

## SUBMITTING A BILLING SUMMARY FORM

- Go to Servicing Carrier Updates on the KACP website.
- Select 'Billing Summary Form' from the dropdown menu and click proceed.

The screenshot shows the 'Kentucky Assigned Claims Plan' website. On the left, there is a 'Login for Internal Users' section with fields for 'User ID' and 'Password', a 'Remember my User ID' checkbox, and a 'Log In' button. Below this are sections for 'Apply for Benefits' (with a 'Start Application' button) and 'Contact Us' (with a 'Contact Us' button). The main content area features the title 'Kentucky Assigned Claims Plan' and a 'Purpose' section. The purpose text states: 'A person entitled to Basic Reparations Benefits because of injury may obtain them through the Kentucky Assigned Claims Plan subject to the provisions of KRS 304.39-160.' Below this, it explains that a 'Kentucky No-fault application' must be completed online and provides instructions on where to click to start the process. On the right, the 'Servicing Carrier Updates' dropdown menu is open, showing options: 'Billing Summary Form' (highlighted with a red box), 'Report Claim Number', 'Investigation or Eligibility Determination', 'Updated Investigation or Eligibility Report', and 'Status Report'. There is also an 'FAQ' button at the bottom right.

This screenshot is identical to the one above, but the 'Billing Summary Form' option in the 'Servicing Carrier Updates' dropdown menu is no longer visible. Instead, a 'Proceed' button is highlighted with a red box, indicating the next step in the process. The rest of the page content, including the login fields, purpose text, and other navigation buttons, remains the same.

- Enter the carrier claim number, control number, and application number. Click proceed.

Servicing Carrier Updates - Pre Validation

Carrier Claim #

Control #

Application #

- Select the adjuster, file status, and subrogation status from the dropdown menu. Complete the mandatory highlighted fields. A zero should be entered in the highlighted dollar fields when no dollar amount applies. Hit submit when completed.

### Billing Summary Form

**Servicing Insurer**

Assigned Control Number	<input type="text"/>	Company Claim Number	<input type="text"/>
Servicing Carrier	<input type="text"/>	Adjuster	<input type="text"/>
Submission Date	<input type="text"/>		
Date of Accident	<input type="text"/>		
Reserve for Outstanding Losses	<input type="text"/>		
Number of Claimants	<input type="text"/>		
File Status	<input type="text" value="Open"/>		

**Subrogation**

Is Subrogation Open?

**IF SUBROGATION IS OPEN, CHECK ALL OF THE FOLLOWING THAT APPLY:**

Pursuing Claimant Insurer.

Pursuing Uninsured Owner.

Subrogation Attorney Involved.

Suit Filed.

Judgment Obtained.

**Subrogation Recovery**

a. Gross Recovery	<input type="text"/>
b. Recovery Costs	<input type="text"/>
c. Net Recovery (a-b)	<input type="text"/>
d. Fee (15%): (of a) *	<input type="text"/>
* (15% of c. when attorney Involved In recovery)	
e. Our Draft:(c-d)	<input type="text"/>
f. Subrogation Expense	<input type="text"/>
g. Please Pay	<input type="text"/>

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.

Claimant Name	PIP Paid to Date
Claimant 1:	<input type="text" value="\$10,000.00"/>

**Payments**

1. Medical	<input type="text" value="\$9,000.00"/>
2. Wages	<input type="text" value="\$1,000.00"/>
3. Survivors Benefits	<input type="text" value="\$0.00"/>
4. Replacement Services	<input type="text" value="\$0.00"/>
5. Funeral	<input type="text" value="\$0.00"/>
a. Total Paid (1+2+3+4+5)	<input type="text" value="\$10,000.00"/>
b. Fee (10%)	<input type="text" value="\$1,000.00"/>
Minimum \$250.00 per claimant:	
c. Allocated Costs	<input type="text" value="\$5.00"/>
d. Due Company (a+b+c)	<input type="text" value="\$11,005.00"/>
e. Less Subro Receipts	<input type="text" value="\$0.00"/>
f. Please pay company (d-e)	<input type="text" value="\$11,005.00"/>
Owed back to KACP for over payment	<input type="text"/>

\*\*Please note, if you need assistance completing the billing form, you can Click on the (i) at the top of the billing form for additional instruction.

**Billing Summary Form **

**Servicing Insurer**

Assigned Control Number	<input type="text"/>	Company Claim Number	<input type="text"/>
Servicing Carrier	<input type="text"/>	Adjuster	<input type="text"/>

Are you sure you want to submit the billings?

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**Servicing Insurer**

Assigned Control Number  Company Claim Number

Servicing Carrier  Adjuster

Submission Date

Date of Accident

Reserve for Outstanding Losses

Number of Claimants

File Status

**Subrogation**

Is Subrogation Open?

**IF SUBROGATION IS OPEN, CHECK ALL OF THE FOLLOWING THAT APPLY:**

Pursuing Claimant Insurer.  
 Pursuing Uninsured Owner.  
 Subrogation Attorney Involved.  
 Suit Filed.  
 Judgment Obtained.

**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. Subrogation Expense

g. Please Pay

Comments:

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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.

Claimant Name	PIP Paid to Date
Claimant 1: <input type="text" value="John Smith"/>	\$10,000.00

Payments	
1. Medical	\$9,000.00
2. Wages	\$1,000.00
3. Survivors Benefits	\$0.00
4. Replacement Services	\$0.00
5. Funeral	\$0.00
a. Total Paid (1+2+3+4+5)	\$10,000.00
b. Fee (10%)	\$1,000.00
Minimum \$250.00 per claimant:	
c. Allocated Costs	\$5.00
d. Due Company (a+b+c)	\$11,005.00
e. Less Subro Receipts	\$0.00
f. Please pay company (d-e)	\$11,005.00
Owed back to KACP for over payment	<input type="text"/>

- Once you hit submit and click ok, you will receive a confirmation indicating that the billing was submitted successfully. If you have indicated in your billing that a draft is being sent to us for subrogation recovery, a statement will alert you to send the draft with a copy of your billing. You may download this form and upload your billing supports.

## Billing Summary Form

### Servicing Insurer

Assigned Control Number <input type="text"/>	Company Claim Number <input type="text"/>
Servicing Carrier <input type="text"/>	Adjuster <input type="text"/>
Submission Date <input type="text"/>	
Date of Accident <input type="text"/>	
Reserve for Outstanding Losses <input type="text"/>	
Number of Claimants <input type="text"/>	
File Status <input type="text" value="Open"/>	

Claimant Name	PIP Paid to Date
Claimant 1: <input type="text"/>	\$0.00

### Subrogation

Is Subrogation Open?

### 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. Subrogation Expense

g. Please Pay

### Payments

1. Medical	\$0.00
2. Wages	\$0.00
3. Survivors Benefits	\$0.00
4. Replacement Services	\$0.00
5. Funeral	\$0.00
<b>a. Total Paid (1+2+3+4+5)</b>	\$0.00
<b>b. Fee (10%)</b>	\$0.00
<small>Minimum \$250.00 per claimant:</small>	
<b>c. Allocated Costs</b>	\$100.00
<b>d. Due Company (a+b+c)</b>	\$100.00
<b>e. Less Subro Receipts</b>	\$0.00
<b>f. Please pay company (d-e)</b>	\$100.00
Owed back to KACP for over payment	<input type="text"/>

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.

Billings submitted successfully.

### Documents

#	Document Description	Type	Create Date	Control Number
<input type="button" value="Previous"/> <input type="button" value="0"/> <input type="button" value="Next"/> <span style="margin-left: 20px;">10 Items per page</span> <span style="float: right;">No items to display</span>				

## Billing Summary Form

### Servicing Insurer

Assigned Control Number	<input type="text"/>	Company Claim Number	<input type="text"/>
Servicing Carrier	<input type="text"/>	Adjuster	<input type="text"/>
Submission Date	<input type="text"/>		
Date of Accident	<input type="text"/>		
Reserve for Outstanding Losses	<input type="text"/>		
Number of Claimants	<input type="text"/>		
File Status	<input type="text" value="Open"/>		

Claimant Name	PIP Paid to Date
Claimant 1:	\$10,000.00

### Subrogation

Is Subrogation Open?

IF SUBROGATION IS OPEN, CHECK ALL OF THE FOLLOWING THAT APPLY:

- Pursuing Claimant Insurer.
- Pursuing Uninsured Owner.
- Subrogation Attorney Involved.
- Suit Filed.
- Judgment Obtained.

### Subrogation Recovery

a. Gross Recovery	<input type="text" value="\$9,000.00"/>
b. Recovery Costs	<input type="text" value="\$1,000.00"/>
c. Net Recovery (a-b)	<input type="text" value="\$8,000.00"/>
d. Fee (15%): (of a) *	<input type="text" value="\$1,200.00"/>
* (15% of c. when attorney involved in recovery)	
e. Our Draft:(c-d)	<input type="text" value="\$8,000.00"/>
f. Subrogation Expense	<input type="text" value="\$10.00"/>
g. Please Pay	<input type="text" value="\$1,210.00"/>

Comments:

### Payments

1. Medical	<input type="text" value="\$5,000.00"/>
2. Wages	<input type="text" value="\$2,000.00"/>
3. Survivors Benefits	<input type="text" value="\$1,000.00"/>
4. Replacement Services	<input type="text" value="\$1,000.00"/>
5. Funeral	<input type="text" value="\$1,000.00"/>
a. Total Paid (1+2+3+4+5)	<input type="text" value="\$10,000.00"/>
b. Fee (10%)	<input type="text" value="\$1,000.00"/>
Minimum \$250.00 per claimant:	
c. Allocated Costs	<input type="text" value="\$10.00"/>
d. Due Company (a+b+c)	<input type="text" value="\$11,010.00"/>
e. Less Subro Receipts	<input type="text" value="\$8,000.00"/>
f. Please pay company (d-e)	<input type="text" value="\$3,010.00"/>
Owed back to KACP for over payment	<input type="text"/>

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

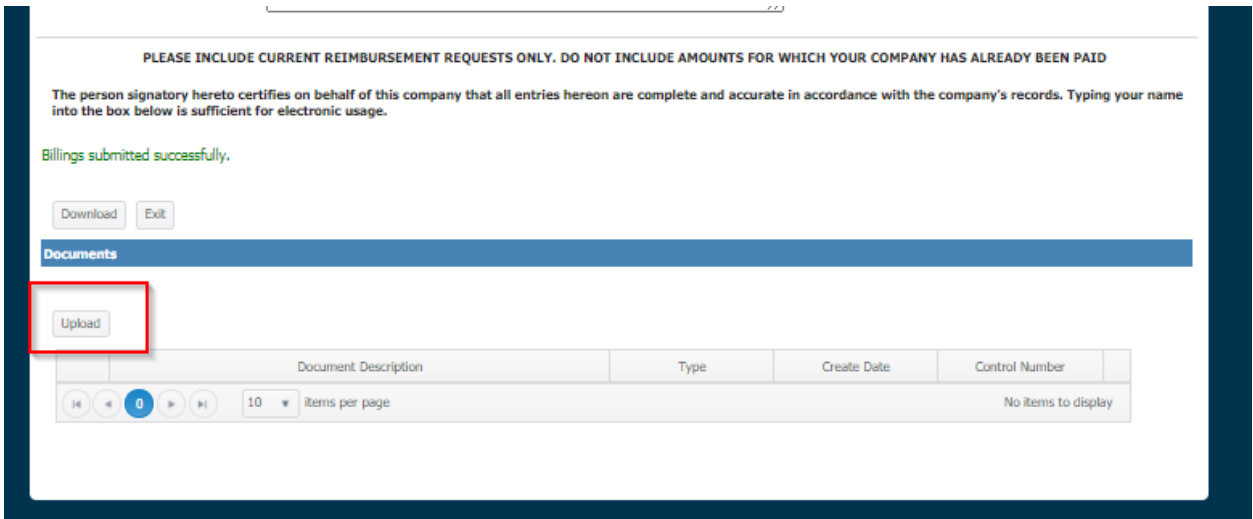
The person signatory hereto certifies on behalf of this company that all entries hereon are complete and accurate in accordance with the company's records. Typing your name into the box below is sufficient for electronic usage.

- Subrogation is selected as open. If you have a draft to submit, please download this form using download button option and mail the downloaded document with the corresponding draft in the same envelope.

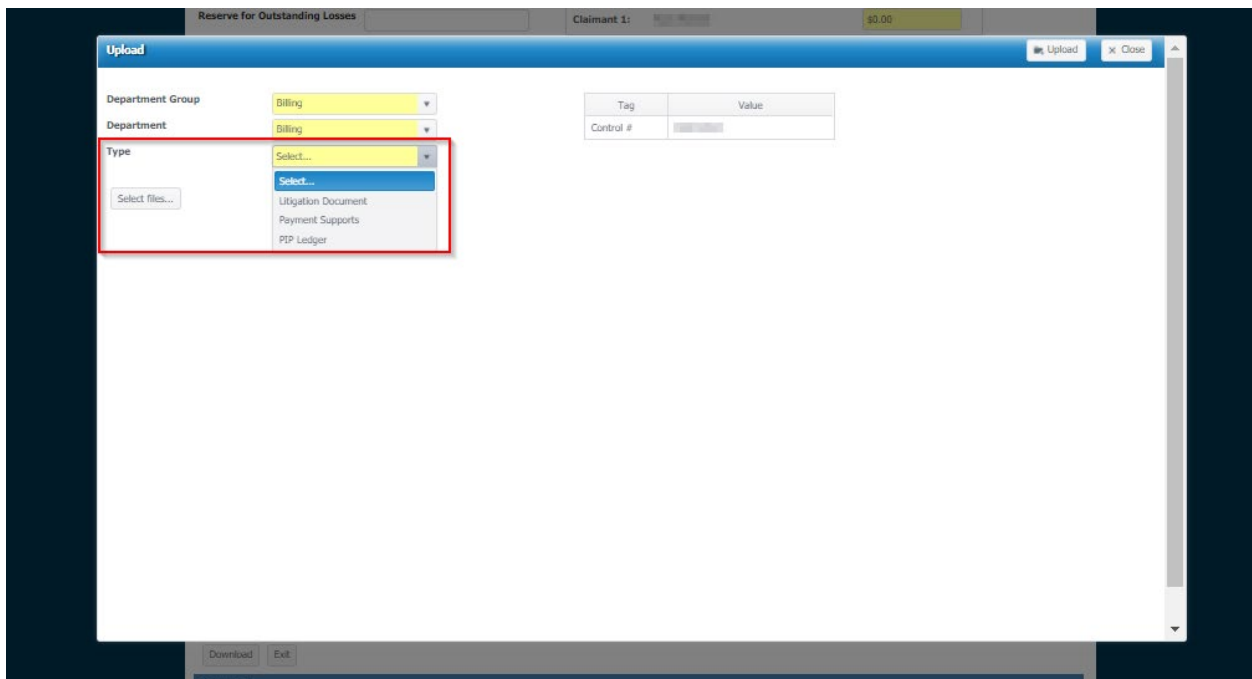
Billing submitted successfully.

### Documents

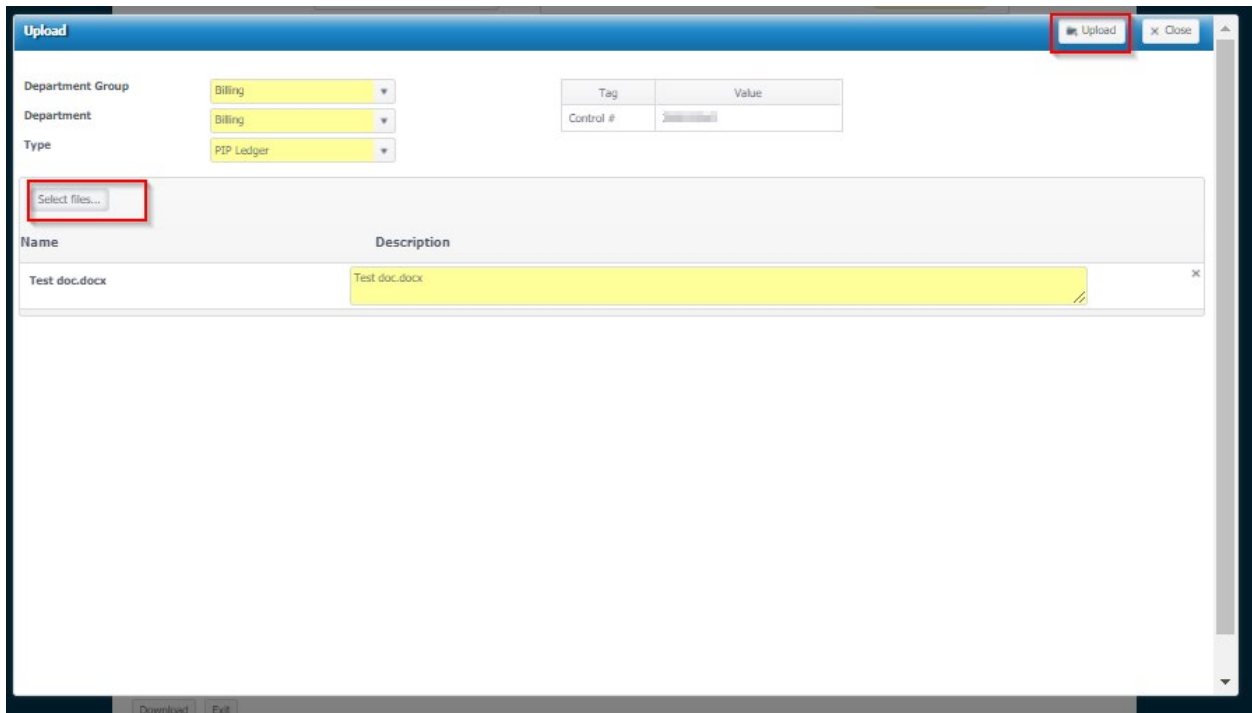
- Click the upload button



- Select the type of document(s) you are uploading.



- Select files and then click on upload.



- Once you have finished uploading your documents, you may hit exit to return to the main page.



**Servicing Insurer**

Assigned Control Number:  Company Claim Number:   
 Servicing Carrier:  Adjuster:   
 Submission Date:    
 Date of Accident:    
 Reserve for Outstanding Losses:   
 Number of Claimants:   
 File Status:

Claimant Name	PIP Paid to Date
Claimant 1: <input type="text"/>	<input type="text" value="\$0.00"/>

**Subrogation**

Is Subrogation Open?

**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. Subrogation Expense:   
 g. Please Pay:

**Payments**

1. Medical	<input type="text" value="\$0.00"/>
2. Wages	<input type="text" value="\$0.00"/>
3. Survivors Benefits	<input type="text" value="\$0.00"/>
4. Replacement Services	<input type="text" value="\$0.00"/>
5. Funeral	<input type="text" value="\$0.00"/>
a. Total Paid (1+2+3+4+5)	<input type="text" value="\$0.00"/>
b. Fee (10%)	<input type="text" value="\$0.00"/>
<small>Minimum \$250.00 per claimant:</small>	
c. Allocated Costs	<input type="text" value="\$100.00"/>
d. Due Company (a+b+c)	<input type="text" value="\$100.00"/>
e. Less Subro Receipts	<input type="text" value="\$0.00"/>
f. Please pay company (d-e)	<input type="text" value="\$100.00"/>
Owed back to KACP for over payment	<input type="text"/>

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Billings submitted successfully.

**Documents**

Document Description	Type	Create Date	Control Number
Test doc.docx	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>

10 items per page 1 - 1 of 1 items