

## SUBMITTING A BILLING SUMMARY FORM

- Go to Servicing Carrier Updates on the KACP website.
- Select 'Billing Summary Form' from the drop-down 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 for more information. On the right, there is a 'Servicing Carrier Updates' dropdown menu. The dropdown is open, showing options: 'Select...', 'Report Claim Number', 'Investigation or Eligibility Determination', 'Updated Investigation or Eligibility Report', 'Billing Summary Form' (highlighted with a red box), and 'Status Report'. Below the dropdown is an 'FAQ' button.

This screenshot shows the same website as the previous one, but with the 'Billing Summary Form' option selected in the 'Servicing Carrier Updates' dropdown menu. The dropdown menu is now closed, and the 'Proceed' button is highlighted with a red box. Below the dropdown menu, there is an 'Upload Documents' section with a 'Proceed' button, and an 'FAQ' button at the bottom right. The rest of the page content remains the same as in the previous screenshot.

- 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, type of billing, and subrogation status from the drop-down menus. 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 Carrier

Assigned Control Number	<input type="text" value="202211011"/>	Company Claim Number	<input type="text"/>
Date of Accident	<input type="text" value="11/1/2022"/>	Servicing Carrier	<input type="text"/>
Reserve for Outstanding Losses	<input type="text"/>	Adjuster	<input type="text" value="Select..."/>
Number of Claimants	<input type="text"/>	Submission Date	<input type="text" value="2/13/2023"/>
File Status	<input type="text" value="Select..."/>	Type of Billing	<input type="text" value="Payment"/>

### 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

Recovery Cost Retained?

c. Net Recovery (a-b)

d. Fee (15%)- (of a) \*

\* (15% of c. when attorney involved in recovery)  Fee Retained?

e. Amount of Check to KACP:(c-d) \*

\* This figure should match the total on the check Servicing Carrier is sending to KACP.

f. Subrogation Expense

g. Amount Due Servicing Carrier

Comments:

### Claimant

Claimant

### Payments

1. Medical	<input type="text"/>
2. Wages	<input type="text"/>
3. Survivors Benefits	<input type="text"/>
4. Replacement Services	<input type="text"/>
5. Funeral	<input type="text"/>
a. Total Paid (1+2+3+4+5)	<input type="text" value="\$0.00"/>
b. Fee (10%)	<input type="text"/>
Minimum \$250.00 per claimant:	
c. Allocated Costs	<input type="text"/>
d. Due Company (a+b+c)	<input type="text" value="\$0.00"/>
e. Less Subro Receipts	<input type="text"/>
f. Amount Due Servicing Carrier (d-e)	<input type="text" value="\$0.00"/>

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

\*\*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"/>

kacp-uat.onaipso.com says  
Are you sure you want to submit the billings?

OK Cancel

**Servicing Carrier**

Assigned Claim number: 202211008  
Date of Accident: 11/12/2022  
Reserve for Outstanding Losses:   
Number of Claimants:   
File Status: Open

Company Claim Number:   
Servicing Carrier:   
Adjuster:   
Submission Date: 2/13/2023  
Type of Billing: Payment

**Subrogation**

Is Subrogation Open? Yes

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

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

**Subrogation Recovery**

a. Gross Recovery:   
b. Recovery Costs:   
 Recovery Cost Retained?  
c. Net Recovery (a-b):   
d. Fee (15%): (of a) \*:   
\* (15% of c, when attorney involved in recovery)  Fee Retained?  
e. Amount of Check to KACP:(c-d) \*:   
\* This figure should match the total on the check Servicing Carrier is sending to KACP.  
f. Subrogation Expense:   
g. Amount Due Servicing Carrier:

**Claimant**

Claimant:

**Payments**

1. Medical	\$3,000.00
2. Wages	\$0.00
3. Survivors Benefits	\$0.00
4. Replacement Services	\$0.00
5. Funeral	\$0.00
a. Total Paid (1+2+3+4+5)	\$3,000.00
b. Fee (10%)	\$250.00
Minimum \$250.00 per claimant:	
c. Allocated Costs	\$0.00
d. Due Company (a+b+c)	\$3,250.00
e. Less Subro Receipts	\$0.00
f. Amount Due Servicing Carrier (d-e)	\$3,250.00

Comments:

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

Submit Exit

- Once you hit submit and click ok, you will receive a confirmation indicating that the billing form 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. Please make sure to check the appropriate boxes when retaining the subrogation recovery costs and the subrogation fee.

**Subrogation Recovery**

a. Gross Recovery

b. Recovery Costs

Recovery Cost Retained?

c. Net Recovery (a-b)

d: Fee (15%): (of a) \*

\* (15% of c. when attorney Involved In recovery)  Fee Retained?

e. Amount of Check to KACP:(c-d) \*

**Billing Summary Form**

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**Servicing Carrier**

Assigned Control Number	<input type="text" value="202211008"/>	Company Claim Number	<input type="text"/>
Date of Accident	<input type="text" value="11/12/2022"/>	Servicing Carrier	<input type="text"/>
Reserve for Outstanding Losses	<input type="text"/>	Adjuster	<input type="text"/>
Number of Claimants	<input type="text"/>	Submission Date	<input type="text" value="2/13/2023"/>
File Status	<input type="text" value="Open"/>	Type of Billing	<input type="text" value="Payment"/>

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**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.

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**Subrogation Recovery**

a. Gross Recovery	<input type="text"/>
b. Recovery Costs	<input type="text"/>
<input type="checkbox"/> Recovery Cost Retained?	
c. Net Recovery (a-b)	<input type="text"/>
d: Fee (15%): (of a) *	<input type="text"/>
* (15% of c. when attorney Involved In recovery) <input type="checkbox"/> Fee Retained?	
e. Amount of Check to KACP:(c d) *	<input type="text"/>
* This figure should match the total on the check Servicing Carrier is sending to KACP.	
f. Subrogation Expense	<input type="text"/>
g. Amount Due Servicing Carrier	<input type="text"/>

Comments:

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

- 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.



**Billings submitted successfully.**

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**Documents**

## Billing Summary Form

### Servicing Carrier

Assigned Control Number	<input type="text" value="202211008"/>	Company Claims Number	<input type="text" value="8888"/>
Date of Accident	<input type="text" value="11/12/2022"/> 	Servicing Carrier	<input type="text" value=""/>
Reserve for Outstanding Losses	<input type="text" value=""/>	Adjuster	<input type="text" value=""/>
Number of Claimants	<input type="text" value=""/>	Submission Date	<input type="text" value="2/13/2023"/> 
File Status	<input type="text" value="Open"/>	Type of Billing	<input type="text" value="Payment"/>

### 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

Recovery Cost Retained?

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d. Fee (15%): (of a) \*

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g. Amount Due Servicing Carrier

Comments:

### Claimant

Claimant

### Payments

1. Medical	<input type="text" value="\$3,000.00"/>
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="\$3,000.00"/>
b. Fee (10%)	<input type="text" value="\$250.00"/> 
Minimum \$250.00 per claimant:	
c. Allocated Costs	<input type="text" value="\$0.00"/>
d. Due Company (a+b+c)	<input type="text" value="\$3,250.00"/>
e. Less Subro Receipts	<input type="text" value="\$0.00"/>
f. Amount Due Servicing Carrier (d-e)	<input type="text" value="\$3,250.00"/>

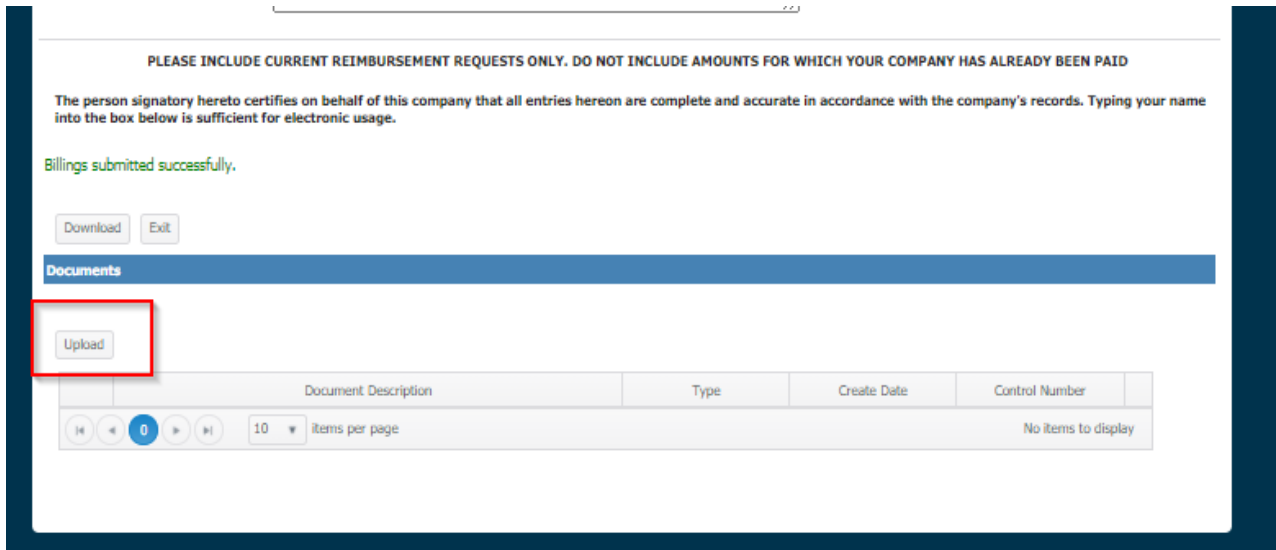
PLEASE INCLUDE CURRENT REIMBURSEMENT REQUESTS ONLY. DO NOT INCLUDE AMOUNTS FOR WHICH YOUR COMPANY HAS ALREADY BEEN PAID.

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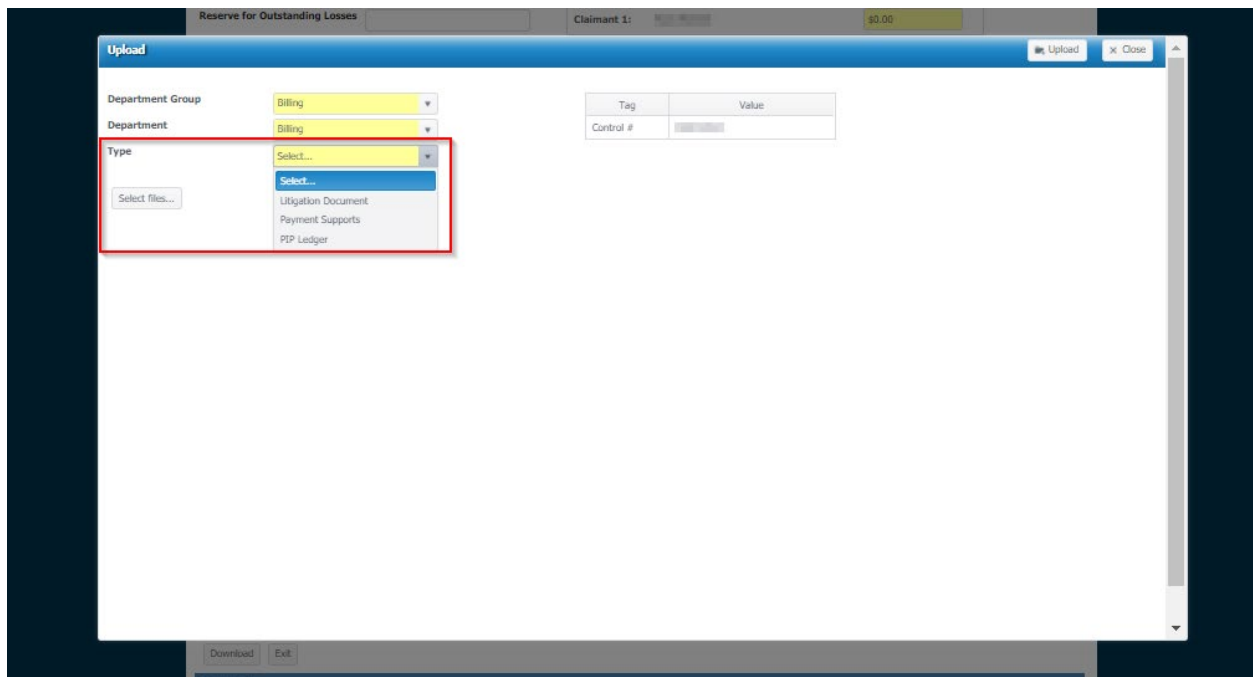
Billings submitted successfully.

### Documents

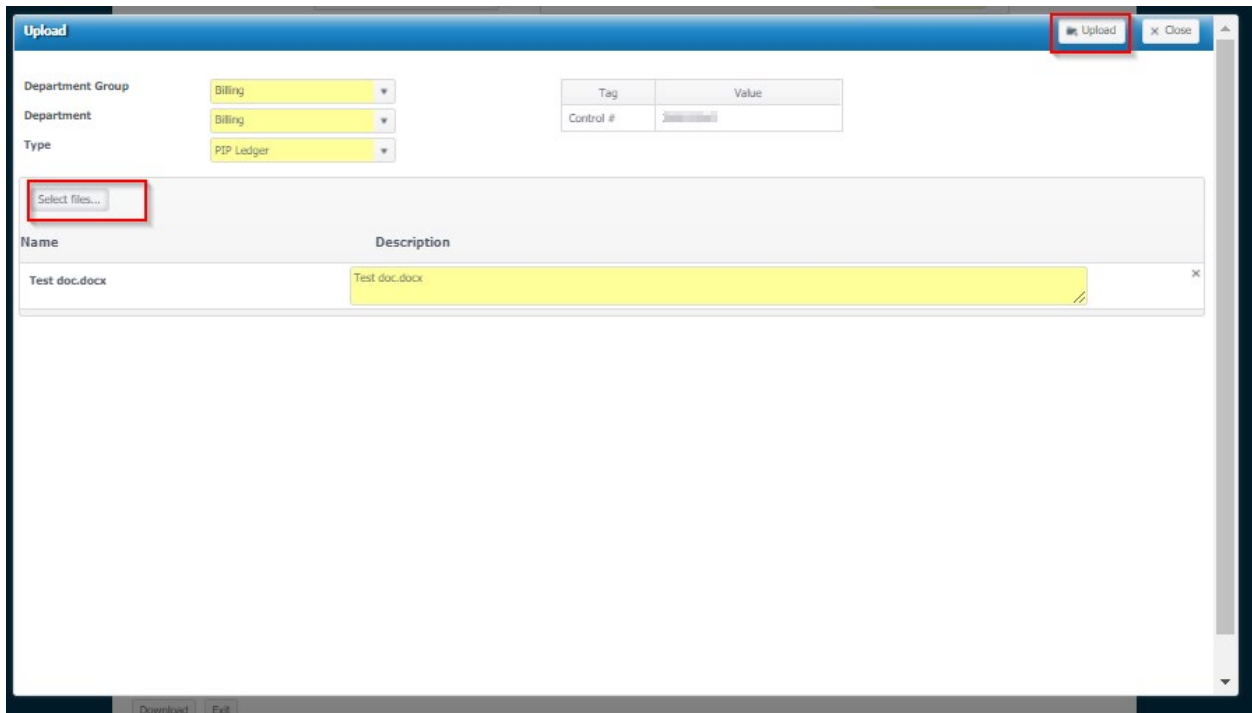
- Click the upload button



- 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.



## Billing Summary Form

### Servicing Carrier

Assigned Control Number	<input type="text" value="202211008"/>	Company Claim Number	<input type="text" value=""/>
Date of Accident	<input type="text" value="11/12/2022"/> 	Servicing Carrier	<input type="text" value=""/>
Reserve for Outstanding Losses	<input type="text" value=""/>	Adjuster	<input type="text" value=""/>
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e. Amount of Check to KACP:(c-d) \*

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Comments:

### Claimant

Claimant

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1. Medical	<input type="text" value="\$3,000.00"/>
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="\$3,000.00"/>
b. Fee (10%)	<input type="text" value="\$250.00"/> <sup>1</sup>
Minimum \$250.00 per claimant:	
c. Allocated Costs	<input type="text" value="\$0.00"/>
d. Due Company (a+b+c)	<input type="text" value="\$3,250.00"/>
e. Less Subro Receipts	<input type="text" value="\$0.00"/>
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