer shall not be reimbursed for attorney fees or independent adjusting charges unless incurred in consent of the Bureau.

d. Due Company: This is the total amount due your company for this claimant and is a total of a+b+c.

e. Less Subrogation: If the amount of subrogation is to be deducted from the amount due your company please indicate this amount and provide full information under the subrogation column.

f. Please Pay Company: If the amount collected includes a deduction for subrogation collected please indicate here.

Kentucky Assigned Claims Plan

10605 Shelbyville Road, Suite 100, Louisville, KY 40223
502-327-7105; 502-327-0851 (fax); Website: www.kyinsplans.org

Servicing Insurer Billing Summary Form

Name of servicing Insurer:			
Address of servicing Insurer:	Street:	City:	
	State:	ZIP:	Telephone #:
Person Completing Form:			

In accordance with the rules and regulations of the Kentucky Assigned Claims Plan, the undersigned servicing insurer submits this:

Bill:		Report as of:	
-------	--	---------------	--

Claims Information				Claimants			
Assignment Control Number:				Claimants Name(s):		PIP Paid to Date	
Company Control Number:				Claimant #1:			
Date of Accident:				Claimant 02:			
Reserve for Outstanding Losses:				Claimant 03:			
Number of Claimants:				Claimant 04:			
File Status:		Open:		Closed:		Claimant 05:	

Subrogation				Payments			
Is Subrogation Open?		Yes:		No:			

IF SUBROGATION IS OPEN, CHECK ALL OF THE FOLLOWING THAT APPLY:				1. Medical:			
				2. Wages:			
		Pursuing Claimant Insurer.		3. Survivors Benefits:			
		Pursuing Uninsured Owner.		4. Replacement Services:			
		Subrogation Attorney Involved.		5. Funeral:			
		Suit Filed.		a. Total Paid (1+2+3+4+5):			
		Judgment Obtained.		b. Fee (10%): Minimum \$250.00 per claimant:			

Subrogation Recovery			
a. Gross Recovery:			
b. Recovery Costs:			
c. Net Recovery (a-b):			
d. Fee (15%): (of a) *			
* (15% of c. when attorney Involved In recovery)			
e. Our Draft:(c-d):			
f. Please Pay:			

Comments:			
-----------	--	--	--

PLEASE INCLUDE CURRENT REIMBURSEMENT REQUESTS ONLY. DO NOT INCLUDE AMOUNTS FOR WHICH YOUR COMPANY HAS ALREADY BEEN PAID

The person signatory hereto certifies on behalf of this company that all entries hereon are complete and accurate in accordance with the company's records. Typing your name into the box below is sufficient for electronic usage.

Signed or Typed Name:		Date:	
-----------------------	--	-------	--