

SELF-INSURED MEDICAL REPORT FOR 2011

THE INDUSTRIAL COMMISSION OF ARIZONA

This report is subject to
verification by ICA auditors

SELF INSURED NAME:

PERIOD COVERED: To

INSTRUCTIONS ON SEPARATE PAGE

Costs Relating to Industrial Injuries

(fill in the bolded cells)

Line 1 Total medical costs paid in calendar year 2011 for industrial-related cases. **

** Include claims from date of self-insurance authority through current calendar year-end. Medical costs include, but are not limited to: doctors, nurses, hospitals, etc.; Rx and injections; prosthetic devices; remuneration of medical personnel employed by self insured; first aid supplies.

Line 2 Compensation paid to claimants (indemnity) in calendar year 2011 for industrial-related cases. Include claims from date of self-insurance authority through current calendar year end.

Line 3 Total premiums paid in calendar year 2011 for excess insurance.

Line 4 Total excess insurance reimbursements expected

I certify this report is true and complete for the period stated.

Officer Signature:

Primary Email Address:

Officer Name:

Alternative Email Address:

Officer Title:

FAX Number:

Date of Officer Signature:

Primary Phone Number:

Name Title of Person completing form if different than above:

Alternative Phone Number:

NAME OF TPA:

Date Form Completed:

Phone Number of TPA:

TPA FAX Number:

NOTE: This report is a required information report on all claims paid for the calendar year, regardless of date of injury. Self-insurers will not be taxed on the amounts entered on this form.