

# KACP

## BILLING FORM


### How to Email Form

#### IE Browsers

Once you have completed the form, click the "EMAIL FORM TO KACP" button.

#### Chrome Browsers

##### Open PDFs in Chrome

1. On your computer, open Chrome.
2. At the top right, click More  > Settings.
3. At the bottom, click Advanced.
4. Under "Privacy and security," click Content settings.
5. Near the bottom, click PDF documents.
6. Turn off Download PDF files instead of automatically opening them in Chrome.

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The Plan of Operation requires servicing insurers to promptly report the disposition of claims assigned to it for handling and to make such other reports, records and information available upon request.

Servicing Insurer Billing Summary Form			
Kentucky Assigned Claims Plan 10905 Shelbyville Road, Suite 100, Louisville, KY 40223 502-327-7105, Website: www.kyinsplans.org			
Name of servicing Insurer:			
Address of servicing Insurer:		Street:	City:
		State:	ZIP:
		Telephone #:	
Assignment Control Number:		Claimants Name(s):	PIP Paid to Date
Company Control Number:		Claimant #1:	
Date of Accident:		Claimant #2:	
Reserve for Outstanding Losses:		Claimant #3:	
Number of Claimants:		Claimant #4:	
File Status:	Open: <input type="checkbox"/>	Closed: <input type="checkbox"/>	Claimant #5:
Subrogation		Payments	
Is Subrogation Open?			
Yes: <input type="checkbox"/>		No: <input type="checkbox"/>	
IF SUBROGATION IS OPEN, CHECK ALL OF THE FOLLOWING THAT APPLY:			
<input type="checkbox"/>	Pursuing Claimant Insurer.	1. Medical:	
<input type="checkbox"/>	Pursuing Uninsured Owner.	2. Wages:	
<input type="checkbox"/>	Subrogation Attorney Involved.	3. Survivors Benefits:	
<input type="checkbox"/>	Suit Filed.	4. Replacement Services:	
<input type="checkbox"/>	Judgment Obtained.	5. Funeral:	
			a. Total Paid (1-2-3-4-5):
			\$ 0.00
			b. Fee (10%): Minimum \$250.00 per claimant:
Subrogation Recovery			
a. Gross Recovery:		c. Allocated Costs:	
b. Recovery Costs:		d. Due Company (a-b-c):	
		\$0.00	
c. Net Recovery (a-b):		e. Less Subro Receipts:	
\$ 0.00			
d. Fee (15%): (of a) *		f. Please pay company (d-e):	
		\$0.00	
* (15% of c, when attorney involved in recovery)			
e. Our Draft (d-e):		Owed back to KACP for over payment:	
\$ 0.00			
f. Subrogation Expense:			
g. 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:	Revised 3/27/19
EMAIL FORM TO KACP		PRINT FORM	
SAVE FORM TO PC		CLEAR ALL FIELDS	



## WHEN TO USE THIS FORM?

Please use this form for Billing Requests and Subrogation Submissions.

We still require your Eligibility Report and PIP Log to pay any Billing Requests. Please be sure to submit these documents with your Billing Form. If emailing, simply attach the supporting documents to your email. If mailing or faxing, kindly include all documents in your request.

# KACP

## INVESTIGATION REPORT


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The Plan of Operation requires servicing insurers to promptly report the disposition of claims assigned to it for handling and to make such other reports, records and information available upon request.

### Investigation Report

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**Kentucky Assigned Claims Plan**  
10605 Shelbyville Road, Suite 100, Louisville, KY 40223  
502-327-7105

**Stephen M. Hillis, Manager**  
Email Address: [KyAuto@KAIP.org](mailto:KyAuto@KAIP.org)  
[www.kvinsplans.org](http://www.kvinsplans.org)

Date:

Claimant Name:

Adjuster Name:

Assigned Control #:

Company Name:

Claim #:

Please provide the following information as it pertains to the above noted claim:

SELECT ▼

#### 1- Claimant Details

DOB:

SSN (Last 4 Digits):

Address:

Nature & Extent of Injury:

Medical Treatment:

Employment and Wages:

Dependents:

#### 2- Accident Details

Accident Date:

Accident Time:

Accident Location:

Host Vehicle Owner:

Host Vehicle Driver:

Other Vehicle's Insurance:

Accident Description:

Police Version (if applicable):

Witness Version (if applicable):

1 of 2

Investigation Report - Version 32719



## WHEN TO USE THIS FORM?

Please feel free to use this form any time you need to update us on the investigation claim status:

- As your 10 Day Report of claim number/adjuster info.
- As your 30 Day Report.
- As your annual update or updated investigation report.
- As your Eligibility Report.

Kindly submit this form to [KyAuto@KAIP.org](mailto:KyAuto@KAIP.org) for expedited handling.

# KACP

## STATUS FORM


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The Plan of Operation requires servicing insurers to promptly report the disposition of claims assigned to it for handling and to make such other reports, records and information available upon request.

### Status Form

Kentucky Assigned Claims: 10605  
Shelbyville Road, Suite 100  
Louisville, Kentucky 40223  
(502) 327-7105

Stephen M. Hill, Manager  
Email Address: [KyAuto@KAIP.org](mailto:KyAuto@KAIP.org)  
[www.kyinplans.org](http://www.kyinplans.org)

Date:  Claimant Name:

Adjuster Name:  Assignment Control #:

Company Name:  Claim #:

The Plan of Operation requires servicing insurers to promptly report the disposition of claims assigned to it for handling and to make such other reports, records and information available upon request.

Please provide the following information as it pertains to the above noted claim:

1- Status of Claim

Comments:

2- Status of Subrogation

If open, please check all of the following that apply:

<input type="checkbox"/> Pursuing Claimant Insurer	<input type="checkbox"/> Judgment Obtained:
<input type="checkbox"/> Pursuing Uninsured Owner	Date of Judgment: <input type="text"/>
<input type="checkbox"/> Subro Attorney Involved	Judgment Amount: <input type="text"/>
<input type="checkbox"/> Suit Filed to Protect Subrogation	Gross Amount Collected: <input type="text"/>

Comments:

3- Has final billing been sent to Kentucky Assigned Claims Plan?

4- Has final subrogation recovery been sent to Kentucky Assigned Claims Plan?

Name of person completing this form:  Date:

Status Form - Version 32719

### WHEN TO USE THIS FORM?

Please feel free to use this form any time you need to update us on a claim status:

- As your reply to a request for status update.
- As your annual update.
- As your notice of file closing.
- As your notice of subrogation transfer.
- As you notice of subrogation closing.

Kindly submit this form to [KyAuto@KAIP.org](mailto:KyAuto@KAIP.org) for expedited handling.