

KACP

BILLING FORM


How to Email Form

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

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3. At the bottom, click Advanced.
4. Under "Privacy and security," click Content settings.
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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 PO Box 458669, Louisville, KY 40243 502-427-7105; 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"/> | Claimant #5: | |
| | Closed: <input type="checkbox"/> | Claimant #6: | |
| 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: | |
| Subrogation Recovery | | | 6. Total Paid (1+2+3+4+5): |
| a. Gross Recovery: | | b. Fee (10%): | \$ 0.00 |
| b. Recovery Costs: | | Minimum \$250.00 per claimant: | |
| c. Net Recovery (a-b): | \$ 0.00 | | |
| d. Fee (15%): (of a) * | | | |
| * (15% of c. when attorney involved in recovery) | | | |
| e. Our Draft:(c-d): | \$ 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 12/11/9 |
| 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.

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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 | |
|--|---|
| Kentucky Assigned Claims Plan PO Box 436509, Louisville, KY 40245 502-327-7105 | Stephen M. Hillis, Manager Email Address: KyAuto@KAIP.org 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): | <input type="checkbox"/> |
| Witness Version (if applicable): | |
| 1 of 2 | Investigation Report - Version 120119 |



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 for expedited handling.

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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
PO Box 436509
Louisville, Kentucky 40243
(602) 327-7105

Stephen M. Hillis, Manager
Email Address: KyAuto@KAIP.org
www.kvinsplans.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="checkbox"/> Subro. Attorney Involved | Judgment Amount: |
| <input type="checkbox"/> Suit Filed to Protect Subrogation | Gross Amount Collected: |

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 120119

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 for expedited handling.