



THE COUNTY OF GALVESTON

RUFUS G. CROWDER, CPPO, CPPB
PURCHASING AGENT

COUNTY COURTHOUSE
722 Moody (21st Street)
Fifth (5th) Floor
GALVESTON, TEXAS 77550

April 4, 2022

PROJECT NAME: Self-Funded Workers' Compensation Administration

SOLICITATION NO: RFP #B222014

RE: ADDENDUM #1

To All Prospective Proposers,

The following information is being provided to aid in the preparation of your bid submittal(s):

Question #1: *Please provide a detailed loss run for the prior 5 years of all claims.*

Response: Please refer to Attachment A.

Question #2: *Section R: Investigation & Claim Management, 4. On all questionable indemnity cases, an on-site investigation will be conducted with informative statements secured from the claimant, witnesses, and supervisor within fourteen (14) days of receipt of the first report, unless the file reflects a reasonable explanation for delay. Question: Most recorded statements are conducted over the phone, is on-site required for recorded statements?*

Response: An on-site recorded statement will depend on the type of injury and if a comprehensive investigation is needed.

Question #3: *Would Galveston County use our pharmacy services (PMB) or do you already have a PMB?*

Response: The County uses my Matixx.

Question #4: *What is the award contract start date and the lead time from contract award to start date?*

Response: Effective on the date Commissioners' Court approves the contract.

Question #5: *Can you please provide volumes of Utilization reviews, Required medical exams, Impairment reviews, Open Medical and Indemnity cases, Run-off Medical, Indemnity cases over the last 5 years?*

Response: Please refer to Attachment A.

Question #6: *Who are the current TPA/URA agents?*

Response: The Littleton Group, A Davies Company

Question #7: *What was the award amount for this past bid?*

Response: Please refer to Attachment E.

Question #8: *What are the number of disputed cases that went to BRC and CCH for the last 3-5 years?*

Response: BRC: 5
CCH: 3
Appeals: 3

Question #9: *If pharmacy services are also requested in this bid, please provide a list of medications by NCD11-digit, quantity supplied and the date of service for the last 3 years?*

Response: Please refer to Attachment D

Question #10: *How many personnel would require claims portal access?*

Response: Two (2) users

Question #11: *How many systems do you expect to have migration of data?*

Response: One (1)

Question #12: *Do you have any paper charts that need to be stored?*

Response: No, charts are electronic.

Question #13: *Do you currently utilize any networks?*

Response: No.

Question #14: *Do you require on-site claim adjusters?*

Response: No, but for on-site recorded statements it will depend on the type of injury and if a comprehensive investigation is needed.

Question #15: *How many meeting with the Risk Mangers do you wish to have to review and/or handling of open claims or other mattes?*

Response: Quarterly meetings at a minimum but may depend on extenuating circumstances.

Question #16: *Is the Table of Contents listed on page 107 the only information required to be submitted? If there are other information that we feel would be helpful for Galveston County, may we add as the last items after letter H? (there are questions scattered throughout the bid outside of the items noted in the Table of Contents – where is the best place to add these?)*

Response: Yes, any additional information to your submittal can be added.

Question #17: *Do you need medical bill review or bill audit services? If so, may we have the volume over the last 5 years please.*

Response: During that time 3,092 bills were processed by the Littleton Group.
Total billed: \$2,873,769.80
Reductions/Savings: \$1,804,691.30
Total Paid: \$1,069,078.50 (Note: report ran twice and total paid shows fails to show the Leading "1" for the total \$1,069,078.50.

Question #18: *What is the effective date of the TPA contract and/or the first new claim to be handled?*

Response: Effective on the date Commissioners' Court approves the contract.

Question #19: *Who is the current TPA and please provide a current contract?*

Response: The Littleton Group, A Davies Company. The contract is attached as Attachment B.

Question #20: *Please provide the most recent 4 years of WC lost information with a current valuation date, split out by claim type (LT, MO, RO) and medical paid by year.*

Response: Please refer to Attachment A.

Question #21: *How many users will need access to our RMIS to enter and/or review claims?*

Response: Two (2) users.

Question #22: *Please provide name of current XS WC carrier and the program structure.*

Response: Please refer to Attachment B.

Question #23: *When will Addendums be received on questions submitted?*

Response: Monday, April 4, 2022..

Question #24: *How many years of fee pricing should be included in the proposal?*

Response: Two (2) years.

Question #25: *Does the TPA need to have an office in the Houston area to be considered or just in the State of Texas?*

Response: An office must be in the State of Texas.

Question #26: *Is Galveston County part of a 504 Network for WC providers?*

Response: No.

Question #27: *What would be the effective date of the proposal?*

Response: Effective on the date Commissioners' Court approves the contract.

Question #28: *Who is the current TPA?*

Response: The Littleton Group, A Davies Company

Question #29: *Are you at liberty to provide the current pricing for the expiring program?*

Response: Please refer to Attachment B.

Question #30: *Will a claims data transfer be necessary?*

Response: Yes.

Question #31: *What are the estimated number of takeover claims, grouped by claims type (i.e. MO vs IND)?*

Response: Please refer to Attachment A.

Question #32: *On average, how many new incident report, medical only and indemnity/lost time claims have you had in the last three years?*

Response: Please refer to Attachment B.

Question #33: *How many COVID-19 claims have you reported since 2020?*

Response: 0

Question #34: *Is the TPA required to conduct any outside investigations or are investigations outsourced as an allocated expense, monthly?*

Response: Yes.

Question #35: *Do you require formal claim reviews, and if so, at what frequency?*

Response: Please refer to Attachment C.

Question #36: *How many claim system users would you require?*

Response: Two (2) users.

Question #37: *Where is the location of the current adjusting staff?*

Response: Austin, TX

Question #38: *Can you describe the current make up of your TAP/s adjusting staff (i.e. how many adjusters, support staff, etc.).*

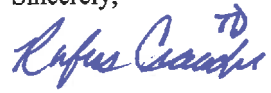
Response: The County has one (1) adjuster assigned.

If you have any further questions regarding this bid, please address them to the representative listed below, via e-mail at purchasing.bids@co.galveston.tx.us, or contact the Purchasing Department at (409) 770-5371

Rufus G. Crowder, CPPO CPPB
Galveston County Purchasing Agent
722 Moody, Fifth (5th) Floor
Galveston, Texas 77550
E-mail: purchasing.bids@co.galveston.tx.us

Please excuse us for any inconvenience that this may have caused.

Sincerely,

A handwritten signature in blue ink that reads "Rufus Crowder" with a small "TD" written above the "d".

Rufus G. Crowder, CPPO CPPB
Purchasing Agent
Galveston County

ATTACHMENT A

The Littleton Group - County of Galveston

1250 S. Capital of Texas Hwy.
Bldg. 1, Ste. 550
Austin, TX 78746

Prepared: 03/22/2022
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5 Year Claims History

Administrator Id: 11
Claim Id: *
Claim Type Id: *

Date Occurrence: 2017-03-01...2022-02-28
Curr Start/Loss End: 2022-01-01...2022-02-28
Client Id: 11
Claim Status: *

Groups: *
Sort On: *
Show: *

Client Id

Date Occurrence

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Paid	Open	Total
Cause of Loss Description	Sex DOB	Insured Name	Date Received	Policy Lost Days	Nature of Injury Cause of Injury/Period	To Date	This Period	Reserve	Incurred
11 - COUNTY OF GALVESTON									
11.2361.11.WCMO	M 11/26/1954	thweattm COUNTY OF GALVESTON	03/04/2017 03/20/2017	C-06/16/2017 11	TRUNK- Low Back Area (inc: Lumbar & Lumbo-Sacral) SPEC INJ - Strain STRAIN- Miscellaneous				
Strain to lower back					Expenses Medical	0.00	0.00	0.00	0.00
11.2360.11.WCMO	M 02/11/1991	thweattm COUNTY OF GALVESTON	03/08/2017 03/09/2017	C-05/10/2017 11	UPEXT- Thumb SPEC INJ - Puncture STRIKE/STEP - Sharp Object				
Puncture to right thumb					Expenses Medical	0.00	0.00	0.00	0.00
11.2362.11.WCMO	M 08/14/1971	thweattm COUNTY OF GALVESTON	03/23/2017 04/03/2017	C-06/13/2017 11	UPEXT- Hand SPEC INJ - Laceration CUT - Miscellaneous				
Laceration to right hand					Expenses Medical	0.00	0.00	0.00	0.00
11.2363.11.WCMO	M 11/16/1984	thweattm COUNTY OF GALVESTON	03/27/2017 03/29/2017	C-06/16/2017 11	MULBP- No Physical Injury OCC DIS - Contagious Disease MISC - Other Than Physical Cause of Injury				
Exposed to meningitis					Expenses Medical	0.00	0.00	0.00	0.00
						0.00	1,278.02	0.00	1,278.02
						0.00	1,278.02	0.00	1,278.02
						0.00	0.00	0.00	0.00
						0.00	319.96	0.00	319.96
						0.00	319.96	0.00	319.96

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss Description	Sex DOB	Insured Name	Date Received	Policy Lost Days	Nature of Injury Cause of Injury/Period	To Date	Reserve		Incurred
11.2364.11.WCMO	F 07/29/1981	thweatfm COUNTY OF GALVESTON	04/02/2017 04/04/2017	C-12/28/2017 11	UPEXT- Finger(s) SPEC INJ - Puncture STRIKE/STEP - Sharp Object	0.00 2,469.17	0.00 0.00	0.00 0.00	0.00 2,469.17
Puncture to left hand									
11.2366.11.WCLT	M 11/05/1989	thweatfm COUNTY OF GALVESTON	04/10/2017 04/12/2017	C-08/16/2017 11 1	HEAD- Multiple Head Injury SPEC INJ - Contusion FALL/SLIP - On Stairs	0.00 2,469.17	0.00 0.00	0.00 0.00	0.00 2,469.17
trauma to face from fall									
11.2365.11.WCMO	M 09/21/1965	thweatfm COUNTY OF GALVESTON	04/13/2017 04/13/2017	C-06/16/2017 11	MULBP- Multiple Body Parts SPEC INJ - All Other MISC - Animal or Insect	0.00 4,299.21	0.00 0.00	0.00 0.00	0.00 4,299.21
Bee Stings									
11.2367.11.WCMO	M 11/20/1973	thweatfm COUNTY OF GALVESTON	04/18/2017 04/25/2017	C-10/31/2017 11	LOEXT- Lower Leg SPEC INJ - Strain STRAIN- Miscellaneous	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00
Strain to left leg									
11.2368.11.WCMO	M 01/19/1958	thweatfm COUNTY OF GALVESTON	04/20/2017 04/25/2017	C-06/09/2017 11	HEAD- Ear(s) OCC DIS - Loss of Hearing Other	0.00 2,866.97	0.00 0.00	0.00 0.00	0.00 2,866.97
hearing loss in right ear									
11.2369.11.WCMO	M 02/11/1984	thweatfm COUNTY OF GALVESTON	04/28/2017 05/01/2017	C-06/30/2017 11	HEAD- Nose SPEC INJ - Foreign Body MISC - Foreign Body in Eye	0.00 695.94	0.00 0.00	0.00 0.00	0.00 695.94
Foreign Body In Right Eye									

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2371.11.WCWO	M	10/25/1977	05/08/2017	C-08/29/2017	UPEXT- Hand				
		thweattm	05/09/2017	11	SPEC INJ - Puncture				
		COUNTY OF GALVESTON			STRIKE/STEP - Sharp Object				
Puncture to left hand (used syringe)						0.00	0.00	0.00	0.00
						567.35	0.00	0.00	567.35
						567.35	0.00	0.00	567.35
11.2372.11.WCWO	M	05/03/1959	05/08/2017	C-07/26/2017	HEAD- Multiple Head Injury				
		thweattm	05/08/2017	11	SPEC INJ - Inflammation				
		COUNTY OF GALVESTON			MISC - Animal or Insect				
EE was stung by a wasp						0.00	0.00	0.00	0.00
						883.31	0.00	0.00	883.31
						883.31	0.00	0.00	883.31
11.2385.11.WCWO	F	01/11/1953	05/08/2017	C-10/06/2017	UPEXT- Shoulder(s)				
		thweattm	07/31/2017	11	SPEC INJ - All Other				
		COUNTY OF GALVESTON			STRAIN- Miscellaneous				
Strain to left shoulder						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
11.2370.11.WCLT	M	04/25/1994	05/09/2017	C-08/29/2017	UPEXT- Multiple Upper Extremities				
		thweattm	05/09/2017	11	SPEC INJ - Contusion				
		COUNTY OF GALVESTON		19	FALL/SLIP - From Different Level				
Contusion of left elbow and left upper arm						0.00	0.00	0.00	0.00
						925.26	0.00	0.00	925.26
						3,303.51	0.00	0.00	3,303.51
						4,228.77	0.00	0.00	4,228.77
11.2373.11.WCLT	M	11/10/1962	05/12/2017	C-11/29/2017	UPEXT- Shoulder(s)				
		thweattm	05/19/2017	11	SPEC INJ - Strain				
		COUNTY OF GALVESTON		1631	STRUCK - Fellow Worker, Patient				
While breaking up an altercation between juveniles the IW strain his R shoulder						0.00	0.00	0.00	0.00
						472.00	0.00	0.00	472.00
						5,561.16	0.00	0.00	5,561.16
						7,443.60	0.00	0.00	7,443.60
						13,476.76	0.00	0.00	13,476.76
11.2374.11.WCWO	M	06/15/1959	05/22/2017	C-09/18/2017	LOEXT- Knee				
		thweattm	05/24/2017	11	SPEC INJ - Sprain				
		COUNTY OF GALVESTON			STRAIN- Miscellaneous				
Sprain to rt knee						0.00	0.00	0.00	0.00
						772.96	0.00	0.00	772.96
						772.96	0.00	0.00	772.96

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss Description	Sex DOB		Date Received	Policy Lost Days	Nature of Injury Cause of Injury/Period	To Date	Reserve		Incurred
11.2376.11.WCMO	M 05/07/1975	thweattm COUNTY OF GALVESTON	05/25/2017 06/21/2017	C-08/29/2017 11	UPEXT- Hand SPEC INJ - Laceration CUT - Object Being Lifted or Handled	0.00 735.59 735.59	0.00 0.00 0.00	0.00 0.00 0.00	0.00 735.59 735.59
Laceration to right hand									
11.2375.11.WCLT	M 05/11/1990	thweattm COUNTY OF GALVESTON	06/04/2017 06/07/2017	C-05/10/2018 11 1	MULBP- Multiple Body Parts SPEC INJ - Contusion VEHICLE- Collision w/ Another Vehicle	0.00 0.00 2,858.67 2,858.67	0.00 0.00 0.00 0.00	0.00 0.00 2,858.67 2,858.67	0.00 0.00 0.00 0.00
MVA causing trauma to left leg and shoulder									
11.2378.11.WCLT	M 06/30/1989	thweattm COUNTY OF GALVESTON	06/23/2017 06/27/2017	C-10/10/2017 11	UPEXT- Elbow SPEC INJ - Contusion STRUCK - Fellow Worker, Patient	0.00 0.00 2,858.67 2,858.67	0.00 0.00 0.00 0.00	0.00 0.00 2,858.67 2,858.67	0.00 0.00 0.00 0.00
Contusion to left elbow									
11.2377.11.WCMO	F 10/14/1980	thweattm COUNTY OF GALVESTON	06/24/2017 06/29/2017	C-10/26/2017 11	UPEXT- Upper Arm(Clavicle/Scapula inc) SPEC INJ - Crushing CGHT BETWEEN - Miscellaneous	0.00 325.00 2,493.42 2,818.42	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	325.00 2,493.42 2,818.42
Unspecified injury of right shoulder and upper arm									
11.2379.11.WCMO	F 02/15/1988	thweattm COUNTY OF GALVESTON	07/03/2017 07/03/2017	C-06/26/2018 11	LOEXT- Lower Leg SPEC INJ - Puncture MISC - Animal or Insect	0.00 0.00 394.12 394.12	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 394.12 394.12
Bite to left leg by dog									
11.2380.11.WCMO	M 03/04/1968	thweattm COUNTY OF GALVESTON	07/03/2017 07/19/2017	C-10/19/2017 11	UPEXT- Hand SPEC INJ - Strain STRAIN- Miscellaneous	0.00 0.00 325.00 1,681.52 2,006.52	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	0.00 0.00 325.00 1,681.52 2,006.52
Strain to left hand									

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury	Date			
11.2381.11.WCLT	M 01/15/1992	thweatm	07/13/2017	C-09/25/2017	HEAD- Other Facial Soft Tissue	0.00	0.00	0.00	0.00
Laceration above eyebrow	COUNTY OF GALVESTON		07/27/2017	11	SPEC INJ - Laceration	0.00	0.00	0.00	0.00
					STRUCK - Fellow Worker, Patient	1,479.35	0.00	0.00	1,479.35
11.2383.11.WCMO	F 11/14/1962	thweatm	07/24/2017	C-09/01/2017	UPEXT- Hand	0.00	0.00	0.00	0.00
Carpel Tunnel to rt hand	COUNTY OF GALVESTON		07/28/2017	11	SPEC INJ - All Other	0.00	0.00	0.00	0.00
					Other	0.00	0.00	0.00	0.00
11.2382.11.WCLT	M 09/23/1963	thweatm	07/25/2017	C-09/28/2017	TRUNK- Low Back Area (inc: Lumbar & Lumbo-Sacral)	0.00	0.00	0.00	0.00
Strain to lower back	COUNTY OF GALVESTON		07/28/2017	11	SPEC INJ - Strain	76.16	0.00	0.00	76.16
				8	STRAIN- Miscellaneous	904.68	0.00	0.00	904.68
11.2384.11.WCMO	F 10/24/1975	thweatm	07/26/2017	C-09/01/2017	MULBP- No Physical Injury	0.00	0.00	0.00	0.00
EE was delivering frozen box to client and felt faint	COUNTY OF GALVESTON		08/02/2017	11	SPEC INJ - All Other	980.84	0.00	0.00	980.84
					Other	0.00	0.00	0.00	0.00
11.2386.11.WCMO	M 09/18/1973	thweatm	08/05/2017	C-11/29/2017	TRUNK- Low Back Area (inc: Lumbar & Lumbo-Sacral)	0.00	0.00	0.00	0.00
Strain to lower left back	COUNTY OF GALVESTON		08/08/2017	11	SPEC INJ - Strain	0.00	0.00	0.00	0.00
					STRAIN- Miscellaneous	0.00	0.00	0.00	0.00
11.2391.11.WCLT	F 06/22/1970	thweatm	08/09/2017	C-04/20/2018	MULBP- Multiple Body Parts	0.00	0.00	0.00	0.00
Slip, trip, fall injuring rt knee and left hand, wrist and thumb	COUNTY OF GALVESTON		08/17/2017	11	MULINJ- Multiple Physical Injuries	1,222.01	0.00	0.00	1,222.01
					FALL/SLIP - From Liquid or Grease Spills	1,222.01	0.00	0.00	1,222.01
					Other	0.00	0.00	0.00	0.00
					Expenses Indemnity Medical	692.00	0.00	0.00	692.00
					Expenses Indemnity Medical	9,125.28	0.00	0.00	9,125.28
					Expenses Indemnity Medical	10,428.28	0.00	0.00	10,428.28
					Expenses Indemnity Medical	20,245.56	0.00	0.00	20,245.56

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2392.11.WCMO	M 11/17/1951	thweattm	08/15/2017	C-01/23/2018	LOEXT- Knee				
	COUNTY OF GALVESTON		08/24/2017	11	SPEC INJ - Contusion				
					FALL/SLIP - From Different Level				
Contusion to left knee						527.00	0.00	0.00	527.00
					Expenses Medical	4,239.52	0.00	0.00	4,239.52
						4,766.52	0.00	0.00	4,766.52
11.2388.11.WCMO	M 11/30/1965	thweattm	08/16/2017	C-01/23/2018	HEAD-Eye(s)				
	COUNTY OF GALVESTON		08/17/2017	11	SPEC INJ - Contusion				
					STRUCK - Miscellaneous				
Struck self in right eye						0.00	0.00	0.00	0.00
					Expenses Medical	504.84	0.00	0.00	504.84
						504.84	0.00	0.00	504.84
11.2387.11.WCMO	M 06/28/1967	thweattm	08/17/2017	C-07/31/2018	LOEXT- Lower Leg				
	COUNTY OF GALVESTON		08/17/2017	11	LOEXT- Lower Leg				
					SPEC INJ - Puncture				
					MISC - Animal or Insect				
Dog bite to right leg						0.00	0.00	0.00	0.00
					Expenses Medical	568.98	0.00	0.00	568.98
						568.98	0.00	0.00	568.98
11.2389.11.WCMO	M 06/10/1958	thweattm	08/17/2017	C-11/21/2017	MULBP- Multiple Body Parts				
	COUNTY OF GALVESTON		08/21/2017	11	SPEC INJ - Contusion				
					FALL/SLIP - From Different Level				
Confusion of left thigh, scalp and concussion without loss of consciousness						0.00	0.00	0.00	0.00
					Expenses Medical	576.23	0.00	0.00	576.23
						576.23	0.00	0.00	576.23
11.2411.11.WCLT	M 10/11/1952	thweattm	08/18/2017	C-04/09/2018	UPEXT- Multiple Upper Extremities				
	COUNTY OF GALVESTON		11/06/2017	11	SPEC INJ - Contusion				
				0	FALL/SLIP - Miscellaneous				
Contusion to left arm and shoulder						144.00	0.00	0.00	144.00
					Expenses Indemnity Medical	7,668.00	0.00	0.00	7,668.00
						3,635.26	0.00	0.00	3,635.26
						11,447.26	0.00	0.00	11,447.26
11.2390.11.WCMO	M 08/06/1975	thweattm	08/21/2017	C-09/22/2017	UPEXT- Hand				
	COUNTY OF GALVESTON		08/22/2017	11	SPEC INJ - Strain				
					STRUCK - Fellow Worker, Patient				
Deputy was involved in an altercation with inmate						0.00	0.00	0.00	0.00
					Expenses Medical	354.32	0.00	0.00	354.32
						354.32	0.00	0.00	354.32

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury	Date			
11.2399.11.WCMO	F	08/14/1971	08/30/2017	C-11/19/2019	UPEXT- Shoulder(s)				
		COUNTY OF GALVESTON	09/22/2017	11	SPEC INJ - Strain				
					STRAIN - Lifting				
Pain in left shoulder						72.00	0.00	0.00	72.00
					Expenses Medical	1,266.19	0.00	0.00	1,266.19
						1,338.19	0.00	0.00	1,338.19
11.2393.11.WCMO	M	12/25/1989	09/03/2017	C-12/05/2017	UPEXT- Elbow				
		COUNTY OF GALVESTON	09/06/2017	11	SPEC INJ - All Other				
					STRUCK - Fellow Worker, Patient				
Unknown injury to left elbow						0.00	0.00	0.00	0.00
					Expenses Medical	2,228.40	0.00	0.00	2,228.40
						2,228.40	0.00	0.00	2,228.40
11.2408.11.WCMO	M	12/29/1987	09/04/2017	C-12/28/2017	UPEXT- Wrist				
		COUNTY OF GALVESTON	10/17/2017	11	SPEC INJ - Puncture				
					STRUCK - Fellow Worker, Patient				
Human bite to left wrist						0.00	0.00	0.00	0.00
					Expenses Medical	394.12	0.00	0.00	394.12
						394.12	0.00	0.00	394.12
11.2394.11.WCMO	M	02/27/1997	09/06/2017	C-11/30/2017	TRUNK- Chest (inc: Ribs, Sternum, and Soft Tissue)				
		COUNTY OF GALVESTON	09/17/2017	11	SPEC INJ - Contusion				
					STRUCK - Fellow Worker, Patient				
Contusion to ribs, right side						0.00	0.00	0.00	0.00
					Expenses Medical	1,327.52	0.00	0.00	1,327.52
						1,327.52	0.00	0.00	1,327.52
11.2395.11.WCMO	M	10/04/1966	09/18/2017	C-11/30/2017	LOEXT- Knee				
		COUNTY OF GALVESTON	09/20/2017	11	SPEC INJ - All Other				
					STRUCK - Fellow Worker, Patient				
Pain in left knee						0.00	0.00	0.00	0.00
					Expenses Medical	651.79	0.00	0.00	651.79
						651.79	0.00	0.00	651.79
11.2396.11.WCLT	M	07/21/1971	09/20/2017	C-11/30/2017	UPEXT- Wrist				
		COUNTY OF GALVESTON	09/22/2017	11	SPEC INJ - Sprain				
				4	STRAIN- Miscellaneous				
Unsp injury of right wrist, hand and finger(s), init encntr						0.00	0.00	0.00	0.00
					Expenses Indemnity Medical	0.00	0.00	0.00	0.00
						666.79	0.00	0.00	666.79
						666.79	0.00	0.00	666.79

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss Description	Sex DOB	Insured Name	Date Received	Policy Lost Days	Nature of Injury Cause of Injury/Period	To Date	Reserve		Incurred
11.2398.11.WCMO	M 01/11/1957	thweattm COUNTY OF GALVESTON	09/22/2017 09/26/2017	C-01/17/2018 11	UPEXT- Hand SPEC INJ - Sprain STRUCK - Fellow Worker, Patient	0.00 498.25	0.00 0.00	0.00 0.00	0.00 498.25
Unknown injury to left hand				Expenses Medical		0.00	0.00	0.00	0.00
11.2397.11.WCMO	M 08/23/1973	thweattm COUNTY OF GALVESTON	09/24/2017 09/26/2017	C-12/29/2017 11	UPEXT- Hand SPEC INJ - Sprain STRUCK - Fellow Worker, Patient	0.00 498.25	0.00 0.00	0.00 0.00	0.00 498.25
Injury to rt hand				Expenses Medical		0.00	0.00	0.00	0.00
11.2400.11.WCMO	F 10/10/1971	thweattm COUNTY OF GALVESTON	09/27/2017 09/28/2017	C-12/08/2017 11	UPEXT- Lower Arm SPEC INJ - Contusion STRUCK - Miscellaneous	0.00 653.90	0.00 0.00	0.00 0.00	0.00 653.90
Contusion of right arm				Expenses Medical		0.00	0.00	0.00	0.00
11.2401.11.WCMO	M 11/12/1963	thweattm COUNTY OF GALVESTON	09/27/2017 09/28/2017	C-05/16/2018 11	NECK- Multiple Entry SPEC INJ - Sprain VEHICLE- Collision w/ Another Vehicle	0.00 312.54	0.00 0.00	0.00 0.00	0.00 312.54
MVA - Neck Pain				Expenses Medical		0.00	0.00	0.00	0.00
11.2402.11.WCMO	M 03/29/1960	thweattm COUNTY OF GALVESTON	09/29/2017 10/02/2017	C-11/15/2017 11	TRUNK- Multiple Trunk SPEC INJ - Strain FALL/SLIP - Miscellaneous	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00
Strain to right side of back due to fall				Expenses Medical		0.00	0.00	0.00	0.00
11.2403.11.WCMO	F 07/12/1970	thweattm COUNTY OF GALVESTON	10/03/2017 10/05/2017	C-11/19/2017 11	UPEXT- Hand SPEC INJ - Strain STRUCK - Fellow Worker, Patient	0.00 460.44	0.00 0.00	0.00 0.00	0.00 460.44
Pain to right hand				Expenses Medical		0.00	0.00	0.00	0.00
				Expenses Medical		0.00	0.00	0.00	0.00
				Expenses Medical		0.00	0.00	0.00	0.00

Claim No	Client File No	Adiuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2405.11.WCMO	M	04/08/1963	10/05/2017	C-02/28/2018	UPEXT- Hand				
		thweattm	10/11/2017	11	SPEC INJ - Puncture				
		COUNTY OF GALVESTON			MISC - Animal or Insect				
Animal bite to right hand									
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	10,480.84
						0.00	0.00	0.00	10,480.84
11.2404.11.WCMO	M	04/09/1980	10/11/2017	C-11/20/2017	UPEXT- Lower Arm				
		thweattm	10/11/2017	11	SPEC INJ - Puncture				
		COUNTY OF GALVESTON			Other				
Scrape to left arm									
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	192.14
						0.00	0.00	0.00	192.14
11.2406.11.WCMO	F	06/24/1990	10/12/2017	C-02/28/2018	LOEXT- Knee				
		thweattm	10/13/2017	11	SPEC INJ - Strain				
		COUNTY OF GALVESTON			STRUCK - Miscellaneous				
Pain to left side of knee from assisting another deputy									
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	460.44
						0.00	0.00	0.00	460.44
11.2407.11.WCMO	M	05/01/1996	10/12/2017	C-11/21/2017	LOEXT- Lower Leg				
		thweattm	10/13/2017	11	SPEC INJ - Strain				
		COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient				
Sprain/Strain to left leg									
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	284.09
						0.00	0.00	0.00	284.09
11.2409.11.WCMO	F	07/27/1960	10/13/2017	C-01/30/2018	MULBP- Multiple Body Parts				
		thweattm	10/17/2017	11	MULINJ- Multiple Physical Injuries				
		COUNTY OF GALVESTON			VEHICLE- Collision w/ Another Vehicle				
MVA - Pain to neck and back									
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	284.09
						0.00	0.00	0.00	284.09
11.2410.11.WCMO	F	08/15/1952	10/22/2017	C-07/12/2018	HEAD- Teeth				
		thweattm	10/24/2017	11	SPEC INJ - Contusion				
		COUNTY OF GALVESTON			FALL/SLIP - Miscellaneous				
2 false teeth broken and laceration to her upper lip									
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	72.00
						0.00	0.00	0.00	2,505.38
						0.00	0.00	0.00	2,577.38

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2412.11.WCLT	M	12/28/1996	11/02/2017	C-02/28/2018	UPEXT- Multiple Upper Extremities				
		COUNTY OF GALVESTON	11/06/2017	11	SPEC INJ - Sprain				
					STRUCK - Fellow Worker, Patient				
Sprain/Strain to right arm and right shoulder						0.00	0.00	0.00	0.00
					Expenses	0.00	0.00	0.00	0.00
					Indemnity	4,342.74	0.00	0.00	4,342.74
					Medical	2,251.38	0.00	0.00	2,251.38
						6,594.12	0.00	0.00	6,594.12
11.2413.11.WCLT	M	05/08/1954	11/08/2017	C-12/27/2018	LOEXT- Lower Leg				
		COUNTY OF GALVESTON	11/08/2017	11	SPEC INJ - Contusion				
				8	FALL/SLIP - From Different Level				
Contusion to left leg						0.00	0.00	0.00	0.00
					Expenses	72.00	0.00	0.00	72.00
					Indemnity	0.00	0.00	0.00	0.00
					Medical	3,866.90	0.00	0.00	3,866.90
						3,938.90	0.00	0.00	3,938.90
11.2414.11.WCMO	M	10/24/1994	11/12/2017	C-08/29/2018	UPEXT- Thumb				
		COUNTY OF GALVESTON	11/14/2017	11	SPEC INJ - Puncture				
					STRIKE/STEP - Sharp Object				
Puncture to right thumb by sewing needle						0.00	0.00	0.00	0.00
					Expenses	0.00	0.00	0.00	0.00
					Medical	853.22	0.00	0.00	853.22
						853.22	0.00	0.00	853.22
11.2415.11.WCMO	M	05/10/1983	11/13/2017	C-02/08/2018	MULBP- Multiple Body Parts				
		COUNTY OF GALVESTON	11/14/2017	11	SPEC INJ - Sprain				
					STRUCK - Fellow Worker, Patient				
Sprain/Strain to right elbow and thumb						0.00	0.00	0.00	0.00
					Expenses	0.00	0.00	0.00	0.00
					Medical	879.73	0.00	0.00	879.73
						879.73	0.00	0.00	879.73
11.2417.11.WCMO	F	11/02/1962	11/20/2017	C-02/15/2018	LOEXT- Lower Leg				
		COUNTY OF GALVESTON	11/30/2017	11	SPEC INJ - Sprain				
					FALL/SLIP - Miscellaneous				
Strain to lower right leg						0.00	0.00	0.00	0.00
					Expenses	0.00	0.00	0.00	0.00
					Medical	1,639.44	0.00	0.00	1,639.44
						1,639.44	0.00	0.00	1,639.44
11.2416.11.WCLT	M	04/05/1989	11/22/2017	C-06/20/2018	UPEXT- Shoulder(s)				
		COUNTY OF GALVESTON	11/27/2017	11	SPEC INJ - Dislocation				
				4	STRUCK - Fellow Worker, Patient				
Dislocated right shoulder						0.00	0.00	0.00	0.00
					Expenses	439.00	0.00	0.00	439.00
					Medical	5,332.71	0.00	0.00	5,332.71
						5,771.71	0.00	0.00	5,771.71

Claim No	Client File No	Adiuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury	Date			
11.2418.11.WCMO	M	12/31/1965	12/10/2017	C-02/28/2018	UPEXT- Hand				
		COUNTY OF GALVESTON	12/11/2017	11	SPEC INJ - Crushing				
Crushing to left hand					CGHT BETWEEN - Miscellaneous				
						0.00	0.00	0.00	0.00
						2,369.76	0.00	0.00	2,369.76
11.2420.11.WCMO	F	01/02/1953	12/19/2017	C-08/23/2018	LOEXT- Thigh				
		COUNTY OF GALVESTON	01/10/2018	11	SPEC INJ - Puncture				
Puncture to right leg with needle					STRIKE/STEP - Sharp Object				
						0.00	0.00	0.00	0.00
						764.00	0.00	0.00	764.00
11.2421.11.WCMO	F	04/29/1977	01/03/2018	C-02/13/2018	UPEXT- Elbow				
		COUNTY OF GALVESTON	01/11/2018	11	SPEC INJ - Puncture				
Abrasion to left elbow					STRUCK - Fellow Worker, Patient				
						0.00	0.00	0.00	0.00
						504.53	0.00	0.00	504.53
11.2419.11.WCMO	M	07/23/1967	01/04/2018	C-07/12/2018	MULBP- No Physical Injury				
		COUNTY OF GALVESTON	01/08/2018	11	SPEC INJ - All Other				
Unknown					Other				
						0.00	0.00	0.00	0.00
						504.53	0.00	0.00	504.53
11.2423.11.WCMO	F	02/24/1992	01/09/2018	C-04/13/2018	MULBP- Multiple Body Parts				
		COUNTY OF GALVESTON	01/11/2018	11	SPEC INJ - All Other				
Scratch/Bite on left thumb and soreness on my left elbow					STRUCK - Fellow Worker, Patient				
						0.00	0.00	0.00	0.00
						7,318.86	0.00	0.00	7,318.86
11.2424.11.WCMO	F	02/13/1974	01/09/2018	C-02/13/2018	UPEXT- Lower Arm				
		COUNTY OF GALVESTON	01/11/2018	11	SPEC INJ - Puncture				
Human bite to left arm					STRUCK - Fellow Worker, Patient				
						0.00	0.00	0.00	0.00
						72.00	0.00	0.00	72.00
						1,350.81	0.00	0.00	1,350.81
						1,422.81	0.00	0.00	1,422.81
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						288.19	0.00	0.00	288.19
						288.19	0.00	0.00	288.19

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury	Date			
11.2422.11.WCMO	M 05/01/1991	thweattm	01/10/2018	C-05/15/2018	UPEXT- Hand				
	COUNTY OF GALVESTON		01/11/2018	11	SPEC INJ - Sprain	0.00	0.00	0.00	0.00
Sprain to right hand					STRUCK - Fellow Worker, Patient	1,548.27	0.00	0.00	1,548.27
						0.00	0.00	0.00	0.00
11.2425.11.WCLT	M 01/21/1970	thweattm	01/18/2018	C-05/16/2018	MULBP- Multiple Body Parts				
	COUNTY OF GALVESTON		01/18/2018	11	SPEC INJ - Fracture	1,548.27	0.00	0.00	1,548.27
Fractured ribs and pain in left shoulder				1502	FALL/SLIP - On Ice or Snow				
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						1,104.54	0.00	0.00	1,104.54
						1,104.54	0.00	0.00	1,104.54
11.2426.11.WCMO	F 05/13/1980	thweattm	01/30/2018	C-03/30/2018	MULBP- No Physical Injury				
	COUNTY OF GALVESTON		01/30/2018	11	SPEC INJ - All Other	0.00	0.00	0.00	0.00
Contact w and exposure to potentially hazardous body fluids					STRUCK - Fellow Worker, Patient	288.19	0.00	0.00	288.19
						288.19	0.00	0.00	288.19
11.2427.11.WCMO	M 11/30/1974	thweattm	02/08/2018	C-05/16/2018	UPEXT- Multiple Upper Extremities				
	COUNTY OF GALVESTON		02/09/2018	11	SPEC INJ - All Other	0.00	0.00	0.00	0.00
Exposure to PCP					MISC - Other Than Physical Cause of Injury	288.19	0.00	0.00	288.19
						0.00	0.00	0.00	0.00
						740.04	0.00	0.00	740.04
11.2429.11.WCLT	M 05/13/1978	thweattm	02/16/2018	C-04/23/2018	TRUNK- Low Back Area (inc: Lumbar & Lumbo-Sacral)				
	COUNTY OF GALVESTON		02/20/2018	11	SPEC INJ - Strain	740.04	0.00	0.00	740.04
Strain to lower back				1473	FALL/SLIP - Miscellaneous				
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						1,036.82	0.00	0.00	1,036.82
						1,036.82	0.00	0.00	1,036.82
11.2431.11.WCMO	M 11/14/1979	thweattm	03/01/2018	C-08/29/2018	MULBP- No Physical Injury				
	COUNTY OF GALVESTON		03/06/2018	11	SPEC INJ - All Other	0.00	0.00	0.00	0.00
Exposure to blood					Other	760.37	0.00	0.00	760.37
						760.37	0.00	0.00	760.37

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury	Date			
11.2430.11.WCMO	thweatfm F 08/25/1977 COUNTY OF GALVESTON	thweatfm	03/03/2018 03/06/2018	C-10/24/2018 11	MULBP- Multiple Body Parts MULINJ- Multiple Physical Injuries STRUCK - Fellow Worker, Patient	0.00 469.00 5,579.39	0.00 0.00 0.00	0.00 0.00 0.00	469.00 5,579.39 6,048.39
Both arms burning in forearm area. Right hand is sore. Scrape on upper lip. Bottom tooth chipped after being struck in face									
11.2432.11.WCMO	thweatfm M 05/28/1965 COUNTY OF GALVESTON	thweatfm	03/06/2018 03/16/2018	C-05/16/2018 11	LOEXT- Lower Leg SPEC INJ - Puncture ABRADED - Rubbed or Abraded, NOC	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 870.19
Scrape to right leg									
11.2433.11.WCMO	thweatfm F 10/04/1952 COUNTY OF GALVESTON	thweatfm	03/27/2018 03/28/2018	C-05/16/2018 11	MULBP- No Physical Injury SPEC INJ - Fainting, no other injury Other	0.00 0.00 870.19	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 870.19
EE passed out after giving blood									
11.2437.11.WCMO	thweatfm M 07/24/1954 COUNTY OF GALVESTON	thweatfm	04/03/2018 04/09/2018	C-05/24/2018 11	TRUNK- Low Back Area (inc: Lumbar & Lumbo-Sacral) SPEC INJ - Strain STRAIN- Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00
Lumbar Strain									
11.2435.11.WCMO	thweatfm M 08/13/1989 COUNTY OF GALVESTON	thweatfm	04/05/2018 04/06/2018	C-05/14/2018 11	MULBP- No Physical Injury SPEC INJ - All Other Other	0.00 0.00 1,356.40	0.00 0.00 0.00	0.00 0.00 0.00	0.00 1,356.40 1,356.40
Absorption w/substance									
11.2434.11.WCMO	thweatfm M 03/24/1967 COUNTY OF GALVESTON	thweatfm	04/06/2018 04/06/2018	C-05/24/2018 11	UPEXT- Lower Arm SPEC INJ - Laceration CUT - Miscellaneous	0.00 0.00 194.05	0.00 0.00 0.00	0.00 0.00 0.00	0.00 194.05 194.05
Laceration to left arm									
					Expenses Medical	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 607.42
					Expenses Medical	0.00 0.00 607.42	0.00 0.00 0.00	0.00 0.00 0.00	0.00 607.42 607.42

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury	Date			
11.2436.11.WCMO	M 01/01/1971	thweattm	04/06/2018	C-05/24/2018	MULBP- Multiple Body Parts	0.00	0.00	0.00	0.00
	COUNTY OF GALVESTON		04/09/2018	11	MULINJ- Multiple Physical Injuries	467.19	0.00	0.00	467.19
					STRUCK - Miscellaneous	467.19	0.00	0.00	467.19
Pain to right hip and foreign body in eyes									
11.2438.11.WCMO	M 05/08/1954	thweattm	04/06/2018	C-05/24/2018	MULBP- Multiple Body Parts	0.00	0.00	0.00	0.00
	COUNTY OF GALVESTON		04/10/2018	11	MULINJ- Multiple Physical Injuries	666.32	0.00	0.00	666.32
					STRUCK - Miscellaneous	666.32	0.00	0.00	666.32
Injuries to dust in eyes, hip and cervical sprain									
11.2440.11.WCMO	M 03/25/1997	thweattm	04/06/2018	C-06/25/2018	HEAD- Multiple Head Injury	0.00	0.00	0.00	0.00
	COUNTY OF GALVESTON		04/23/2018	11	SPEC INJ - Contusion	678.34	0.00	0.00	678.34
					STRUCK - Fellow Worker, Patient	678.34	0.00	0.00	678.34
Contusion to head									
11.2439.11.WCMO	M 11/07/1981	thweattm	04/16/2018	C-06/05/2018	LOEXT- Lower Leg	0.00	0.00	0.00	0.00
	COUNTY OF GALVESTON		04/19/2018	11	SPEC INJ - Puncture	372.37	0.00	0.00	372.37
					MISC - Animal or Insect	372.37	0.00	0.00	372.37
Dog bite to left leg									
11.2441.11.WCLT	F 04/04/1961	chaumonts	04/23/2018	C-12/01/2020	MULBP- Multiple Body Parts	0.00	0.00	0.00	0.00
	COUNTY OF GALVESTON		04/24/2018	11	SPEC INJ - Strain	372.37	0.00	0.00	372.37
				137	STRAIN - Holding or Carrying	372.37	0.00	0.00	372.37
Strain to neck; Strain of muscle, fascia and tendon of lower back, init., Strain of muscle and tendon of back wall of thorax, initial encounter, Strain of muscle, fascia and tendon at neck level, initial encounter									
11.2442.11.WCMO	M 06/12/1968	thweattm	04/24/2018	C-06/28/2018	UPEXT- Lower Arm	10,582.90	0.00	0.00	10,582.90
	COUNTY OF GALVESTON		04/25/2018	11	SPEC INJ - Puncture	17,888.10	0.00	0.00	17,888.10
					MISC - Animal or Insect	20,382.10	0.00	0.00	20,382.10
						48,853.10	0.00	0.00	48,853.10
Insect bite to left arm									
						0.00	0.00	0.00	0.00
						490.75	0.00	0.00	490.75
						490.75	0.00	0.00	490.75

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury	Date			
11.2443.11.WCMO	M 04/09/1988	thweatm	05/06/2018	C-10/24/2018	MULBP- Multiple Body Parts	0.00	0.00	0.00	0.00
	COUNTY OF GALVESTON		05/07/2018	11	MULINJ- Multiple Physical Injuries	802.64	0.00	0.00	802.64
					STRUCK - Fellow Worker, Patient				
Scratches on arm, hurt wrist , hurt leg									
11.2468.11.WCLT	M 04/09/1988	chaumonts	05/18/2018	C-04/26/2021	MULBP- Unclassified	0.00	0.00	0.00	0.00
	COUNTY OF GALVESTON		09/28/2018	11	OCC DIS - All Other Occ. Diseases	802.64	0.00	0.00	802.64
				461	Other				
PTSD from mass casualty incident									
11.2640.11.WCLT	M 07/30/1972	chaumonts	05/18/2018	C-10/25/2021	MULBP- No Physical Injury	1,966.00	0.00	0.00	1,966.00
	COUNTY OF GALVESTON		03/16/2020	11	OCC DIS - Mental Disorder	9,585.00	0.00	0.00	9,585.00
					MISC - Other Than Physical Cause of Injury	5,587.86	0.00	0.00	5,587.86
						17,138.86	0.00	0.00	17,138.86
Unknown									
11.2444.11.WCMO	M 05/13/1954	thweatm	06/01/2018	C-08/27/2018	LOEXT-Foot	0.00	0.00	0.00	0.00
	COUNTY OF GALVESTON		06/01/2018	11	SPEC INJ - Contusion	630.00	0.00	0.00	630.00
					CGHT BETWEEN - Miscellaneous	26,929.29	0.00	0.00	26,929.29
						4,573.54	0.00	0.00	4,573.54
						32,132.83	0.00	0.00	32,132.83
Contusion of left foot									
11.2445.11.WCMO	F 07/12/1970	thweatm	06/01/2018	C-08/31/2018	HEAD- Eye(s)	0.00	0.00	0.00	0.00
	COUNTY OF GALVESTON		06/04/2018	11	SPEC INJ - Foreign Body	601.73	0.00	0.00	601.73
					MISC - Foreign Body in Eye	601.73	0.00	0.00	601.73
Irritation to right eye									
11.2457.11.WCMO	M 10/29/1969	thweatm	06/04/2018	C-10/16/2018	MULBP- No Physical Injury	0.00	0.00	0.00	0.00
	COUNTY OF GALVESTON		08/23/2018	11	SPCINJ- No Injury	482.19	0.00	0.00	482.19
					VEHICLE- Collision w/ Another Vehicle	482.19	0.00	0.00	482.19
MVA- rear ended, no injuries to report									
						0.00	0.00	0.00	0.00
						194.05	0.00	0.00	194.05
						194.05	0.00	0.00	194.05

Claim No	Client File No	Adiuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2446.11.WCMO	M	02/13/1996	06/08/2018	C-08/31/2018	UPEXT- Shoulder(s)				
		thweattm	06/12/2018	11	SPEC INJ - Strain				
		COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient				
Strain in left shoulder						0.00	0.00	0.00	0.00
					Expenses Medical	1,628.43	0.00	0.00	1,628.43
11.2447.11.WCMO	M	10/02/1997	06/17/2018	C-09/28/2018	MULBP- Multiple Body Parts				
		thweattm	06/19/2018	11	SPEC INJ - Contusion				
		COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient				
Contusion to multiple body parts						0.00	0.00	0.00	0.00
					Expenses Medical	1,802.99	0.00	0.00	1,802.99
11.2448.11.WCMO	F	08/31/1979	06/21/2018	C-10/23/2018	LOEXT- Ankle				
		thweattm	06/25/2018	11	SPEC INJ - Sprain				
		COUNTY OF GALVESTON			FALL/SLIP - From Different Level				
Sprain to right ankle						0.00	0.00	0.00	0.00
					Expenses Medical	482.19	0.00	0.00	482.19
11.2449.11.WCMO	F	05/25/1956	06/28/2018	C-10/10/2018	LOEXT- Lower Leg				
		thweattm	07/05/2018	11	SPEC INJ - Contusion				
		COUNTY OF GALVESTON			FALL/SLIP - Miscellaneous				
Contusion to left leg						0.00	0.00	0.00	0.00
					Expenses Medical	416.57	0.00	0.00	416.57
11.2450.11.WCMO	F	06/05/1993	07/02/2018	C-04/01/2019	LOEXT- Knee				
		thweattm	07/06/2018	11	SPEC INJ - Fracture				
		COUNTY OF GALVESTON			FALL/SLIP - Miscellaneous				
Fracture to left knee						0.00	0.00	0.00	0.00
					Expenses Medical	416.57	0.00	0.00	416.57
11.2451.11.WCMO	M	07/02/1986	07/06/2018	C-11/19/2018	TRUNK- Abdomen including groin				
		thweattm	07/12/2018	11	SPEC INJ - Strain				
		COUNTY OF GALVESTON			STRAIN - Lifting				
Strain to abdomen; hernia						0.00	0.00	0.00	0.00
					Expenses Medical	788.15	0.00	0.00	788.15
						788.15	0.00	0.00	788.15

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss Description	Sex DOB	Insured Name	Date Received	Policy Lost Days	Nature of Injury Cause of Injury/Period	To Date	Reserve		Incurred
11.2452.11.WCMO	M 06/09/1962	thweattm COUNTY OF GALVESTON	07/12/2018 07/20/2018	C-09/21/2018 11	LOEXT- Lower Leg SPEC INJ - Strain STRAIN- Miscellaneous				
Strain to left leg				Expenses Medical	0.00 0.00 0.00	0.00 726.19 726.19	0.00 0.00 0.00	0.00 0.00 0.00	0.00 726.19 726.19
11.2467.11.WCMO	F 07/18/1978	thweattm COUNTY OF GALVESTON	07/17/2018 09/26/2018	C-10/24/2018 11	UPEXT- Multiple Upper Extremities SPEC INJ - Strain STRAIN- Miscellaneous				
Strain to left side of neck				Expenses Medical	0.00 0.00 0.00	325.00 136.25 461.25	0.00 0.00 0.00	0.00 0.00 0.00	325.00 136.25 461.25
11.2453.11.WCLT	M 06/10/1958	thweattm COUNTY OF GALVESTON	07/19/2018 07/26/2018	C-10/12/2018 11 6	TRUNK- Low Back Area (inc: Lumbar & Lumbo-Sacral) SPEC INJ - Contusion FALL/SLIP - Miscellaneous				
Contusion of lower back				Expenses Indemnity Medical	0.00 0.00 0.00	0.00 0.00 1,847.49	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 1,847.49
11.2454.11.WCMO	M 03/04/1952	thweattm COUNTY OF GALVESTON	07/19/2018 07/23/2018	C-09/28/2018 11	TRUNK- Low Back Area (inc: Lumbar & Lumbo-Sacral) SPEC INJ - Puncture MISC - Animal or Insect				
Animal bite to lower back				Expenses Medical	0.00 0.00 0.00	0.00 467.19 467.19	0.00 0.00 0.00	0.00 0.00 0.00	0.00 467.19 467.19
11.2455.11.WCMO	F 08/16/1968	thweattm COUNTY OF GALVESTON	07/31/2018 08/02/2018	C-11/26/2018 11	MULBP- Multiple Body Parts MULINJ- Multiple Physical Injuries FALL/SLIP - Miscellaneous				
Injury to multiple body parts				Expenses Medical	0.00 0.00 0.00	0.00 1,114.19 1,114.19	0.00 0.00 0.00	0.00 0.00 0.00	0.00 1,114.19 1,114.19
11.2456.11.WCMO	M 11/26/1963	thweattm COUNTY OF GALVESTON	08/13/2018 08/14/2018	C-01/10/2019 11	LOEXT- Knee SPEC INJ - Contusion FALL/SLIP - From Different Level				
Contusion to both knees				Expenses Medical	0.00 0.00 0.00	405.00 4,487.02 4,892.02	0.00 0.00 0.00	0.00 0.00 0.00	405.00 4,487.02 4,892.02

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss Description	Sex DOB	Insured Name	Date Received	Policy Lost Days	Nature of Injury Cause of Injury/Period	To Date	Reserve		Incurred
11.2458.11.WCMO	M 09/13/1945	thweattm COUNTY OF GALVESTON	08/22/2018 08/23/2018	C-02/15/2019 11	LOEXT- Lower Leg SPEC INJ - Puncture MISC - Animal or Insect	0.00 2,505.24	0.00 0.00	0.00 0.00	0.00 2,505.24
Dog bite to lower right leg									
11.2460.11.WCMO	M 01/20/1958	thweattm COUNTY OF GALVESTON	08/23/2018 08/24/2018	C-10/24/2018 11	UPEXT- Shoulder(s) SPEC INJ - Strain STRAIN - Pushing or Pulling	0.00 2,505.24	0.00 0.00	0.00 0.00	0.00 2,505.24
Strain to left shoulder									
11.2459.11.WCMO	F 07/12/1970	thweattm COUNTY OF GALVESTON	08/25/2018 08/28/2018	C-11/19/2018 11	TRUNK- Low Back Area (inc: Lumbar & Lumbo-Sacral) SPEC INJ - Strain STRAIN- Miscellaneous	0.00 732.88 732.88	0.00 0.00 0.00	0.00 0.00 0.00	0.00 732.88 732.88
Strain to back									
11.2461.11.WCMO	M 11/25/1956	thweattm COUNTY OF GALVESTON	08/27/2018 08/29/2018	C-11/26/2018 11	UPEXT- Shoulder(s) SPEC INJ - Strain STRAIN- Miscellaneous	0.00 731.68 731.68	0.00 0.00 0.00	0.00 0.00 0.00	0.00 731.68 731.68
Strain to left elbow									
11.2462.11.WCMO	F 08/03/1963	thweattm COUNTY OF GALVESTON	08/31/2018 09/05/2018	C-12/31/2018 11	MULBP- Multiple Body Parts SPEC INJ - Puncture STRUCK - Fellow Worker, Patient	0.00 325.00 813.68 1,138.68	0.00 0.00 0.00	0.00 0.00 0.00	0.00 325.00 813.68 1,138.68
Cut/puncture/scrapes to face and neck									
11.2463.11.WCMO	F 12/22/1991	thweattm COUNTY OF GALVESTON	08/31/2018 09/05/2018	C-10/25/2018 11	LOEXT- Knee SPEC INJ - Contusion STRUCK - Fellow Worker, Patient	0.00 72.00 2,889.12 2,961.12	0.00 0.00 0.00	0.00 0.00 0.00	0.00 72.00 2,889.12 2,961.12
Pain and swelling to left knee									
						0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 1,051.09 1,051.09

Claim No	Client File No	Adiuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2464.11.WCMO	M 12/28/1996	thweattm	08/31/2018	C-11/19/2018	UPEXT- Upper Arm(Clavicle/Scapula inc)				
	COUNTY OF GALVESTON		09/04/2018	11	SPEC INJ - Strain				
					STRUCK - Fellow Worker, Patient				
Sprain/Strain to right arm									
						0.00	0.00	0.00	0.00
						388.05	0.00	0.00	388.05
						388.05	0.00	0.00	388.05
11.2470.11.WCMO	M 07/11/1993	thweattm	09/10/2018	C-12/10/2018	UPEXT- Shoulder(s)				
	COUNTY OF GALVESTON		10/04/2018	11	SPEC INJ - Strain				
				1243	STRAIN - Lifting				
Strain to Left Shoulder									
						0.00	0.00	0.00	0.00
						538.88	0.00	0.00	538.88
						538.88	0.00	0.00	538.88
11.2465.11.WCLT	F 05/06/1966	thweattm	09/12/2018	C-01/18/2019	LOEXT- Ankle				
	COUNTY OF GALVESTON		09/20/2018	11	SPEC INJ - Sprain				
				62	FALL/SLIP - Miscellaneous				
Sprain to right ankle									
						0.00	0.00	0.00	0.00
						130.00	0.00	0.00	130.00
						480.10	0.00	0.00	480.10
						2,056.21	0.00	0.00	2,056.21
						2,666.31	0.00	0.00	2,666.31
11.2466.11.WCMO	M 06/30/1955	thweattm	09/15/2018	C-10/30/2018					
	COUNTY OF GALVESTON		09/24/2018	11					
EE hit a pot hole causing his cup to hit the steering wheel, also hitting his tooth									
						0.00	0.00	0.00	0.00
						1,171.64	0.00	0.00	1,171.64
						1,171.64	0.00	0.00	1,171.64
11.2469.11.WCMO	F 10/22/1983	thweattm	09/30/2018	C-12/03/2018	LOEXT- Lower Leg				
	COUNTY OF GALVESTON		10/04/2018	11	SPEC INJ - Strain				
					FALL/SLIP - From Liquid or Grease Spills				
Sprain/Strain to left leg									
						0.00	0.00	0.00	0.00
						1,469.04	0.00	0.00	1,469.04
						1,469.04	0.00	0.00	1,469.04
11.2471.11.WCMO	M 04/15/1974	thweattm	10/09/2018	C-12/11/2018	LOEXT- Knee				
	COUNTY OF GALVESTON		10/10/2018	11	SPEC INJ - Strain				
					STRAIN- Miscellaneous				
Strain to right knee									
						0.00	0.00	0.00	0.00
						676.19	0.00	0.00	676.19
						676.19	0.00	0.00	676.19

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss Description	Sex DOB	Insured Name	Date Received	Policy Lost Days	Nature of Injury Cause of Injury Period	To Date	Reserve		Incurred
11.2472.11.WCLT	M 12/24/1984	thweatfm COUNTY OF GALVESTON	10/11/2018 10/17/2018	C-10/25/2019 11 30	UPEXT- Elbow SPEC INJ - Strain STRUCK - Fellow Worker, Patient	274.00 7,872.00 16,005.19	0.00 0.00 0.00	0.00 0.00 0.00	274.00 7,872.00 16,005.19
Sprain/strain to left elbow									
11.2473.11.WCMO	M 02/10/1988	thweatfm COUNTY OF GALVESTON	10/11/2018 10/17/2018	C-01/14/2019 11	UPEXT- Shoulder(s) SPEC INJ - Strain STRAIN- Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 24,151.19
Sprain/Strain to left shoulder									
11.2475.11.WCMO	F 04/07/1980	thweatfm COUNTY OF GALVESTON	10/16/2018 10/24/2018	C-12/31/2018 11	UPEXT- Hand SPEC INJ - Sprain STRAIN- Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 407.64 407.64
Sprain/strain to left hand									
11.2474.11.WCMO	M 04/09/1980	thweatfm COUNTY OF GALVESTON	10/21/2018 10/22/2018	C-12/27/2018 11	TRUNK- Low Back Area (inc: Lumbar & Lumbo-Sacral) SPEC INJ - Sprain FALL/SLIP - From Liquid or Grease Spills	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 1,137.84 1,137.84
Lumbar sprain									
11.2476.11.WCMO	M 09/23/1949	thweatfm COUNTY OF GALVESTON	10/22/2018 10/24/2018	C-01/28/2019 11	MULBP- Multiple Body Parts MULINJ- Multiple Physical Injuries FALL/SLIP - Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 482.19 482.19
Contusion to buttocks and Sprain/strain to left arm/shoulder									
11.2477.11.WCMO	F 11/22/1969	thweatfm COUNTY OF GALVESTON	10/28/2018 11/02/2018	C-12/31/2018 11	LOEXT- Lower Leg SPEC INJ - Contusion FALL/SLIP - From Liquid or Grease Spills	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00
Contusion to left leg									
						0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 762.95 762.95

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury	Date			
11.2480.11.WCMO	M 08/30/1995	thweatm	10/30/2018	C-12/27/2018	UPEXT- Wrist				
	COUNTY OF GALVESTON		11/05/2018	11	SPEC INJ - Sprain				
					FALL/SLIP - Miscellaneous				
Deputy slipped and fell						0.00	0.00	0.00	0.00
					Expenses Medical	1,377.78	0.00	0.00	1,377.78
11.2478.11.WCMO	M 07/24/1954	thweatm	11/02/2018	C-12/31/2018	MULBP- Multiple Body Parts				
	COUNTY OF GALVESTON		11/05/2018	11	MULINJ- Multiple Physical Injuries				
					FALL/SLIP - Miscellaneous				
Sprain/strain to right foot and contusion to back						0.00	0.00	0.00	0.00
					Expenses Medical	516.87	0.00	0.00	516.87
11.2479.11.WCMO	M 04/09/1963	thweatm	11/02/2018	C-06/21/2019	TRUNK- Low Back Area (inc: Lumbar & Lumbo-Sacral)				
	COUNTY OF GALVESTON		11/05/2018	11	SPEC INJ - Strain				
					STRAIN - Lifting				
Strain to back						0.00	0.00	0.00	0.00
					Expenses Medical	330.30	0.00	0.00	330.30
11.2481.11.WCMO	M 04/01/1988	thweatm	11/05/2018	C-01/09/2019	UPEXT- Hand				
	COUNTY OF GALVESTON		11/08/2018	11	SPEC INJ - Sprain				
					STRUCK - Fellow Worker, Patient				
Sprain/Strain to right hand						0.00	0.00	0.00	0.00
					Expenses Medical	733.98	0.00	0.00	733.98
11.2482.11.WCMO	F 08/21/1990	thweatm	11/05/2018	C-12/27/2018	MULBP- Multiple Body Parts				
	COUNTY OF GALVESTON		11/08/2018	11	MULINJ- Multiple Physical Injuries				
					STRUCK - Fellow Worker, Patient				
Abrasions to both knees and left elbow and chipped bottom tooth						0.00	0.00	0.00	0.00
					Expenses Medical	733.98	0.00	0.00	733.98
11.2483.11.WCMO	F 03/25/1992	thweatm	11/05/2018	C-01/10/2019	UPEXT- Finger(s)				
	COUNTY OF GALVESTON		11/05/2018	11	SPEC INJ - Puncture				
					STRIKE/STEP - Sharp Object				
Puncture to right finger						0.00	0.00	0.00	0.00
					Expenses Medical	199.49	0.00	0.00	199.49
						199.49	0.00	0.00	199.49

Claim No	Client File No	Adiuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2484.11.WCMO	M 10/24/1969	thweattm	11/07/2018	C-12/31/2018	MULBP- Multiple Body Parts				
	COUNTY OF GALVESTON		11/09/2018	11	SPEC INJ - All Other				
					MISC - Animal or Insect				
Bee Sting						0.00	0.00	0.00	0.00
						288.19	0.00	0.00	288.19
						288.19	0.00	0.00	288.19
11.2493.11.WCLT	M 09/25/1965	thweattm	11/13/2018	C-08/29/2019	LOEXT- Ankle	547.00	0.00	0.00	547.00
	COUNTY OF GALVESTON		12/06/2018	11	SPEC INJ - Strain	1,968.00	0.00	0.00	1,968.00
					STRAIN - Twisting	3,949.03	0.00	0.00	3,949.03
Strain to right leg						6,464.03	0.00	0.00	6,464.03
11.2485.11.WCLT	M 05/27/1973	thweattm	11/14/2018	C-01/22/2019	TRUNK- Low Back Area (inc: Lumbar & Lumbo-Sacral)				
	COUNTY OF GALVESTON		11/15/2018	11	SPEC INJ - Strain				
				13	STRAIN - Pushing or Pulling				
Strain to lower back						0.00	0.00	0.00	0.00
						449.28	0.00	0.00	449.28
						902.31	0.00	0.00	902.31
						1,351.59	0.00	0.00	1,351.59
11.2489.11.WCMO	M 02/19/1986	thweattm	11/14/2018	C-12/31/2018	MULBP- Unclassified				
	COUNTY OF GALVESTON		11/26/2018	11	SPEC INJ - Contusion				
					STRUCK - Fellow Worker, Patient				
Contusion of unspecified						0.00	0.00	0.00	0.00
						194.05	0.00	0.00	194.05
						194.05	0.00	0.00	194.05
11.2486.11.WCMO	M 06/15/1959	thweattm	11/17/2018	C-11/27/2019	TRUNK- Upper Back Area (Thoracic Area)				
	COUNTY OF GALVESTON		11/19/2018	11	SPEC INJ - Strain				
					STRAIN - Lifting				
Strain to back						0.00	0.00	0.00	0.00
						72.00	0.00	0.00	72.00
						4,960.52	0.00	0.00	4,960.52
						5,032.52	0.00	0.00	5,032.52
11.2488.11.WCMO	F 03/05/1975	thweattm	11/17/2018	C-02/20/2019	MULBP- Multiple Body Parts				
	COUNTY OF GALVESTON		11/26/2018	11	SPEC INJ - Contusion				
					STRUCK - Fellow Worker, Patient				
Head and back contusion						0.00	0.00	0.00	0.00
						2,235.38	0.00	0.00	2,235.38
						2,235.38	0.00	0.00	2,235.38

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve	Incurred
Description	Insured Name		Lost Days		Cause of Injury	Date	Recovery	
11.2492.11.WCMO	F	07/09/1967	11/17/2018	C-02/26/2019	MULBP- No Physical Injury	0.00	0.00	0.00
Inhaled natural gas	COUNTY OF GALVESTON	thweatm	11/19/2018	11	SPEC INJ - All Other	1,904.77	0.00	1,904.77
					MISC - Absorption, Ingestion or Inhalation, NOC			
11.2491.11.WCMO	M	02/17/1982	11/18/2018	C-01/22/2019	LOEXT- Knee	0.00	0.00	0.00
Contusion to both knees	COUNTY OF GALVESTON	thweatm	11/21/2018	11	SPEC INJ - Contusion	0.00	0.00	0.00
					FALL/SLIP - Miscellaneous	1,904.77	0.00	1,904.77
11.2487.11.WCLT	M	04/05/1960	11/19/2018	C-01/28/2019	LOEXT- Foot	0.00	0.00	0.00
Pain in right leg	COUNTY OF GALVESTON	thweatm	11/20/2018	11	SPEC INJ - Strain	0.00	0.00	0.00
				6	STRIKE/STEP - Miscellaneous	449.16	0.00	449.16
						449.16	0.00	449.16
11.2490.11.WCMO	M	01/23/1985	11/24/2018	C-01/22/2019	UPEXT- Finger(s)	0.00	0.00	0.00
Abrasion to right pointing finger	COUNTY OF GALVESTON	thweatm	11/28/2018	11	SPEC INJ - Puncture	0.00	0.00	0.00
					CGHT BETWEEN - Miscellaneous	582.05	0.00	582.05
						582.05	0.00	582.05
11.2495.11.WCMO	F	07/12/1970	11/26/2018	C-02/25/2019	LOEXT- Ankle	0.00	0.00	0.00
Sprain to left ankle	COUNTY OF GALVESTON	thweatm	12/12/2018	11	SPEC INJ - Sprain	266.86	0.00	266.86
					FALL/SLIP - Miscellaneous	266.86	0.00	266.86
11.2541.11.WCMO	F	10/31/1957	11/30/2018	C-06/20/2019	LOEXT- Knee	0.00	0.00	0.00
Contusion to both knees	COUNTY OF GALVESTON	thweatm	04/29/2019	11	SPEC INJ - Strain	1,019.26	0.00	1,019.26
					FALL/SLIP - From Liquid or Grease Spills	1,019.26	0.00	1,019.26

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2494.11.WCMO	M 04/15/1974	thweattm	12/03/2018	C-01/09/2019	UPEXT- Hand				
	COUNTY OF GALVESTON		12/07/2018	11	SPEC INJ - Contusion				
					STRUCK - Object Being Lifted/Handled				
Contusion to right hand									
						0.00	0.00	0.00	0.00
						194.05	0.00	0.00	194.05
11.2496.11.WCMO	F 03/23/1964	thweattm	12/17/2018	C-02/25/2019	UPEXT- Hand				
	COUNTY OF GALVESTON		12/17/2018	11	SPEC INJ - Laceration				
					CUT - Broken Glass				
Abrasion to right hand									
						0.00	0.00	0.00	0.00
						288.19	0.00	0.00	288.19
11.2498.11.WCLT	F 07/23/1963	thweattm	12/17/2018	C-08/29/2019	TRUNK- Low Back Area (inc: Lumbar & Lumbo-Sacral)				
	COUNTY OF GALVESTON		12/19/2018	11	SPEC INJ - Strain				
				2	STRAIN- Miscellaneous				
Strain to back									
						0.00	0.00	0.00	0.00
						677.00	0.00	0.00	677.00
						39.17	0.00	0.00	39.17
						3,786.90	0.00	0.00	3,786.90
11.2497.11.WCLT	M 06/29/1958	thweattm	12/19/2018	C-08/05/2019	NECK- Multiple Entry				
	COUNTY OF GALVESTON		12/20/2018	11	SPEC INJ - Strain				
				1167	STRAIN- Miscellaneous				
Strain to neck									
						0.00	0.00	0.00	0.00
						325.00	0.00	0.00	325.00
						0.00	0.00	0.00	0.00
						1,004.16	0.00	0.00	1,004.16
11.2499.11.WCMO	M 04/09/1980	thweattm	12/24/2018	C-02/21/2019	UPEXT- Elbow				
	COUNTY OF GALVESTON		12/28/2018	11	SPEC INJ - Contusion				
					STRUCK - Miscellaneous				
Injury to left elbow, struck on concrete									
						0.00	0.00	0.00	0.00
						698.03	0.00	0.00	698.03
11.2574.11.WCMO	F 01/18/1972	thweattm	12/31/2018	C-10/07/2019	LOEXT- Foot				
	COUNTY OF GALVESTON		09/16/2019	11	SPEC INJ - Fracture				
					FALL/SLIP - Miscellaneous				
Fracture to left foot									
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury	Date			
11.2500.11.WCMO	F	10/23/1971	01/02/2019	C-02/14/2019	UPEXT- Finger(s)	0.00	0.00	0.00	0.00
Laceration to left finger	COUNTY OF GALVESTON	thweattm	01/09/2019	11	SPEC INJ - Laceration	680.55	0.00	0.00	680.55
					CUT - Non-Powered Hand Tool/Utensil	680.55	0.00	0.00	680.55
11.2501.11.WCLT	M	08/23/1973	01/06/2019	C-04/26/2019	UPEXT- Multiple Upper Extremities	0.00	0.00	0.00	0.00
Contusion to left elbow/arm	COUNTY OF GALVESTON	thweattm	01/09/2019	11	SPEC INJ - Contusion	2,652.61	0.00	0.00	2,652.61
				1149	STRUCK - Motor Vehicle	2,652.61	0.00	0.00	2,652.61
11.2502.11.WCMO	M	03/03/1999	01/19/2019	C-05/22/2019	UPEXT- Lower Arm	0.00	0.00	0.00	0.00
Human Bite to arm - No puncture	COUNTY OF GALVESTON	thweattm	01/23/2019	11	SPEC INJ - Puncture	137.40	0.00	0.00	137.40
					STRAIN- Miscellaneous	137.40	0.00	0.00	137.40
11.2503.11.WCMO	F	04/04/1961	01/19/2019	C-03/07/2019	LOEXT- Knee	0.00	0.00	0.00	0.00
Swelling in left knee	COUNTY OF GALVESTON	thweattm	02/01/2019	11	SPEC INJ - Inflammation	137.40	0.00	0.00	137.40
					Other	137.40	0.00	0.00	137.40
11.2504.11.WCMO	M	04/08/1963	01/23/2019	C-03/07/2019	UPEXT- Hand	0.00	0.00	0.00	0.00
Rt hand struck on toll booth door	COUNTY OF GALVESTON	thweattm	01/31/2019	11	SPEC INJ - Contusion	0.00	0.00	0.00	0.00
					STRUCK - Miscellaneous	258.36	0.00	0.00	258.36
11.2505.11.WCLT	M	01/20/1958	02/04/2019	C-08/02/2019	UPEXT- Hand	0.00	0.00	0.00	0.00
4th MC Fracture to right hand	COUNTY OF GALVESTON	thweattm	02/05/2019	11	SPEC INJ - Fracture	258.36	0.00	0.00	258.36
					STRUCK - Hand Tool or Machine in Use	72.00	0.00	0.00	72.00
					Expenses Indemnity Medical	4,049.37	0.00	0.00	4,049.37
					Expenses Indemnity Medical	4,186.48	0.00	0.00	4,186.48
					Expenses Indemnity Medical	8,307.85	0.00	0.00	8,307.85

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2506.11.WCMO	F	10/25/1964	02/10/2019	C-04/07/2019	UPEXT- Lower Arm				
Laceration to right arm	COUNTY OF GALVESTON	thweattm	02/20/2019	11	SPEC INJ - Laceration				
					CUT - Miscellaneous				
					Expenses Medical	0.00	0.00	0.00	0.00
						196.84	0.00	0.00	196.84
						196.84	0.00	0.00	196.84
11.2507.11.WCMO	M	02/15/1981	02/11/2019	C-06/21/2019	UPEXT- Thumb				
Puncture to left hand (paper clip)	COUNTY OF GALVESTON	thweattm	02/20/2019	11	SPEC INJ - Puncture				
					STRIKE/STEP - Sharp Object				
					Expenses Medical	0.00	0.00	0.00	0.00
						269.88	0.00	0.00	269.88
						269.88	0.00	0.00	269.88
11.2511.11.WCMO	M	06/25/1981	02/22/2019	C-04/07/2019	UPEXT- Wrist				
Sprain to left wrist	COUNTY OF GALVESTON	thweattm	03/06/2019	11	SPEC INJ - Sprain				
					STRAIN- Miscellaneous				
					Expenses Medical	0.00	0.00	0.00	0.00
						398.23	0.00	0.00	398.23
						398.23	0.00	0.00	398.23
11.2513.11.WCMO	M	02/10/1991	02/22/2019	C-05/30/2019	LOEXT- Knee				
EE involved in an altercation with inmate	COUNTY OF GALVESTON	thweattm	03/12/2019	11	SPEC INJ - Contusion				
					FALL/SLIP - On Ice or Snow				
					Expenses Medical	0.00	0.00	0.00	0.00
						399.43	0.00	0.00	399.43
						399.43	0.00	0.00	399.43
11.2508.11.WCMO	M	10/02/1995	02/23/2019	C-04/07/2019	LOEXT- Knee				
Contusion to right knee	COUNTY OF GALVESTON	thweattm	02/27/2019	11	SPEC INJ - Contusion				
					FALL/SLIP - Miscellaneous				
					Expenses Medical	0.00	0.00	0.00	0.00
						259.56	0.00	0.00	259.56
						259.56	0.00	0.00	259.56
11.2509.11.WCMO	F	03/05/1975	02/23/2019	C-04/07/2019	MULBP- Multiple Body Parts				
Exposure to blood	COUNTY OF GALVESTON	thweattm	03/04/2019	11	SPEC INJ - All Other				
					Other				
					Expenses Medical	0.00	0.00	0.00	0.00
						264.44	0.00	0.00	264.44
						264.44	0.00	0.00	264.44

Claim No	Client File No	Adiuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2519.11.WCMO	M	11/30/1974	02/25/2019	C-04/19/2019	LOEXT- Thigh				
		COUNTY OF GALVESTON	03/18/2019	11	SPEC INJ - Laceration				
					Other				
Laceration to upper left thigh				Expenses Medical		0.00	0.00	0.00	0.00
						139.87	0.00	0.00	139.87
						139.87	0.00	0.00	139.87
11.2510.11.WCMO	M	05/24/1989	02/28/2019	C-05/16/2019	UPEXT- Finger(s)				
		COUNTY OF GALVESTON	03/04/2019	11	SPEC INJ - Puncture				
					STRIKE/STEP - Sharp Object				
Puncture to right hand with needle stick				Expenses Medical		0.00	0.00	0.00	0.00
						448.98	0.00	0.00	448.98
						448.98	0.00	0.00	448.98
11.2512.11.WCMO	M	03/26/1985	03/06/2019	C-06/26/2019	MULBP- Multiple Body Parts				
		COUNTY OF GALVESTON	03/12/2019	11	SPEC INJ - Strain				
					VEHICLE- Collision w/ Another Vehicle				
MVA - Injury to right arm and neck				Expenses Medical		0.00	0.00	0.00	0.00
						1,429.88	0.00	1,429.88	1,429.88
						1,429.88	0.00	1,429.88	1,429.88
11.2517.11.WCMO	M	02/15/1981	03/06/2019	C-04/19/2019	NECK- Multiple Entry				
		COUNTY OF GALVESTON	03/15/2019	11	SPEC INJ - Puncture				
					STRUCK - Fellow Worker, Patient				
Scratches to deputies neck, right side				Expenses Medical		0.00	0.00	0.00	0.00
						196.84	0.00	0.00	196.84
						196.84	0.00	0.00	196.84
11.2514.11.WCMO	M	05/01/1996	03/08/2019	C-05/21/2019	LOEXT- Knee				
		COUNTY OF GALVESTON	03/12/2019	11	SPEC INJ - Contusion				
					FALL/SLIP - Miscellaneous				
Contusion to right knee				Expenses Medical		0.00	0.00	0.00	0.00
						399.43	0.00	0.00	399.43
						399.43	0.00	0.00	399.43
11.2516.11.WCMO	M	01/21/1987	03/13/2019	C-05/30/2019	HEAD- Eye(s)				
		COUNTY OF GALVESTON	03/15/2019	11	SPEC INJ - Foreign Body				
					MISC - Foreign Body in Eye				
Blood in EE's eyes from inmate				Expenses Medical		0.00	0.00	0.00	0.00
						202.28	0.00	0.00	202.28
						202.28	0.00	0.00	202.28

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2518.11.WCMO	M	02/17/1982	03/13/2019	C-05/30/2019	TRUNK- Low Back Area (inc: Lumbar & Lumbo-Sacral)				
	COUNTY OF GALVESTON	thweattm	03/15/2019	11	SPEC INJ - Strain				
					STRAIN- Miscellaneous				
Lumbar Strain				Expenses Medical		325.00	0.00	0.00	325.00
						552.66	0.00	0.00	552.66
						877.66	0.00	0.00	877.66
11.2515.11.WCMO	M	04/09/1980	03/14/2019	C-05/08/2019	LOEXT- Knee				
	COUNTY OF GALVESTON	thweattm	03/18/2019	11	SPEC INJ - Contusion				
					FALL/SLIP - Miscellaneous				
Contusion to right knee				Expenses Medical		0.00	0.00	0.00	0.00
						259.56	0.00	0.00	259.56
						259.56	0.00	0.00	259.56
11.2520.11.WCMO	M	05/01/1991	03/15/2019	C-05/30/2019	UPEXT- Thumb				
	COUNTY OF GALVESTON	thweattm	03/19/2019	11	SPEC INJ - Laceration				
					CUT - Miscellaneous				
Laceration to left thumb on door				Expenses Medical		0.00	0.00	0.00	0.00
						196.84	0.00	0.00	196.84
						196.84	0.00	0.00	196.84
11.2522.11.WCMO	M	03/13/1993	03/20/2019	C-05/08/2019	HEAD- Eye(s)				
	COUNTY OF GALVESTON	thweattm	03/22/2019	11	SPEC INJ - Foreign Body				
					Other				
Irritation to left eye				Expenses Medical		0.00	0.00	0.00	0.00
						291.22	0.00	0.00	291.22
						291.22	0.00	0.00	291.22
11.2521.11.WCMO	M	01/31/1989	03/21/2019	C-07/18/2019	UPEXT- Hand				
	COUNTY OF GALVESTON	thweattm	03/25/2019	11	SPEC INJ - Puncture				
					STRUCK - Fellow Worker, Patient				
Scratch to right hand				Expenses Medical		0.00	0.00	0.00	0.00
						169.56	0.00	0.00	169.56
						169.56	0.00	0.00	169.56
11.2523.11.WCMO	M	12/15/1967	03/21/2019	C-05/30/2019	MULBP- Multiple Body Parts				
	COUNTY OF GALVESTON	thweattm	03/28/2019	11	MULINJ- Multiple Physical Injuries				
					Other				
Multiple body injuries to right knee, right elbow and chest				Expenses Medical		0.00	0.00	0.00	0.00
						800.47	0.00	0.00	800.47
						800.47	0.00	0.00	800.47

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve	Incurred
Description	Insured Name		Lost Days		Cause of Injury	Date		
11.2534.11.WCMO	M	07/23/1967	03/24/2019	C-06/05/2019	UPEXT- Finger(s)			
		COUNTY OF GALVESTON	05/02/2019	11	SPEC INJ - Laceration			
Laceration to left index finger					CUT - Object Being Lifted or Handled			
						0.00	0.00	0.00
						0.00	0.00	0.00
						0.00	0.00	0.00
11.2526.11.WCMO	F	03/15/1976	03/25/2019	C-05/20/2019	UPEXT- Hand			
		COUNTY OF GALVESTON	04/10/2019	11	SPEC INJ - Contusion			
Contusion to right hand					FALL/SLIP - Miscellaneous			
						0.00	0.00	0.00
						0.00	0.00	0.00
						0.00	0.00	0.00
11.2524.11.WCMO	M	09/23/1963	03/28/2019	C-05/30/2019	UPEXT- Wrist			
		COUNTY OF GALVESTON	03/29/2019	11	SPEC INJ - Strain			
Strain to wright wrist					STRAIN - Pushing or Pulling			
						0.00	0.00	0.00
						0.00	0.00	0.00
						0.00	0.00	0.00
11.2525.11.WCMO	F	01/29/1961	04/02/2019	C-05/20/2019	UPEXT- Elbow			
		COUNTY OF GALVESTON	04/04/2019	11	SPEC INJ - Contusion			
Contusion to left elbow					FALL/SLIP - Miscellaneous			
						0.00	0.00	0.00
						0.00	0.00	0.00
						0.00	0.00	0.00
11.2530.11.WCMO	M	06/24/1961	04/08/2019	C-06/24/2019	TRUNK- Chest (inc: Ribs, Sternum, and Soft Tissue)			
		COUNTY OF GALVESTON	04/24/2019	11	SPC INJ- No Injury			
Chest pain					Other			
						0.00	0.00	0.00
						0.00	0.00	0.00
						0.00	0.00	0.00
11.2527.11.WCMO	M	07/24/1996	04/14/2019	C-09/30/2019	UPEXT- Thumb			
		COUNTY OF GALVESTON	04/18/2019	11	SPEC INJ - Puncture			
Puncture to left thumb with needle					STRIKE/STEP - Sharp Object			
						0.00	0.00	0.00
						0.00	0.00	0.00
						0.00	0.00	0.00

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss Description	Sex DOB	Insured Name	Date Received	Policy Lost Days	Nature of Injury Cause of Injury Period	To Date	Reserve		Incurred
11.2528.11.WCMO	F 10/11/1989	thweatm COUNTY OF GALVESTON	04/14/2019 04/18/2019	C-05/30/2019 11	UPEXT- Shoulder(s) SPEC INJ - Strain STRAIN - Pushing or Pulling	0.00 476.58 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 476.58 476.58
Strain to right shoulder									
11.2529.11.WCMO	F 08/16/1988	thweatm COUNTY OF GALVESTON	04/17/2019 04/18/2019	C-06/12/2019 11	LOEXT- Knee SPEC INJ - Contusion FALL/SLIP - From Liquid or Grease Spills	0.00 399.43 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 399.43 399.43
Injury to rt knee									
11.2531.11.WCMO	M 02/13/1996	thweatm COUNTY OF GALVESTON	04/26/2019 04/29/2019	C-06/24/2019 11	MULBP- Multiple Body Parts SPEC INJ - Strain STRAIN- Miscellaneous	0.00 1,308.42 1,308.42	0.00 0.00 0.00	0.00 0.00 0.00	0.00 1,308.42 1,308.42
Strain to rt knee and rt elbow									
11.2533.11.WCMO	F 11/22/1993	thweatm COUNTY OF GALVESTON	04/28/2019 04/30/2019	C-08/20/2019 11	LOEXT- Lower Leg SPEC INJ - Puncture MISC - Animal or Insect	0.00 661.35 661.35	0.00 0.00 0.00	0.00 0.00 0.00	0.00 661.35 661.35
Puncture to left leg - Dog bite									
11.2532.11.WCLT	M 03/12/1997	thweatm COUNTY OF GALVESTON	04/29/2019 04/29/2019	C-06/24/2019 11 6	MULBP- Multiple Body Parts SPEC INJ - Contusion STRUCK - Miscellaneous	0.00 1,385.72 1,385.72	0.00 0.00 0.00	0.00 0.00 0.00	0.00 1,385.72 1,385.72
EE was struck with a branch while mowing. Head and neck injury									
11.2535.11.WCMO	M 05/11/1990	thweatm COUNTY OF GALVESTON	04/29/2019 04/29/2019	C-07/31/2019 11	MULBP- No Physical Injury SPCINJ- No Injury MISC - Other Than Physical Cause of Injury	0.00 397.00 14,280.13	0.00 0.00 0.00	0.00 0.00 0.00	0.00 397.00 14,280.13
Dehydration									

Claim No	Client File No	Adiuster	Loss Date	Status	Part of Body	Paid	Open	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve	Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date		
11.2540.11.WCMO	M 03/29/1960	thweattm	04/29/2019	C-06/24/2019	MULBP- Multiple Body Parts			
	COUNTY OF GALVESTON		05/13/2019	11	SPEC INJ - Laceration			
Scrapes to hands and jarred right leg					FALL/SLIP - Miscellaneous			
					Expenses Medical	0.00	0.00	0.00
						663.22	0.00	663.22
11.2537.11.WCMO	F 11/17/1994	thweattm	05/05/2019	C-08/29/2019	LOEXT- Knee			
	COUNTY OF GALVESTON		05/08/2019	11	SPEC INJ - Contusion			
Contusion to left knee					FALL/SLIP - Miscellaneous			
					Expenses Medical	0.00	0.00	0.00
						909.00	0.00	909.00
11.2538.11.WCMO	F 12/01/1997	thweattm	05/05/2019	C-09/30/2019	MULBP- Multiple Body Parts			
	COUNTY OF GALVESTON		05/08/2019	11	MULINJ- Multiple Physical Injuries			
trauma to face and left knee contusion					STRUCK - Fellow Worker, Patient			
					Expenses Medical	0.00	0.00	0.00
						1,427.37	0.00	1,427.37
11.2539.11.WCMO	F 03/05/1975	thweattm	05/05/2019	C-08/30/2019	MULBP- Multiple Body Parts			
	COUNTY OF GALVESTON		05/08/2019	11	MULINJ- Multiple Physical Injuries			
Rt arm contusion, left upper arm contusion and bilateral hand pain					STRUCK - Fellow Worker, Patient			
					Expenses Medical	0.00	0.00	0.00
						2,728.18	0.00	2,728.18
11.2536.11.WCLT	F 08/04/1961	thweattm	05/06/2019	C-09/20/2019	MULBP- Multiple Body Parts			
	COUNTY OF GALVESTON		05/07/2019	11	MULINJ- Multiple Physical Injuries			
Sprain of right knee, strain of muscle, fascia and tendon at neck level, sprain of right wrist, concussion w LOC of 30 minutes or less					FALL/SLIP - Miscellaneous			
					Expenses Indemnity Medical	0.00	0.00	0.00
						397.00	0.00	397.00
						3,936.00	0.00	3,936.00
						7,180.05	0.00	7,180.05
11.2543.11.WCMO	M 02/13/1996	thweattm	05/16/2019	C-09/10/2019	HEAD- Eye(s)			
	COUNTY OF GALVESTON		06/04/2019	11	MULINJ- Multiple Physical Injuries			
Right eye irritation					STRUCK - Object Handled by Others			
					Expenses Medical	0.00	0.00	0.00
						211.84	0.00	211.84
						211.84	0.00	211.84

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2548.11.WCMO	F 01/04/1993	thweatfm	05/18/2019	C-07/26/2019	MULBP- Multiple Body Parts	0.00	0.00	0.00	0.00
	COUNTY OF GALVESTON		06/17/2019	11	MULINJ- Multiple Physical Injuries	493.81	0.00	0.00	493.81
					STRUCK - Fellow Worker, Patient	493.81	0.00	0.00	493.81
Avulsion of fingernail of right hand, and contusion of left knee									
11.2542.11.WCLT	M 02/05/1949	chaumonts	05/24/2019	C-11/13/2020	UPEXT- Lower Arm	0.00	0.00	0.00	0.00
	COUNTY OF GALVESTON		05/31/2019	11	SPEC INJ - Puncture	64.68	0.00	0.00	64.68
				10	MISC - Animal or Insect	1,322.78	0.00	0.00	1,322.78
Puncture to left arm									
11.2546.11.WCMO	F 09/25/1965	thweatfm	05/29/2019	C-07/17/2019	UPEXT- Shoulder(s)	0.00	0.00	0.00	0.00
	COUNTY OF GALVESTON		06/07/2019	11	SPEC INJ - Contusion	247.59	0.00	0.00	247.59
					FALL/SLIP - Miscellaneous	247.59	0.00	0.00	247.59
Left Shoulder Contusion									
11.2544.11.WCMO	M 01/21/1987	thweatfm	06/05/2019	C-07/05/2019	LOEXT- Knee	0.00	0.00	0.00	0.00
	COUNTY OF GALVESTON		06/05/2019	11	SPEC INJ - Contusion	399.43	0.00	0.00	399.43
					STRUCK - Fellow Worker, Patient	399.43	0.00	0.00	399.43
Rt Knee Contusion									
11.2545.11.WCMO	M 07/02/1990	thweatfm	06/05/2019	C-08/07/2019	MULBP- Multiple Body Parts	0.00	0.00	0.00	0.00
	COUNTY OF GALVESTON		06/07/2019	11	MULINJ- Multiple Physical Injuries	394.67	0.00	0.00	394.67
					STRUCK - Fellow Worker, Patient	394.67	0.00	0.00	394.67
Left rib contusion and right hand abrasion									
11.2547.11.WCMO	M 08/06/1975	thweatfm	06/06/2019	C-07/26/2019	HEAD- Nose	0.00	0.00	0.00	0.00
	COUNTY OF GALVESTON		06/13/2019	11	SPEC INJ - Contusion	394.67	0.00	0.00	394.67
					STRUCK - Fellow Worker, Patient	394.67	0.00	0.00	394.67
Facial Contusion									
						0.00	0.00	0.00	0.00
						270.39	0.00	0.00	270.39
						270.39	0.00	0.00	270.39

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2549.11.WCMO	M 01/30/1973	thweattm	06/06/2019	C-07/29/2019	LOEXT- Knee				
	COUNTY OF GALVESTON		06/13/2019	11	SPEC INJ - Strain				
					STRAIN- Miscellaneous				
Strain to left knee				Expenses Medical		0.00	0.00	0.00	0.00
						524.30	0.00	0.00	524.30
11.2551.11.WCMO	M 12/15/1953	thweattm	06/10/2019	C-08/08/2019	UPEXT- Thumb				
	COUNTY OF GALVESTON		06/26/2019	11	SPEC INJ - Crushing				
					CGHT BETWEEN - Miscellaneous				
Crushing to left thumb				Expenses Medical		0.00	0.00	0.00	0.00
						252.98	0.00	0.00	252.98
11.2550.11.WCMO	M 04/11/1988	thweattm	06/11/2019	C-07/29/2019	UPEXT- Elbow				
	COUNTY OF GALVESTON		06/20/2019	11	SPEC INJ - Sprain				
					STRAIN- Miscellaneous				
Sprain to left elbow				Expenses Medical		0.00	0.00	0.00	0.00
						577.85	0.00	0.00	577.85
11.2556.11.WCMO	M 04/01/1965	thweattm	06/29/2019	C-10/28/2019	LOEXT- Knee				
	COUNTY OF GALVESTON		07/12/2019	11	SPEC INJ - Contusion				
					FALL/SLIP - Miscellaneous				
Contusion to left knee.				Expenses Medical		0.00	0.00	0.00	0.00
						915.01	0.00	0.00	915.01
11.2552.11.WCMO	F 04/16/1991	thweattm	07/02/2019	C-12/05/2019	UPEXT- Lower Arm				
	COUNTY OF GALVESTON		07/03/2019	11	SPEC INJ - Puncture				
					STRUCK - Fellow Worker, Patient				
Human Bite to left arm				Expenses Medical		0.00	0.00	0.00	0.00
						915.01	0.00	0.00	915.01
11.2558.11.WCMO	M 04/28/1997	thweattm	07/02/2019	C-08/27/2019	TRUNK- Low Back Area (inc: Lumbar & Lumbo-Sacral)				
	COUNTY OF GALVESTON		07/17/2019	11	SPEC INJ - Strain				
					STRAIN- Miscellaneous				
EE pulled muscle in lower back				Expenses Medical		0.00	0.00	0.00	0.00
						784.48	0.00	0.00	784.48
						784.48	0.00	0.00	784.48

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury	Date			
11.2561.11.WCMO	M 11/03/1986	thweatm	07/02/2019	C-09/20/2019	TRUNK- Chest (inc: Ribs, Sternum, and Soft Tissue)				
	COUNTY OF GALVESTON		07/26/2019	11	SPEC INJ - Contusion	0.00	0.00	0.00	0.00
					STRUCK - Fellow Worker, Patient	1,008.37	0.00	0.00	1,008.37
Contusion to chest causing chest pain									
11.2555.11.WCMO	M 07/25/1983	thweatm	07/06/2019	C-10/27/2019	TRUNK- Chest (inc: Ribs, Sternum, and Soft Tissue)				
	COUNTY OF GALVESTON		07/12/2019	11	SPEC INJ - Contusion	0.00	0.00	0.00	0.00
					STRUCK - Fellow Worker, Patient	1,008.37	0.00	0.00	1,008.37
Contusion to ribs (right side)									
11.2553.11.WCMO	M 10/26/1988	thweatm	07/08/2019	C-08/23/2019	LOEXT- Knee				
	COUNTY OF GALVESTON		07/15/2019	11	SPEC INJ - Laceration	0.00	0.00	0.00	0.00
					CUT - Miscellaneous	865.05	0.00	0.00	865.05
						865.05	0.00	0.00	865.05
Laceration to left knee									
11.2554.11.WCMO	M 09/17/1995	thweatm	07/09/2019	C-03/27/2020	MULBP- No Physical Injury				
	COUNTY OF GALVESTON		07/12/2019	11	SPEC INJ - All Other	0.00	0.00	0.00	0.00
					MISC - Absorption, Ingestion or Inhalation, NOC	2,134.64	0.00	0.00	2,134.64
						2,134.64	0.00	0.00	2,134.64
Blood Exposure									
11.2560.11.WCMO	F 01/04/1993	thweatm	07/12/2019	C-08/27/2019	MULBP- Multiple Body Parts				
	COUNTY OF GALVESTON		07/26/2019	11	OCC DIS - Contagious Disease	0.00	0.00	0.00	0.00
					MISC - Absorption, Ingestion or Inhalation, NOC	415.19	0.00	0.00	415.19
						415.19	0.00	0.00	415.19
Exposure to scabies									
11.2557.11.WCMO	F 02/22/1992	thweatm	07/17/2019	C-10/27/2019	LOEXT- Knee				
	COUNTY OF GALVESTON		07/18/2019	11	SPEC INJ - Strain	0.00	0.00	0.00	0.00
					STRAIN - Reaching	196.84	0.00	0.00	196.84
						196.84	0.00	0.00	196.84
Strain to right knee									
						0.00	0.00	0.00	0.00
						1,248.94	0.00	0.00	1,248.94
						1,248.94	0.00	0.00	1,248.94

Claim No	Client File No	Adiuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury	Date			
11.2559.11.WCLT	pin 11 M 10/14/1980 COUNTY OF GALVESTON	chaumonts	07/22/2019 07/22/2019	Open 11 881	LOEXT- Lower Leg SPEC INJ - Fracture FALL/SLIP - Miscellaneous	8,862.40 7,872.00 165,214.24	56.54 0.00 254.81	0.00 0.00 738.77	8,862.40 7,872.00 164,730.28
Fracture to left leg									
11.2566.11.WCMO	F 12/02/1995 COUNTY OF GALVESTON	thweatm	07/26/2019 08/19/2019	C-10/02/2019 11	HEAD- Other Facial Soft Tissue SPEC INJ - Contusion STRUCK - Fellow Worker, Patient	0.00 0.00 196.84	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 196.84
Face Contusion									
11.2562.11.WCMO	F 09/25/1965 COUNTY OF GALVESTON	thweatm	07/29/2019 07/30/2019	C-09/09/2019 11	TRUNK- Buttocks SPEC INJ - Contusion FALL/SLIP - From Liquid or Grease Spills	0.00 0.00 196.84	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 196.84
Contusion to buttocks									
11.2563.11.WCLT	M 09/03/1970 COUNTY OF GALVESTON	thweatm	07/31/2019 08/01/2019	C-10/27/2019 11 12	TRUNK- Low Back Area (inc: Lumbar & Lumbo-Sacral) SPEC INJ - Strain STRAIN - Using Tool or Machine	0.00 0.00 196.84	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 196.84
Sprain strain to back									
11.2592.11.WCMO	M 08/16/1985 COUNTY OF GALVESTON	thweatm	08/02/2019 10/18/2019	C-01/22/2020 11	UPEXT- Hand SPEC INJ - Laceration VEHICLE- Miscellaneous	0.00 0.00 1,000.92	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 1,000.92
Laceration to left hand									
11.2564.11.WCLT	F 04/05/1960 COUNTY OF GALVESTON	chaumonts	08/05/2019 08/08/2019	C-04/28/2021 11 202	LOEXT- Knee SPEC INJ - Fracture FALL/SLIP - From Liquid or Grease Spills	0.00 0.00 908.73	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 908.73
Fracture to left knee									
						8,222.81 20,183.32 103,431.31	0.00 0.00 0.00	0.00 0.00 74.88	8,222.81 20,183.32 103,356.43
						131,837.44	0.00	74.88	131,762.56

Claim No	Client File No	Adiuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2565.11.WCMO	thweattm	thweattm	08/07/2019	C-08/21/2019	LOEXT- Knee				
	F	09/14/1965	08/13/2019	11	SPEC INJ - Dislocation				
		COUNTY OF GALVESTON			Other				
EE dislocated left knee upon squat									
					Expenses Medical	0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
11.2571.11.WCMO	thweattm	thweattm	08/11/2019	C-10/28/2019	UPEXT- Finger(s)				
	M	10/02/1997	08/21/2019	11	SPEC INJ - Laceration				
		COUNTY OF GALVESTON			CUT - Miscellaneous				
Laceration on left middle finger									
					Expenses Medical	0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
11.2569.11.WCMO	thweattm	thweattm	08/20/2019	C-10/08/2019	LOEXT- Lower Leg				
	M	11/14/1983	08/22/2019	11	SPEC INJ - Sprain				
		COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient				
Sprain/strain to right leg									
					Expenses Medical	0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
11.2568.11.WCMO	thweattm	thweattm	08/23/2019	C-08/24/2021	UPEXT- Lower Arm				
	M	04/09/1980	08/29/2019	11	SPEC INJ - Sprain				
		COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient				
Sprain to right arm									
					Expenses Medical	0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
11.2567.11.WCMO	thweattm	thweattm	08/28/2019	C-09/09/2019	LOEXT- Ankle				
	F	07/07/1977	08/29/2019	11	SPEC INJ - Sprain				
		COUNTY OF GALVESTON			VEHICLE- Miscellaneous				
Ankle sprain									
					Expenses Medical	0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
11.2570.11.WCMO	thweattm	thweattm	08/30/2019	C-03/26/2020	UPEXT- Thumb				
	M	04/09/1990	09/04/2019	11	SPEC INJ - Sprain				
		COUNTY OF GALVESTON			STRAIN- Miscellaneous				
Sprain to right thumb									
					Expenses Medical	0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00

Claim No	Client File No	Adiuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury	Date			
11.2579.11.WCMO	M	06/29/1958	09/02/2019	C-10/28/2019	UPEXT- Hand				
		COUNTY OF GALVESTON	09/20/2019	11	SPEC INJ - Contusion				
					CGHT BETWEEN - Miscellaneous				
Contusion to right hand						0.00	0.00	0.00	0.00
					Expenses Medical	881.45	0.00	0.00	881.45
11.2576.11.WCMO	M	10/02/1997	09/06/2019	C-10/28/2019	MULBP- Multiple Body Parts				
		COUNTY OF GALVESTON	09/18/2019	11	MULINJ- Multiple Physical Injuries				
					STRUCK - Fellow Worker, Patient				
Injuries to neck, face and right arm						0.00	0.00	0.00	0.00
					Expenses Medical	383.86	0.00	0.00	383.86
11.2577.11.WCMO	M	12/31/1995	09/06/2019	C-10/28/2019	MULBP- Multiple Body Parts				
		COUNTY OF GALVESTON	09/18/2019	11	MULINJ- Multiple Physical Injuries				
					STRUCK - Fellow Worker, Patient				
Multiple injuries to left shoulder and right knee						0.00	0.00	0.00	0.00
					Expenses Medical	247.59	0.00	0.00	247.59
11.2590.11.WCMO	F	09/01/1953	09/06/2019	C-12/17/2019	MULBP- No Physical Injury				
		COUNTY OF GALVESTON	10/11/2019	11	SPEC INJ - All Other				
					Other				
Contact w and exposure to potentially hazardous body fluids						0.00	0.00	0.00	0.00
					Expenses Medical	360.73	0.00	0.00	360.73
11.2572.11.WCMO	F	07/12/1970	09/08/2019	C-10/28/2019	UPEXT- Lower Arm				
		COUNTY OF GALVESTON	09/13/2019	11	SPEC INJ - Puncture				
					STRUCK - Fellow Worker, Patient				
Right Forearm Abrasion						0.00	0.00	0.00	0.00
					Expenses Medical	196.84	0.00	0.00	196.84
11.2575.11.WCMO	M	05/27/1973	09/11/2019	C-10/28/2019	HEAD- Eye(s)				
		COUNTY OF GALVESTON	09/16/2019	11	SPEC INJ - Foreign Body				
					MISC - Foreign Body in Eye				
Foreign object in left eye						0.00	0.00	0.00	0.00
					Expenses Medical	405.26	0.00	0.00	405.26
						405.26	0.00	0.00	405.26

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss Description	Sex DOB	Insured Name	Date Received	Policy Lost Days	Nature of Injury Cause of Injury/Period	To Date	Reserve		Incurred
11.2573.11.WCMMO	M 10/25/1951	thweattm COUNTY OF GALVESTON	09/12/2019 09/13/2019	C-01/31/2020 11	UPEXT- Lower Arm SPEC INJ - Puncture MISC - Animal or Insect	0.00 137.10	0.00 0.00	0.00 0.00	0.00 137.10
Dog bite to left forearm									
11.2578.11.WCMMO	M 01/18/1990	thweattm COUNTY OF GALVESTON	09/14/2019 09/19/2019	C-10/28/2019 11	UPEXT- Wrist SPEC INJ - Laceration STRUCK - Fellow Worker, Patient	0.00 137.10	0.00 0.00	0.00 0.00	0.00 137.10
Laceration to left wrist									
11.2581.11.WCMMO	F 09/01/1980	thweattm COUNTY OF GALVESTON	09/21/2019 09/24/2019	C-11/03/2019 11	UPEXT- Elbow SPEC INJ - Contusion STRIKE/STEP - Stationary Object	0.00 196.84	0.00 0.00	0.00 0.00	0.00 196.84
Contusion to right elbow									
11.2580.11.WCMMO	M 05/04/1964	thweattm COUNTY OF GALVESTON	09/23/2019 09/24/2019	C-11/03/2019 11	LOEXT- Ankle SPEC INJ - Sprain STRAIN- Miscellaneous	0.00 336.71	0.00 0.00	0.00 0.00	0.00 336.71
Pain in right ankle									
11.2582.11.WCLT	M 07/15/1963	chaumonts COUNTY OF GALVESTON	09/23/2019 09/26/2019	C-08/25/2020 11 121	UPEXT- Shoulder(s) SPEC INJ - Sprain FALL/SLIP - Miscellaneous	0.00 169.56	0.00 0.00	0.00 0.00	0.00 169.56
Sprain to left shoulder									
11.2583.11.WCMMO	M 08/29/1956	thweattm COUNTY OF GALVESTON	09/26/2019 10/01/2019	C-11/25/2019 11	TRUNK- Pelvis SPEC INJ - Strain STRAIN- Miscellaneous	0.00 14,852.29	0.00 0.00	0.00 0.00	0.00 14,852.29
Strain to left leg									
					Expenses Medical	0.00	0.00	0.00	0.00
					Expenses Medical	196.84	0.00	0.00	196.84
					Expenses Medical	196.84	0.00	0.00	196.84
					Expenses Medical	0.00	0.00	0.00	0.00
					Expenses Medical	336.71	0.00	0.00	336.71
					Expenses Medical	336.71	0.00	0.00	336.71
					Expenses Indemnity Medical	599.00	0.00	0.00	599.00
					Expenses Indemnity Medical	14,852.29	0.00	0.00	14,852.29
					Expenses Indemnity Medical	25,948.84	0.00	0.00	25,948.84
					Expenses Indemnity Medical	41,400.13	0.00	0.00	41,400.13
					Expenses Medical	0.00	0.00	0.00	0.00
					Expenses Medical	336.71	0.00	0.00	336.71
					Expenses Medical	336.71	0.00	0.00	336.71

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2584.11.WCMO	F	07/24/1964	09/26/2019	C-11/06/2019	LOEXT- Foot				
		COUNTY OF GALVESTON	10/01/2019	11	SPEC INJ - Puncture				
					STRIKE/STEP - Stationary Object				
Abrasion to rt foot									
						0.00	0.00	0.00	0.00
						521.59	0.00	0.00	521.59
11.2585.11.WCMO	F	04/25/1990	09/26/2019	C-12/05/2019	UPEXT- Hand				
		COUNTY OF GALVESTON	10/01/2019	11	SPEC INJ - Crushing				
					CGHT BETWEEN - Miscellaneous				
Crushing to rt hand									
						0.00	0.00	0.00	0.00
						439.40	0.00	0.00	439.40
						439.40	0.00	0.00	439.40
11.2591.11.WCMO	M	10/26/1988	10/01/2019	C-12/04/2019	UPEXT- Shoulder(s)				
		COUNTY OF GALVESTON	10/08/2019	11	SPEC INJ - Strain				
					STRAIN- Miscellaneous				
Strain to left shoulder									
						0.00	0.00	0.00	0.00
						196.84	0.00	0.00	196.84
						196.84	0.00	0.00	196.84
11.2586.11.WCMO	M	02/11/1975	10/02/2019	C-01/21/2020	TRUNK- Abdomen including groin				
		COUNTY OF GALVESTON	10/07/2019	11	SPEC INJ - Contusion				
					VEHICLE- Miscellaneous				
Blunt Abdominal Trauma									
						0.00	0.00	0.00	0.00
						1,593.23	0.00	0.00	1,593.23
						1,593.23	0.00	0.00	1,593.23
11.2601.11.WCMO	M	12/06/1990	10/05/2019	C-12/16/2019	HEAD- Other Facial Soft Tissue				
		COUNTY OF GALVESTON	11/15/2019	11	SPEC INJ - All Other				
					STRUCK - Fellow Worker, Patient				
Exposure to saliva									
						0.00	0.00	0.00	0.00
						196.84	0.00	0.00	196.84
						196.84	0.00	0.00	196.84
11.2587.11.WCMO	F	07/10/1991	10/07/2019	C-11/18/2019	UPEXT- Hand				
		COUNTY OF GALVESTON	10/08/2019	11	SPEC INJ - Sprain				
					STRAIN - Holding or Carrying				
Strain to right hand									
						0.00	0.00	0.00	0.00
						558.56	0.00	0.00	558.56
						558.56	0.00	0.00	558.56

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss Description	Sex DOB	Insured Name	Date Received	Policy Lost Days	Nature of Injury Cause of Injury/Period	To Date	Reserve		Incurred
11.2588.11.WCMO	F 06/27/1979	thweattm COUNTY OF GALVESTON	10/07/2019 10/08/2019	C-01/28/2020 11	LOEXT- Lower Leg SPEC INJ - Sprain STRAIN- Miscellaneous				
Sprain/Strain to rt leg				Expenses Medical		0.00 1,546.99	0.00 0.00	0.00 0.00	0.00 1,546.99
11.2589.11.WCMO	M 01/19/1983	chaumonts COUNTY OF GALVESTON	10/07/2019 10/08/2019	C-06/18/2020 11	MULBP- No Physical Injury SPEC INJ - All Other MISC - Other Than Physical Cause of Injury	0.00 1,546.99	0.00 0.00	0.00 0.00	0.00 1,546.99
Exposure to blood				Expenses Medical		0.00 1,286.80	0.00 0.00	0.00 0.00	0.00 1,286.80
11.2596.11.WCMO	M 05/27/1990	thweattm COUNTY OF GALVESTON	10/14/2019 10/23/2019	C-12/04/2019 11	HEAD- Facial Bones SPEC INJ - Contusion STRUCK - Fellow Worker, Patient	0.00 1,286.80	0.00 0.00	0.00 0.00	0.00 1,286.80
Head Contusion				Expenses Medical		0.00 196.84	0.00 0.00	0.00 0.00	0.00 196.84
11.2597.11.WCMO	M 07/03/1994	thweattm COUNTY OF GALVESTON	10/16/2019 10/21/2019	C-12/05/2019 11	UPEXT- Multiple Upper Extremities SPEC INJ - Laceration CUT - Miscellaneous	0.00 196.84	0.00 0.00	0.00 0.00	0.00 196.84
Cuts on middle and ring finger of right hand. Skin pulled off about an inched long on each finger				Expenses Medical		0.00 474.09	0.00 0.00	0.00 0.00	0.00 474.09
11.2606.11.WCMO	M 11/03/1986	thweattm COUNTY OF GALVESTON	10/17/2019 12/11/2019	C-12/19/2019 11	LOEXT- Multiple Lower Extremities SPEC INJ - Fracture STRUCK - Fellow Worker, Patient	0.00 474.09	0.00 0.00	0.00 0.00	0.00 474.09
injury to lower extremities including knee, lower leg and ankle				Expenses Medical		0.00 670.65	0.00 0.00	0.00 0.00	0.00 670.65
11.2593.11.WCMO	F 10/26/1988	thweattm COUNTY OF GALVESTON	10/18/2019 10/22/2019	C-12/04/2019 11	UPEXT- Hand SPEC INJ - Puncture STRIKE/STEP - Object Being Lifted/Handled	0.00 670.65	0.00 0.00	0.00 0.00	0.00 670.65
Puncture to left hand				Expenses Medical		0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex DOB		Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2595.11.WCMO	M 04/09/1980	thweattm	10/19/2019	C-12/04/2019	UPEXT- Multiple Upper Extremities				
	COUNTY OF GALVESTON		10/22/2019	11	SPEC INJ - Contusion				
					STRIKE/STEP - Miscellaneous				
finger contusion; thumb and fourth				Expenses Medical		0.00	0.00	0.00	0.00
						306.16	0.00	0.00	306.16
11.2594.11.WCMO	M 06/12/1994	thweattm	10/20/2019	C-10/28/2019	HEAD- Other Facial Soft Tissue				
	COUNTY OF GALVESTON		10/22/2019	11	SPEC INJ - Contusion				
					STRUCK - Fellow Worker, Patient				
Contusion to right side of face				Expenses Medical		0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
11.2598.11.WCMO	M 09/17/1995	thweattm	11/02/2019	C-12/08/2019	LOEXT- Knee				
	COUNTY OF GALVESTON		11/07/2019	11	SPEC INJ - Contusion				
					STRUCK - Fellow Worker, Patient				
Contusion to both knees				Expenses Medical		0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
11.2603.11.WCMO	M 05/01/1988	thweattm	11/04/2019	C-12/31/2019	UPEXT- Hand				
	COUNTY OF GALVESTON		11/20/2019	11	SPEC INJ - Sprain				
					STRUCK - Fellow Worker, Patient				
Sprain to left hand				Expenses Medical		0.00	0.00	0.00	0.00
						145.31	0.00	0.00	145.31
						145.31	0.00	0.00	145.31
11.2599.11.WCMO	F 09/07/1955	thweattm	11/05/2019	C-12/08/2019	MULBP- Multiple Body Parts				
	COUNTY OF GALVESTON		11/06/2019	11	SPEC INJ - Strain				
					FALL/SLIP - From Liquid or Grease Spills				
Sprain/Strain to left knee and rt hand				Expenses Medical		0.00	0.00	0.00	0.00
						252.98	0.00	0.00	252.98
						252.98	0.00	0.00	252.98
11.2600.11.WCMO	F 10/26/1993	thweattm	11/05/2019	C-01/08/2020	UPEXT- Shoulder(s)				
	COUNTY OF GALVESTON		11/06/2019	11	SPEC INJ - Strain				
					STRAIN- Miscellaneous				
Strain to right shoulder				Expenses Medical		0.00	0.00	0.00	0.00
						336.71	0.00	0.00	336.71
						336.71	0.00	0.00	336.71

Claim No	Client File No	Adiuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2604.11.WCMO	F	04/02/1988	11/10/2019	C-01/29/2020	TRUNK- Low Back Area (inc: Lumbar & Lumbo-Sacral)				
		COUNTY OF GALVESTON	11/20/2019	11	SPEC INJ - Strain				
					STRAIN- Miscellaneous				
Lumbar Strain									
			Expenses Medical			0.00	0.00	0.00	0.00
						601.45	0.00	0.00	601.45
						601.45	0.00	0.00	601.45
11.2602.11.WCMO	F	09/11/1995	11/13/2019	C-12/31/2019	HEAD- Nose				
		COUNTY OF GALVESTON	11/15/2019	11	SPEC INJ - Fracture				
					Other				
Fractured nose									
			Expenses Medical			0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
11.2608.11.WCMO	F	06/08/1961	11/25/2019	C-01/13/2020	UPEXT- Elbow				
		COUNTY OF GALVESTON	12/05/2019	11	SPEC INJ - Strain				
					STRAIN- Miscellaneous				
Pain in left elbow									
			Expenses Medical			0.00	0.00	0.00	0.00
						386.87	0.00	0.00	386.87
						386.87	0.00	0.00	386.87
11.2605.11.WCMO	M	11/25/1956	11/26/2019	C-01/28/2020	UPEXT- Hand				
		COUNTY OF GALVESTON	11/26/2019	11	SPEC INJ - Laceration				
					CUT - Miscellaneous				
Laceration to left hand									
			Expenses Medical			0.00	0.00	0.00	0.00
						913.14	0.00	0.00	913.14
						913.14	0.00	0.00	913.14
11.2617.11.WCMO	M	08/23/1973	12/08/2019	C-03/12/2020	HEAD- Eye(s)				
		COUNTY OF GALVESTON	01/17/2020	11	OCC DIS - Poisoning-Chemical				
					BURN - Miscellaneous				
Pepper spray in both eyes									
			Expenses Medical			0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
11.2607.11.WCMO	F	10/07/1980	12/09/2019	C-01/13/2020	MULBP- Multiple Body Parts				
		COUNTY OF GALVESTON	12/10/2019	11	SPEC INJ - Strain				
					STRUCK - Fellow Worker, Patient				
Rt shoulder and wrist pain									
			Expenses Medical			0.00	0.00	0.00	0.00
						196.84	0.00	0.00	196.84
						196.84	0.00	0.00	196.84

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss Description	Sex DOB	Insured Name	Date Received	Policy Lost Days	Nature of Injury Cause of Injury/Period	To Date	Reserve		Incurred
11.2633.11.WCMO	M 02/23/1972	chaumonts COUNTY OF GALVESTON	12/09/2019 02/26/2020	C-05/26/2020 11	UPEXT- Wrist SPEC INJ - Sprain STRAIN- Miscellaneous	0.00 72.00 1,680.43	0.00 0.00 0.00	0.00 0.00 0.00	0.00 72.00 1,680.43
Sprain/strain to left wrist									
11.2613.11.WCMO	M 12/28/1996	chaumonts COUNTY OF GALVESTON	12/11/2019 01/08/2020	C-09/01/2020 11	UPEXT- Hand SPEC INJ - Sprain FALL/SLIP - Miscellaneous	0.00 0.00 1,752.43	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 1,752.43
Sprain to right hand									
11.2612.11.WCMO	F 10/27/1991	thweattm COUNTY OF GALVESTON	12/19/2019 12/26/2019	C-02/24/2020 11	UPEXT- Hand SPEC INJ - Laceration CGHT BETWEEN - Miscellaneous	0.00 0.00 1,072.01	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 1,072.01
Laceration to left hand									
11.2609.11.WCMO	F 05/23/1998	thweattm COUNTY OF GALVESTON	12/20/2019 12/23/2019	C-01/24/2020 11	UPEXT- Hand SPEC INJ - Laceration CUT - Miscellaneous	0.00 0.00 1,072.01	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 1,072.01
Laceration to left hand									
11.2611.11.WCMO	F 12/01/1997	thweattm COUNTY OF GALVESTON	12/24/2019 12/26/2019	C-01/22/2020 11	HEAD- Multiple Head Injury MULINJ- Multiple Physical Injuries STRUCK - Fellow Worker, Patient	0.00 0.00 196.84	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 196.84
Contusion to face, causing laceration to lip									
11.2610.11.WCMO	F 05/14/1962	thweattm COUNTY OF GALVESTON	12/31/2019 12/31/2019	C-02/14/2020 11	UPEXT- Hand SPEC INJ - Laceration CUT - Object Being Lifted or Handled	0.00 0.00 986.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 986.00
Laceration to left hand									

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury	Date			
11.2615.11.WCMO	M 05/28/1996	chaumonts	01/02/2020	C-04/27/2020	MULBP- No Physical Injury	0.00	0.00	0.00	0.00
	COUNTY OF GALVESTON		01/09/2020	11	OCC DIS - Contagious Disease	416.66	0.00	0.00	416.66
Exposure to TB					MISC - Other Than Physical Cause of Injury	416.66	0.00	0.00	416.66
11.2614.11.WCMO	M 03/22/1962	thweattm	01/07/2020	C-02/05/2020	HEAD- Eye(s)	0.00	0.00	0.00	0.00
	COUNTY OF GALVESTON		01/09/2020	11	OCC DIS - Poisoning-Chemical	199.30	0.00	0.00	199.30
Foreign matter in right eye					MISC - Foreign Body in Eye	199.30	0.00	0.00	199.30
11.2619.11.WCMO	F 08/31/1979	thweattm	01/11/2020	C-09/01/2020	UPEXT- Lower Arm	0.00	0.00	0.00	0.00
	COUNTY OF GALVESTON		01/23/2020	11	SPEC INJ - Puncture	244.22	0.00	0.00	244.22
Human bite to both arms					STRUCK - Fellow Worker, Patient	244.22	0.00	0.00	244.22
11.2616.11.WCLT	F 07/20/1974	chaumonts	01/13/2020	C-11/30/2020	UPEXT- Multiple Upper Extremities	0.00	0.00	0.00	0.00
	COUNTY OF GALVESTON		01/14/2020	11	SPEC INJ - Sprain	2,458.92	0.00	2,345.26	113.66
Sprain/strain to back and neck				775	VEHICLE- Collision w/ Another Vehicle	2,917.26	0.00	2,345.26	572.00
11.2622.11.WCMO	F 10/02/1959	chaumonts	01/13/2020	C-06/01/2020	MULBP- Multiple Body Parts	0.00	0.00	0.00	0.00
	COUNTY OF GALVESTON		01/28/2020	11	MULINJ- Multiple Physical Injuries	31.34	0.00	0.00	31.34
Elbow injury, Contusion of lip					FALL/SUJP - Miscellaneous	2,458.92	0.00	2,345.26	113.66
11.2631.11.WCMO	M 04/01/1988	thweattm	01/14/2020	C-03/20/2020	HEAD- Eye(s)	0.00	0.00	0.00	0.00
	COUNTY OF GALVESTON		01/23/2020	11	SPEC INJ - Contusion	1,442.87	0.00	0.00	1,442.87
Contusion to left eye					STRUCK - Fellow Worker, Patient	1,442.87	0.00	0.00	1,442.87

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury	Date			
11.2620.11.WCMO	M 08/22/1997	thweattm	01/15/2020	C-02/24/2020	TRUNK- Buttocks				
	COUNTY OF GALVESTON		01/23/2020	11	SPEC INJ - Contusion				
					FALL/SLIP - From Liquid or Grease Spills				
Contusion to buttocks									
					Expenses Medical	0.00	0.00	0.00	0.00
						199.30	0.00	0.00	199.30
11.2618.11.WCMO	F 02/15/1960	thweattm	01/17/2020	C-02/25/2020	UPEXT- Thumb				
	COUNTY OF GALVESTON		01/23/2020	11	SPEC INJ - Contusion				
					STRUCK - Fellow Worker, Patient				
Left Thumb Contusion									
					Expenses Medical	0.00	0.00	0.00	0.00
						260.42	0.00	0.00	260.42
11.2621.11.WCMO	M 06/29/1958	thweattm	01/21/2020	C-02/25/2020	UPEXT- Lower Arm				
	COUNTY OF GALVESTON		01/23/2020	11	SPEC INJ - Sprain				
					STRUCK - Fellow Worker, Patient				
Sprain/strain to left arm									
					Expenses Medical	0.00	0.00	0.00	0.00
						199.30	0.00	0.00	199.30
11.2624.11.WCMO	M 04/01/1965	thweattm	01/28/2020	C-03/25/2020	UPEXT- Lower Arm				
	COUNTY OF GALVESTON		01/30/2020	11	SPEC INJ - Puncture				
					MISC - Animal or Insect				
Animal bite to left arm									
					Expenses Medical	0.00	0.00	0.00	0.00
						199.30	0.00	0.00	199.30
11.2623.11.WCMO	F 05/21/1970	thweattm	01/29/2020	C-02/24/2020	LOEXT- Foot				
	COUNTY OF GALVESTON		01/30/2020	11	SPEC INJ - Sprain				
					STRAIN- Miscellaneous				
Sprain/strain to left foot									
					Expenses Medical	0.00	0.00	0.00	0.00
						255.53	0.00	0.00	255.53
11.2625.11.WCMO	M 09/01/1953	thweattm	01/30/2020	C-03/27/2020	MULBP- Multiple Body Parts				
	COUNTY OF GALVESTON		01/30/2020	11	MULINJ- Multiple Physical Injuries				
					FALL/SLIP - On Stairs				
finger laceration and knee contusion									
					Expenses Medical	0.00	0.00	0.00	0.00
						1,028.47	0.00	0.00	1,028.47
						1,028.47	0.00	0.00	1,028.47

Claim No	Client File No	Adiuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2626.11.WCMO	M 05/06/1991	thweattm	01/30/2020 02/04/2020	C-02/24/2020 11	MULBP- No Physical Injury OCC DIS - All Other Occ. Diseases MISC - Other Than Physical Cause of Injury	0.00 199.30 199.30	0.00 0.00 0.00	0.00 0.00 0.00	0.00 199.30 199.30
Body fluid exposure									
11.2627.11.WCMO	M 10/28/1994	thweattm	01/31/2020 02/06/2020	C-03/04/2020 11	UPEXT- Hand SPEC INJ - Contusion STRUCK - Fellow Worker, Patient	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 199.30 199.30
Contusion to left hand									
11.2628.11.WCMO	F 10/07/1980	thweattm	02/04/2020 02/11/2020	C-03/12/2020 11	UPEXT- Hand SPEC INJ - Laceration CUT - Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 259.22 259.22
Laceration to left hand									
11.2629.11.WCMO	M 12/28/1996	thweattm	02/10/2020 02/11/2020	C-04/05/2020 11	LOEXT- Hip SPEC INJ - Contusion STRUCK - Fellow Worker, Patient	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 265.82 265.82
Contusion to rt hip									
11.2630.11.WCMO	F 02/22/1995	thweattm	02/10/2020 02/11/2020	C-03/13/2020 11	LOEXT- Thigh SPEC INJ - Strain STRAIN- Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 590.19 590.19
Pain in right leg									
11.2651.11.WCMO	M 02/27/1997	chaumonts	02/13/2020 04/15/2020	C-07/31/2020 11	MULBP- Body Systems OCC DIS - All Other Occ. Diseases Other	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 199.30 199.30
Chest pain									
						0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 1,936.89 1,936.89

Claim No	Client File No	Adiuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2632.11.WCMO	F	01/29/1961	02/18/2020	C-03/26/2020	LOEXT- Foot				
		thweattm	02/25/2020	11	SPEC INJ - Contusion				
		COUNTY OF GALVESTON			STRUCK - Miscellaneous				
Contusion to right foot									
11.2634.11.WCMO	F	09/26/1989	02/19/2020	C-06/15/2020	UPEXT- Lower Arm	0.00	0.00	0.00	0.00
		chaumonts	02/21/2020	11	SPEC INJ - Puncture	399.08	0.00	0.00	399.08
		COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient	399.08	0.00	0.00	399.08
Scratch to right arm									
11.2639.11.WCMO	F	02/10/1997	02/20/2020	C-05/11/2020	HEAD- Other Facial Soft Tissue	0.00	0.00	0.00	0.00
		chaumonts	03/11/2020	11	SPEC INJ - All Other	199.30	0.00	0.00	199.30
		COUNTY OF GALVESTON			Other	199.30	0.00	0.00	199.30
Contact w/body fluids									
11.2635.11.WCLT	M	10/26/1966	03/04/2020	C-03/26/2021	LOEXT- Knee	0.00	0.00	0.00	0.00
		chaumonts	03/05/2020	11	SPEC INJ - Sprain	0.00	0.00	0.00	0.00
		COUNTY OF GALVESTON		186	STRAIN- Miscellaneous	199.30	0.00	0.00	199.30
Sprain to left knee									
11.2636.11.WCMO	F	04/21/1992	03/05/2020	C-04/28/2020	LOEXT- Foot	288.00	0.00	0.00	288.00
		chaumonts	03/06/2020	11	SPEC INJ - All Other	0.00	0.00	0.00	0.00
		COUNTY OF GALVESTON			MISC - Animal or Insect	9,687.03	0.00	0.00	9,687.03
Insect bites									
11.2637.11.WCMO	F	11/25/1989	03/08/2020	C-05/29/2020	LOEXT- Foot	0.00	0.00	0.00	0.00
		chaumonts	03/10/2020	11	SPEC INJ - Crushing	482.89	0.00	0.00	482.89
		COUNTY OF GALVESTON			STRUCK - Miscellaneous	482.89	0.00	0.00	482.89
Crushing to right foot									

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2638.11.WCMO	M 02/17/1982	chaumonts	03/08/2020	C-05/22/2020	TRUNK- Low Back Area (inc: Lumbar & Lumbo-Sacral)				
	COUNTY OF GALVESTON		03/10/2020	11	SPEC INJ - Strain				
					STRAIN - Lifting				
Strain to lower back						0.00	0.00	0.00	0.00
						342.85	0.00	0.00	342.85
11.2642.11.WCMO	M 05/18/1979	chaumonts	03/09/2020	C-05/28/2020	UPEXT- Lower Arm				
	COUNTY OF GALVESTON		03/23/2020	11	SPEC INJ - Strain				
					STRAIN- Miscellaneous				
Strain to right arm						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						199.30	0.00	0.00	199.30
11.2643.11.WCMO	M 01/31/1970	chaumonts	03/15/2020	C-05/22/2020	HEAD- Mouth				
	COUNTY OF GALVESTON		03/23/2020	11	SPEC INJ - Laceration				
					CUT - Miscellaneous				
Abrasion to upper lip						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						199.30	0.00	0.00	199.30
11.2641.11.WCMO	F 12/08/1990	chaumonts	03/18/2020	C-05/11/2020	UPEXT- Hand				
	COUNTY OF GALVESTON		03/20/2020	11	SPEC INJ - Laceration				
					STRUCK - Fellow Worker, Patient				
Abrasion to right hand						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						214.30	0.00	0.00	214.30
11.2653.11.WCRO	M 01/30/1973	chaumonts	03/26/2020	C-04/17/2020	NECK- Multiple Entry				
	COUNTY OF GALVESTON		04/15/2020	11	SPEC INJ - All Other				
					Other				
EE was choked by inmate						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						214.30	0.00	0.00	214.30
11.2644.11.WCMO	F 02/15/1960	chaumonts	03/28/2020	C-04/28/2020	UPEXT- Hand				
	COUNTY OF GALVESTON		03/30/2020	11	SPEC INJ - Contusion				
					STRUCK - Miscellaneous				
Contusion to left hand						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						259.22	0.00	0.00	259.22
						0.00	0.00	0.00	0.00
						259.22	0.00	0.00	259.22

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2645.11.WCMO	F	03/27/1970	03/31/2020	C-06/22/2020	MULBP- Multiple Body Parts	0.00	0.00	0.00	0.00
		chaumonts	04/06/2020	11	SPEC INJ - Contusion	772.32	0.00	0.00	772.32
		COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient	772.32	0.00	0.00	772.32
Contusion to right elbow and both knees									
11.2646.11.WCMO	F	03/05/1975	03/31/2020	C-06/15/2020	MULBP- Multiple Body Parts	0.00	0.00	0.00	0.00
		chaumonts	04/06/2020	11	MULINJ- Multiple Physical Injuries	0.00	0.00	0.00	0.00
		COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient	0.00	0.00	0.00	0.00
Multiple injuries to multiple body parts									
11.2647.11.WCMO	M	08/30/1947	04/06/2020	C-07/23/2020	UPEXT- Finger(s)	0.00	0.00	0.00	0.00
		chaumonts	04/08/2020	11	SPEC INJ - Laceration	1,236.75	0.00	0.00	1,236.75
		COUNTY OF GALVESTON			CUT - Miscellaneous	1,236.75	0.00	0.00	1,236.75
Laceration to right index finger									
11.2648.11.WCMO	F	08/25/1977	04/06/2020	C-01/26/2021	MULBP- No Physical Injury	0.00	0.00	0.00	0.00
		chaumonts	04/08/2020	11	SPEC INJ - All Other	342.85	0.00	0.00	342.85
		COUNTY OF GALVESTON			Other	342.85	0.00	0.00	342.85
Blood exposure to arms and face									
11.2657.11.WCMO	F	10/11/1989	04/06/2020	C-05/07/2020	HEAD- Other Facial Soft Tissue	0.00	0.00	0.00	0.00
		chaumonts	04/24/2020	11	SPEC INJ - All Other	447.27	0.00	0.00	447.27
		COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient	447.27	0.00	0.00	447.27
Exposure to Face- Saliva and blood									
11.2649.11.WCMO	M	07/18/1991	04/07/2020	C-05/07/2020	UPEXT- Lower Arm	0.00	0.00	0.00	0.00
		chaumonts	04/09/2020	11	SPEC INJ - Laceration	184.30	0.00	0.00	184.30
		COUNTY OF GALVESTON			CUT - Miscellaneous	184.30	0.00	0.00	184.30
EE placed the inmate on the medical black chair to prevent him from hurting himself or others. In process the inmate used the handcuff chain link and drug them down my inner right forearm causing minor bruising									
						0.00	0.00	0.00	0.00
						199.30	0.00	0.00	199.30
						199.30	0.00	0.00	199.30

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss Description	Sex DOB	Insured Name	Date Received	Policy Lost Days	Nature of Injury Cause of Injury/Period	To Date	Reserve		Incurred
11.2650.11.WCMO	M 10/24/1994	chaumonts COUNTY OF GALVESTON	04/07/2020 04/09/2020	C-05/04/2020 11	UPEXT- Lower Arm SPEC INJ - Puncture STRUCK - Fellow Worker, Patient	0.00 184.30 184.30	0.00 0.00 0.00	0.00 0.00 0.00	0.00 184.30 184.30
Scratch to right arm					Expenses Medical				
11.2654.11.WCMO	M 10/12/1998	chaumonts COUNTY OF GALVESTON	04/09/2020 04/17/2020	C-05/22/2020 11	LOEXT- Knee SPEC INJ - Contusion FALL/SLIP - Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 184.30 184.30
Contusion to left knee					Expenses Medical				
11.2652.11.WCLT	M 01/29/1971	chaumonts COUNTY OF GALVESTON	04/11/2020 04/16/2020	C-06/23/2020 11 4	UPEXT- Thumb SPEC INJ - Sprain STRAIN- Miscellaneous	0.00 1,998.78 1,835.48 3,834.26	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 1,998.78 1,835.48 3,834.26
Sprain to left thumb					Expenses Indemnity Medical				
11.2655.11.WCMO	M 08/22/1997	chaumonts COUNTY OF GALVESTON	04/17/2020 04/21/2020	C-06/18/2020 11	TRUNK- Low Back Area (inc: Lumbar & Lumbo-Sacral) SPEC INJ - Strain STRAIN- Miscellaneous	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 1,998.78 1,835.48 3,834.26
Strain to lower back					Expenses Medical				
11.2656.11.WCMO	F 02/10/1997	chaumonts COUNTY OF GALVESTON	04/20/2020 04/22/2020	C-06/18/2020 11	MULBP- No Physical Injury SPCINJ- No Injury VEHICLE- Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 532.56 532.56
No injury					Expenses Medical				
11.2658.11.WCLT	M 02/08/1963	chaumonts COUNTY OF GALVESTON	04/27/2020 04/29/2020	Open 11 190	UPEXT- Upper Arm(Clavicle/Scapula inc) SPEC INJ - Fracture FALL/SLIP - Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 143.55 143.55
Closed Fracture of Left humerus from fall					Expenses Indemnity Medical				
						462.00 0.00 7,498.84 7,960.84	7,686.07 10,185.00 18,846.69 36,717.76	0.00 0.00 0.00 0.00	25,383.69 10,185.00 67,000.00 102,568.69

Claim No	Client File No	Adiuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2661.11.WCMO	F	09/03/1959	05/02/2020	C-09/01/2020	HEAD- Skull				
		chaumonts	05/07/2020	11	SPEC INJ - Contusion				
		COUNTY OF GALVESTON			FALL/SLIP - Miscellaneous				
Contusion to head									
			Expenses Medical			0.00	0.00	0.00	0.00
						1,535.01	0.00	0.00	1,535.01
						1,535.01	0.00	0.00	1,535.01
11.2666.11.WCMO	M	04/09/1989	05/03/2020	C-07/27/2020	HEAD- Nose				
		chaumonts	05/04/2020	11	SPEC INJ - Fracture				
		COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient				
Fractured Nose									
			Expenses Medical			0.00	0.00	0.00	0.00
						961.05	0.00	0.00	961.05
						961.05	0.00	0.00	961.05
11.2659.11.WCMO	F	04/30/1964	05/04/2020	C-06/23/2020	MULBP- Multiple Body Parts				
		chaumonts	05/04/2020	11	SPEC INJ - All Other				
		COUNTY OF GALVESTON			MISC - Animal or Insect				
Several wasp stings to nose and left forearm									
			Expenses Medical			0.00	0.00	0.00	0.00
						199.30	0.00	0.00	199.30
						199.30	0.00	0.00	199.30
11.2660.11.WCMO	M	10/31/1984	05/05/2020	C-06/17/2020	LOEXT- Thigh				
		chaumonts	05/07/2020	11	SPEC INJ - Contusion				
		COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient				
Contusion to right thigh									
			Expenses Medical			0.00	0.00	0.00	0.00
						199.30	0.00	0.00	199.30
						199.30	0.00	0.00	199.30
11.2662.11.WCMO	F	11/22/1993	05/12/2020	C-09/03/2020	MULBP- Multiple Body Parts				
		chaumonts	05/13/2020	11	MULINJ- Multiple Physical Injuries				
		COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient				
Multiple injuries to face, chest, hand and left forearm									
			Expenses Medical			0.00	0.00	0.00	0.00
						343.49	0.00	0.00	343.49
						343.49	0.00	0.00	343.49
11.2665.11.WCMO	M	08/11/1973	05/12/2020	C-09/29/2020	MULBP- No Physical Injury				
		chaumonts	05/20/2020	11	SPCINJ- Poisoning				
		COUNTY OF GALVESTON			Other				
Poison Ivy/Oak									
			Expenses Medical			0.00	0.00	0.00	0.00
						296.31	0.00	0.00	296.31
						296.31	0.00	0.00	296.31

Claim No	Client File No	Adiuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2663.11.WCMO	M	10/30/1995 COUNTY OF GALVESTON	05/16/2020 05/20/2020	C-10/05/2020 11	UPEXT- Hand SPEC INJ - Fracture STRUCK - Fellow Worker, Patient				
Possible Fracture to right hand			Expenses Medical			0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 661.78 661.78
11.2667.11.WCLT	F	09/23/1983 COUNTY OF GALVESTON	05/16/2020 05/27/2020	C-08/13/2021 11 2	MULBP- Multiple Body Parts SPEC INJ - Strain STRAIN- Miscellaneous				
Strain to left hand, shoulder and collarbone			Expenses Indemnity Medical			0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	144.00 8,148.00 6,945.09 15,237.09
11.2664.11.WCMO	M	04/15/1974 COUNTY OF GALVESTON	05/18/2020 05/20/2020	C-07/21/2020 11	TRUNK- Low Back Area (inc: Lumbar & Lumbo-Sacral) SPCINJ- No Injury MISC - Other Than Physical Cause of Injury				
Pain in lower back			Expenses Medical			0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 417.90 417.90
11.2668.11.WCMO	F	08/07/1984 COUNTY OF GALVESTON	05/27/2020 05/29/2020	C-07/17/2020 11	UPEXT- Lower Arm SPEC INJ - Contusion STRAIN- Miscellaneous				
Contusion to rt arm			Expenses Medical			0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 377.31 377.31
11.2669.11.WCMO	F	09/25/1965 COUNTY OF GALVESTON	05/28/2020 06/02/2020	C-07/20/2020 11	UPEXT- Hand SPEC INJ - Laceration CUT - Miscellaneous				
Laceration to right hand			Expenses Medical			0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 356.23 356.23
11.2670.11.WCMO	M	09/10/1969 COUNTY OF GALVESTON	05/28/2020 06/02/2020	C-07/20/2020 11	MULBP- Multiple Body Parts SPEC INJ - Contusion STRUCK - Fellow Worker, Patient				
Facial contusion and right hand contusion			Expenses Medical			0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 356.23 356.23

Claim No	Client File No	Adiuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury	Date			
11.2671.11.WCMO	F	08/23/1962	06/02/2020	C-07/17/2020	HEAD-EYE(S)				
		chaumonts	06/02/2020	11	SPEC INJ - Contusion				
		COUNTY OF GALVESTON	06/02/2020		STRUCK - Miscellaneous				
Contusion to left eye			Expenses Medical			0.00	0.00	0.00	0.00
						184.30	0.00	0.00	184.30
						184.30	0.00	0.00	184.30
11.2694.11.WCMO	M	08/01/1968	06/08/2020	C-03/12/2021	LOEXT- Ankle				
		chaumonts	08/18/2020	11	SPEC INJ - Strain				
		COUNTY OF GALVESTON			STRAIN- Miscellaneous				
Left ankle sprain			Expenses Medical			0.00	0.00	0.00	0.00
						402.77	0.00	0.00	402.77
						402.77	0.00	0.00	402.77
11.2673.11.WCMO	M	02/27/2001	06/12/2020	C-10/27/2020	TRUNK- Chest (inc: Ribs, Sternum, and Soft Tissue)				
		chaumonts	06/23/2020	11	SPEC INJ - Contusion				
		COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient				
Chest Contusion			Expenses Medical			0.00	0.00	0.00	0.00
						329.41	0.00	0.00	329.41
						329.41	0.00	0.00	329.41
11.2672.11.WCMO	M	04/22/1996	06/13/2020	C-08/31/2020	MULBP- Multiple Body Parts				
		chaumonts	06/23/2020	11	MULINJ- Multiple Physical Injuries				
		COUNTY OF GALVESTON			STRUCK - Miscellaneous				
Left hand and back abrasion			Expenses Medical			0.00	0.00	0.00	0.00
						199.30	0.00	0.00	199.30
						199.30	0.00	0.00	199.30
11.2674.11.WCMO	F	08/16/1968	06/19/2020	C-07/24/2020	MULBP- No Physical Injury				
		chaumonts	06/24/2020	11	SPCINJ- No Injury				
		COUNTY OF GALVESTON			Other				
Unknown			Expenses Medical			0.00	0.00	0.00	0.00
						325.49	0.00	0.00	325.49
						325.49	0.00	0.00	325.49
11.2675.11.WCMO	F	01/18/1990	06/19/2020	C-07/24/2020	MULBP- Multiple Body Parts				
		chaumonts	06/24/2020	11	SPEC INJ - Contusion				
		COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient				
Right arm and right foot contusion			Expenses Medical			0.00	0.00	0.00	0.00
						199.30	0.00	0.00	199.30
						199.30	0.00	0.00	199.30

Claim No	Client File No	Adiuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury	Date			
11.2676.11.WCMO	M	10/31/1984	06/19/2020	C-07/23/2020	LOEXT- Knee				
		chaumonts	06/24/2020	11	SPEC INJ - Contusion				
		COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient				
Rt Knee Contusion						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	143.55
11.2680.11.WCMO	M	10/25/1951	06/19/2020	C-08/31/2020	TRUNK- Chest (inc: Ribs, Sternum, and Soft Tissue)				
		chaumonts	07/09/2020	11	SPEC INJ - Contusion				
		COUNTY OF GALVESTON			FALL/SLIP - From Different Level				
Contusion to ribs on left side						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
11.2826.11.WCLT	M	06/17/1966	06/23/2020	Open	MULBP- Body Systems				
		chaumonts	11/22/2021	11	COVID-19				
		COUNTY OF GALVESTON			Pandemic				
COVID 19						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
11.2677.11.WCMO	M	05/24/1989	06/25/2020	C-07/30/2020	LOEXT- Knee				
		chaumonts	06/30/2020	11	SPEC INJ - Contusion				
		COUNTY OF GALVESTON			FALL/SLIP - Miscellaneous				
Contusion to left knee						0.00	1,930.00	0.00	2,500.00
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						0.00	1,930.00	0.00	2,500.00
11.2678.11.WCMO	M	04/15/1974	06/30/2020	C-09/03/2020	MULBP- Multiple Body Parts				
		chaumonts	07/01/2020	11	SPCINJ- No Injury				
		COUNTY OF GALVESTON			STRAIN- Miscellaneous				
Pain in right arm, shoulder and neck						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	266.59
						0.00	0.00	0.00	266.59
11.2679.11.WCMO	M	09/22/1997	07/03/2020	C-09/04/2020	TRUNK- Low Back Area (inc: Lumbar & Lumbo-Sacral)				
		chaumonts	07/06/2020	11	SPEC INJ - Contusion				
		COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient				
Contusion to lower back						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	199.30
						0.00	0.00	0.00	199.30

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury	Date			
11.2682.11.WCMO	M 07/19/1958 COUNTY OF GALVESTON	chaumonts	07/07/2020 07/09/2020	C-09/03/2020 11 2	LOEXT- Ankle SPEC INJ - Sprain STRAIN- Miscellaneous	0.00 734.79	0.00 0.00	0.00 0.00	0.00 734.79
Left ankle sprain									
11.2683.11.WCMO	M 12/25/1977 COUNTY OF GALVESTON	chaumonts	07/07/2020 07/16/2020	C-12/16/2020 11	MULBP- No Physical Injury SPCINJ- No Injury Other	0.00 734.79	0.00 0.00	0.00 0.00	0.00 734.79
Injury to Chest									
11.2681.11.WCMO	M 09/18/1970 COUNTY OF GALVESTON	chaumonts	07/09/2020 07/09/2020	C-09/04/2020 11	TRUNK- Abdomen including groin SPEC INJ - Strain Other	0.00 1,511.64	0.00 0.00	0.00 0.00	0.00 1,511.64
Strain to groin									
11.2684.11.WCMO	M 11/19/1958 COUNTY OF GALVESTON	chaumonts	07/15/2020 07/15/2020	C-09/04/2020 11	LOEXT- Lower Leg SPEC INJ - Puncture MISC - Animal or Insect	0.00 641.48	0.00 0.00	0.00 0.00	0.00 641.48
Dog Bite to Left Leg									
11.2685.11.WCMO	M 12/25/1989 COUNTY OF GALVESTON	chaumonts	07/19/2020 07/21/2020	C-10/23/2020 11	TRUNK- Abdomen including groin SPEC INJ - Contusion STRUCK - Fellow Worker, Patient	0.00 324.91	0.00 0.00	0.00 0.00	0.00 324.91
Injury to groin									
11.2686.11.WCMO	F 04/16/1991 COUNTY OF GALVESTON	chaumonts	07/22/2020 07/25/2020	C-09/04/2020 11	MULBP- No Physical Injury SPEC INJ - All Other MISC - Other Than Physical Cause of Injury	0.00 2,173.56	0.00 0.00	0.00 0.00	0.00 2,173.56
Exposure to Bodily fluids									
						0.00 260.15	0.00 0.00	0.00 0.00	0.00 260.15
						0.00 260.15	0.00 0.00	0.00 0.00	0.00 260.15

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2687.11.WCMO	chaumonts M 11/21/1995 COUNTY OF GALVESTON	chaumonts	08/01/2020 08/05/2020	C-10/28/2020 11	UPEXT- Finger(s) SPEC INJ - Puncture CUT - Broken Glass	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 199.30 199.30
Puncture wound to right index finger									
11.2689.11.WCMO	F 07/28/1990 COUNTY OF GALVESTON	chaumonts	08/04/2020 08/13/2020	C-10/27/2020 11	HEAD- Skull SPEC INJ - Contusion FALL/SLIP - Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 199.30 199.30
Contusion to head									
11.2688.11.WCMO	M 09/22/1997 COUNTY OF GALVESTON	chaumonts	08/11/2020 08/13/2020	C-09/16/2020 11	HEAD- Mouth SPEC INJ - Contusion STRUCK - Fellow Worker, Patient	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 558.40 558.40
Contusion to mouth causing pain to entire face									
11.2696.11.WCMO	M 04/09/1988 COUNTY OF GALVESTON	chaumonts	08/13/2020 08/19/2020	C-02/04/2021 11	LOEXT- Knee SPEC INJ - All Other FALL/SLIP - Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 199.30 199.30
Abrasions to both knees									
11.2693.11.WCLT	M 08/23/1973 COUNTY OF GALVESTON	chaumonts	08/14/2020 08/17/2020	C-12/30/2020 11	LOEXT- Ankle SPEC INJ - Sprain STRUCK - Fellow Worker, Patient	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 199.30 199.30
Sprain to left ankle									
11.2690.11.WCLT	M 02/15/1988 COUNTY OF GALVESTON	chaumonts	08/15/2020 08/18/2020	C-11/19/2021 11	MULBP- No Physical Injury SPCINJ- No Injury Other	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 652.22 652.22
Emotional Distress									
						0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss Description	Sex DOB	Insured Name	Date Received	Policy Lost Days	Nature of Injury Cause of Injury/Period	To Date	Reserve		Incurred
11.2691.11.WCMO	F 04/16/1991	chaumonts COUNTY OF GALVESTON	08/15/2020 08/18/2020	C-02/05/2021 11	MULBP- No Physical Injury SPC INJ- No Injury Other	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00
Emotional Distress									
11.2692.11.WCMO	M 09/18/1973	chaumonts COUNTY OF GALVESTON	08/15/2020 08/18/2020	C-09/17/2020 11	MULBP- Multiple Body Parts MULINJ- Multiple Physical Injuries STRUCK - Fellow Worker, Patient	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00
Scalp and left arm abrasion and rt finger contusion									
11.2695.11.WCMO	M 04/23/1955	chaumonts COUNTY OF GALVESTON	08/15/2020 08/19/2020	C-09/24/2020 11	UPEXT- Lower Arm SPEC INJ - Puncture STRUCK - Fellow Worker, Patient	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 260.42 260.42
Human bite to left arm									
11.2697.11.WCMO	F 06/08/1961	chaumonts COUNTY OF GALVESTON	08/20/2020 08/25/2020	C-12/22/2020 11	LOEXT- Knee SPEC INJ - Contusion FALL/SLIP - From Different Level	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 368.02 368.02
Rt Knee Contusion									
11.2704.11.WCMO	F 04/09/1980	chaumonts COUNTY OF GALVESTON	08/23/2020 09/11/2020	C-12/08/2020 11	HEAD- Other Facial Soft Tissue SPEC INJ - Laceration STRUCK - Miscellaneous	0.00 0.00 0.00	0.00 199.30 199.30	0.00 0.00 0.00	0.00 199.30 199.30
Scratch to left side of chin									
11.2706.11.WCRO	F 09/26/1989	chaumonts COUNTY OF GALVESTON	08/25/2020 09/14/2020	C-09/15/2020 11	UPEXT- Hand SPEC INJ - Laceration STRAIN- Miscellaneous	0.00 0.00 0.00	0.00 259.22 259.22	0.00 0.00 0.00	0.00 259.22 259.22
Laceration to left hand									
						0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury	Date			
11.2705.11.WCMO	M 12/07/1983	chaumonts	09/10/2020	C-12/18/2020	TRUNK- Low Back Area (inc: Lumbar & Lumbo-Sacral)				
	COUNTY OF GALVESTON		09/11/2020	11	SPEC INJ - Strain				
					STRAIN- Miscellaneous				
Strain to lower back						0.00	0.00	0.00	0.00
						370.24	0.00	0.00	370.24
11.2707.11.WCMO	M 05/23/1988	chaumonts	09/13/2020	C-12/30/2020	MULBP- No Physical Injury				
	COUNTY OF GALVESTON		09/15/2020	11	SPCINJ- No Injury				
					Other				
Exposure with Fentanyl on left hand						0.00	0.00	0.00	0.00
						117.17	0.00	0.00	117.17
11.2708.11.WCLT	M 03/20/1963	chaumonts	09/17/2020	C-04/15/2021	LOEXT- Foot				
	COUNTY OF GALVESTON		09/18/2020	11	SPEC INJ - Crushing				
				66	STRUCK - Motor Vehicle				
Crushing to right foot by motor vehicle						0.00	0.00	0.00	0.00
						5,470.74	0.00	0.00	5,470.74
						4,494.21	0.00	0.00	4,494.21
11.2709.11.WCMO	F 04/22/1992	chaumonts	09/21/2020	C-12/15/2020	UPEXT- Wrist				
	COUNTY OF GALVESTON		09/23/2020	11	SPEC INJ - Strain				
					STRAIN- Miscellaneous				
Left wrist strain						0.00	0.00	0.00	0.00
						523.07	0.00	0.00	523.07
11.2712.11.WCMO	M 02/13/1996	chaumonts	09/25/2020	C-12/11/2020	UPEXT- Lower Arm				
	COUNTY OF GALVESTON		10/06/2020	11	SPEC INJ - Strain				
					STRAIN- Miscellaneous				
Strain to left forearm						0.00	0.00	0.00	0.00
						523.07	0.00	0.00	523.07
11.2710.11.WCMO	M 05/01/1991	chaumonts	09/26/2020	C-12/11/2020	MULBP- Multiple Body Parts				
	COUNTY OF GALVESTON		10/01/2020	11	MULINJ- Multiple Physical Injuries				
					STRUCK - Fellow Worker, Patient				
Injuries to left hand and right thigh						0.00	0.00	0.00	0.00
						392.31	0.00	0.00	392.31
						392.31	0.00	0.00	392.31
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						310.46	0.00	0.00	310.46
						310.46	0.00	0.00	310.46

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss Description	Sex DOB	Insured Name	Date Received	Policy Lost Days	Nature of Injury Cause of Injury/Period	To Date	Reserve		Incurred
11.2711.11.WCMO	M 03/04/1962	chaumonts COUNTY OF GALVESTON	09/30/2020 10/02/2020	C-04/08/2021 11	HEAD- Skull SPEC INJ - Contusion FALL/SLIP - Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 427.70 427.70
Head contusion					Expenses Medical				
11.2793.11.WCMO	M 05/03/1959	chaumonts COUNTY OF GALVESTON	10/01/2020 07/09/2021	C-08/20/2021 11	UPEXT- Thumb SPEC INJ - Strain STRAIN - Using Tool or Machine	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 427.70 427.70
Injury to left thumb					Expenses Medical				
11.2713.11.WCMO	M 09/09/1992	chaumonts COUNTY OF GALVESTON	10/02/2020 10/09/2020	C-04/13/2021 11	UPEXT- Shoulder(s) SPEC INJ - Strain STRAIN- Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 326.02 326.02
Strain to left shoulder					Expenses Medical				
11.2714.11.WCMO	M 07/06/1990	chaumonts COUNTY OF GALVESTON	10/07/2020 10/07/2020	C-12/11/2020 11	TRUNK- Upper Back Area (Thoracic Area) SPEC INJ - Contusion FALL/SLIP - Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 632.20 632.20
Contusion to back					Expenses Medical				
11.2726.11.WCMO	M 11/10/1958	chaumonts COUNTY OF GALVESTON	10/15/2020 12/01/2020	C-05/12/2021 11	LOEXT- Knee SPEC INJ - Strain STRAIN- Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 427.87 427.87
Sprain to left knee					Expenses Medical				
11.2715.11.WCLT	M 04/11/1988	chaumonts COUNTY OF GALVESTON	10/27/2020 10/27/2020	C-02/05/2021 11 7	LOEXT- Foot SPEC INJ - Sprain STRIKE/STEP - Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	72.00 4,083.97 4,155.97
Pain to right foot					Expenses Indemnity Medical				
						0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 878.36
						0.00	0.00	0.00	878.36

Claim No	Client File No	Adiuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2716.11.WCMO	M 03/24/1967	chaumonts	10/27/2020	C-03/05/2021	UPEXT- Hand				
	COUNTY OF GALVESTON		10/28/2020	11	SPEC INJ - All Other				
					MISC - Animal or Insect				
Bite to left hand by bat					Expenses Medical	0.00	0.00	0.00	0.00
						9,322.67	0.00	0.00	9,322.67
						9,322.67	0.00	0.00	9,322.67
11.2717.11.WCMO	M 06/09/1962	chaumonts	11/10/2020	C-01/15/2021	LOEXT- Knee				
	COUNTY OF GALVESTON		11/12/2020	11	SPEC INJ - Contusion				
					FALL/SLIP - From Liquid or Grease Spills				
Contusion to both knees					Expenses Medical	0.00	0.00	0.00	0.00
						1,232.00	0.00	0.00	1,232.00
						1,232.00	0.00	0.00	1,232.00
11.2719.11.WCMO	M 02/07/2000	chaumonts	11/10/2020	C-01/28/2021	UPEXT- Hand				
	COUNTY OF GALVESTON		11/23/2020	11	SPEC INJ - Contusion				
					FALL/SLIP - Miscellaneous				
Right hand contusion					Expenses Medical	0.00	0.00	0.00	0.00
						536.63	0.00	0.00	536.63
						536.63	0.00	0.00	536.63
11.2722.11.WCMO	F 02/13/1974	chaumonts	11/10/2020	C-01/25/2021	UPEXT- Finger(s)				
	COUNTY OF GALVESTON		11/24/2020	11	SPEC INJ - All Other				
					STRUCK - Fellow Worker, Patient				
Jammed finger; right hand					Expenses Medical	0.00	0.00	0.00	0.00
						260.42	0.00	0.00	260.42
						260.42	0.00	0.00	260.42
11.2718.11.WCLT	M 01/18/1990	chaumonts	11/22/2020	C-03/23/2021	LOEXT- Knee				
	COUNTY OF GALVESTON		11/23/2020	11	SPEC INJ - Sprain				
				463	STRUCK - Fellow Worker, Patient				
Sprain to left knee					Expenses Indemnity Medical	0.00	0.00	0.00	0.00
						1,174.83	0.00	0.00	1,174.83
						1,174.83	0.00	0.00	1,174.83
11.2720.11.WCLT	M 07/08/1987	chaumonts	11/22/2020	C-02/22/2021	TRUNK- Low Back Area (inc: Lumbar & Lumbo-Sacral)				
	COUNTY OF GALVESTON		11/23/2020	11	SPEC INJ - Strain				
					STRUCK - Fellow Worker, Patient				
Strain to lower back					Expenses Indemnity Medical	0.00	0.00	0.00	0.00
						1,122.76	0.00	0.00	1,122.76
						1,122.76	0.00	0.00	1,122.76

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2721.11.WCMO	M 07/27/1995	chaumonts	11/23/2020	C-12/29/2020	HEAD- Eye(s)				
	COUNTY OF GALVESTON		11/24/2020	11	SPEC INJ - Contusion				
Contusion to right eye					STRUCK - Fellow Worker, Patient	0.00	0.00	0.00	0.00
						199.30	0.00	0.00	199.30
11.2723.11.WCMO	M 02/10/1991	chaumonts	11/23/2020	C-01/04/2021	HEAD- Eye(s)				
	COUNTY OF GALVESTON		11/24/2020	11	SPEC INJ - Contusion				
Contusion to right eye					STRUCK - Fellow Worker, Patient	0.00	0.00	0.00	0.00
						342.85	0.00	0.00	342.85
						342.85	0.00	0.00	342.85
11.2725.11.WCMO	M 02/27/1997	chaumonts	11/23/2020	C-01/05/2021	LOEXT- Hip				
	COUNTY OF GALVESTON		12/01/2020	11	SPEC INJ - Contusion				
Contusion to right hip					FALL/SLIP - Miscellaneous	0.00	0.00	0.00	0.00
						613.02	0.00	0.00	613.02
						613.02	0.00	0.00	613.02
11.2729.11.WCMO	M 09/09/1968	chaumonts	11/23/2020	C-02/05/2021	LOEXT- Ankle				
	COUNTY OF GALVESTON		12/09/2020	11	SPEC INJ - Strain				
Pain in left ankle					STRAIN- Miscellaneous	0.00	0.00	0.00	0.00
						259.22	0.00	0.00	259.22
						259.22	0.00	0.00	259.22
11.2731.11.WCMO	M 09/06/1963	chaumonts	11/23/2020	C-03/15/2021	MULBP- Multiple Body Parts				
	COUNTY OF GALVESTON		12/10/2020	11	SPEC INJ - Sprain				
MVA					VEHICLE- Collision w/ Another Vehicle	0.00	0.00	0.00	0.00
						427.70	0.00	0.00	427.70
						427.70	0.00	0.00	427.70
11.2730.11.WCMO	M 02/22/1995	chaumonts	11/25/2020	C-02/05/2021	UPEXT- Lower Arm				
	COUNTY OF GALVESTON		12/09/2020	11	SPEC INJ - Contusion				
Contusion to left arm					STRUCK - Miscellaneous	0.00	0.00	0.00	0.00
						199.30	0.00	0.00	199.30
						199.30	0.00	0.00	199.30

Claim No	Client File No	Adiuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2727.11.WCMO	M	05/10/1983	11/28/2020	C-01/19/2021	LOEXT- Foot				
		chaumonts	12/07/2020	11	SPEC INJ - Strain				
		COUNTY OF GALVESTON			STRIKE/STEP - Miscellaneous				
Pain to left foot						0.00	0.00	0.00	0.00
						255.53	0.00	0.00	255.53
						255.53	0.00	0.00	255.53
11.2724.11.WCMO	M	02/13/1996	12/01/2020	C-03/19/2021	UPEXT- Wrist				
		chaumonts	12/01/2020	11	SPEC INJ - Strain				
		COUNTY OF GALVESTON			STRAIN- Miscellaneous				
Pain in left wrist						0.00	0.00	0.00	0.00
						538.07	0.00	0.00	538.07
						538.07	0.00	0.00	538.07
11.2728.11.WCMO	M	02/10/1991	12/02/2020	C-05/18/2021	LOEXT- Foot				
		chaumonts	12/07/2020	11	SPEC INJ - Strain				
		COUNTY OF GALVESTON			STRAIN- Miscellaneous				
Pain to left leg						0.00	0.00	0.00	0.00
						128.55	0.00	0.00	128.55
						128.55	0.00	0.00	128.55
11.2732.11.WCMO	M	06/27/1971	12/16/2020	C-02/23/2021	UPEXT- Shoulder(s)				
		chaumonts	12/16/2020	11	SPEC INJ - Sprain				
		COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient				
Shoulder Strain						0.00	0.00	0.00	0.00
						408.55	0.00	0.00	408.55
						408.55	0.00	0.00	408.55
11.2751.11.WCMO	M	10/25/1977	12/25/2020	C-05/13/2021	UPEXT- Shoulder(s)				
		chaumonts	03/24/2021	11	SPEC INJ - Strain				
		COUNTY OF GALVESTON			STRAIN- Miscellaneous				
Strain to right shoulder						0.00	0.00	0.00	0.00
						704.47	0.00	0.00	704.47
						704.47	0.00	0.00	704.47
11.2733.11.WCMO	F	02/05/1989	01/03/2021	C-02/22/2021	UPEXT- Lower Arm				
		chaumonts	01/11/2021	11	SPEC INJ - Sprain				
		COUNTY OF GALVESTON			STRAIN- Miscellaneous				
Unspecified Sprain to right arm						0.00	0.00	0.00	0.00
						448.12	0.00	0.00	448.12
						448.12	0.00	0.00	448.12

Claim No	Client File No	Adiuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury	Date			
11.2736.11.WCMO	F 10/30/1966	chaumonts	01/09/2021	C-05/21/2021	LOEXT- Knee				
	COUNTY OF GALVESTON		01/14/2021	11	SPEC INJ - Sprain				
					STRAIN- Miscellaneous				
Sprain to right knee					Expenses Medical	0.00	0.00	0.00	0.00
						370.81	0.00	0.00	370.81
						370.81	0.00	0.00	370.81
11.2737.11.WCMO	M 02/17/1982	chaumonts	01/09/2021	C-02/26/2021	HEAD- Skull				
	COUNTY OF GALVESTON		01/14/2021	11	SPEC INJ - Contusion				
					STRUCK - Fellow Worker, Patient				
Contusion to head					Expenses Medical	0.00	0.00	0.00	0.00
						370.81	0.00	0.00	370.81
						370.81	0.00	0.00	370.81
11.2738.11.WCMO	F 03/28/1996	chaumonts	01/11/2021	C-03/01/2021	NECK- Soft Tissue				
	COUNTY OF GALVESTON		01/15/2021	11	SPEC INJ - Laceration				
					STRUCK - Fellow Worker, Patient				
Scratch to neck					Expenses Medical	0.00	0.00	0.00	0.00
						215.81	0.00	0.00	215.81
						215.81	0.00	0.00	215.81
11.2739.11.WCMO	F 10/04/1965	chaumonts	01/11/2021	C-03/30/2021	UPEXT- Thumb				
	COUNTY OF GALVESTON		01/14/2021	11	SPEC INJ - Sprain				
					STRAIN- Miscellaneous				
Sprain to left thumb					Expenses Medical	0.00	0.00	0.00	0.00
						576.81	0.00	0.00	576.81
						576.81	0.00	0.00	576.81
11.2734.11.WCMO	F 09/25/1965	chaumonts	01/12/2021	C-02/26/2021	LOEXT- Knee				
	COUNTY OF GALVESTON		01/14/2021	11	SPEC INJ - Contusion				
					FALL/SLIP - Miscellaneous				
Contusion to both knees					Expenses Medical	0.00	0.00	0.00	0.00
						644.69	0.00	0.00	644.69
						644.69	0.00	0.00	644.69
11.2735.11.WCMO	M 05/27/1973	chaumonts	01/12/2021	C-04/15/2021	TRUNK- Low Back Area (inc: Lumbar & Lumbo-Sacral)				
	COUNTY OF GALVESTON		01/14/2021	11	SPEC INJ - Strain				
					STRAIN- Miscellaneous				
Starin to back					Expenses Medical	0.00	0.00	0.00	0.00
						1,048.93	0.00	0.00	1,048.93
						1,048.93	0.00	0.00	1,048.93

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss Description	Sex DOB	Insured Name	Date Received	Policy Lost Days	Nature of Injury Cause of Injury/Period	To Date	Reserve		Incurred
11.2740.11.WCMO	M 06/27/1971	chaumonts COUNTY OF GALVESTON	01/18/2021 01/22/2021	C-02/23/2021 11	UPEXT- Thumb SPEC INJ - Sprain STRAIN- Miscellaneous	0.00 463.51 463.51	0.00 0.00 0.00	0.00 0.00 0.00	0.00 463.51 463.51
Sprain to right thumb									
11.2742.11.WCMO	M 09/17/1995	chaumonts COUNTY OF GALVESTON	01/19/2021 02/08/2021	C-03/23/2021 11	MULBP- Multiple Body Parts SPEC INJ - Strain STRAIN- Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 463.51 463.51
Strain to left arm and lower back									
11.2741.11.WCLT	M 05/14/1984	chaumonts COUNTY OF GALVESTON	01/26/2021 01/28/2021	C-07/30/2021 11 33	MULBP- Multiple Body Parts MULINJ- Multiple Physical Injuries STRUCK - Fellow Worker, Patient	0.00 0.00 1,080.72	0.00 0.00 0.00	0.00 0.00 0.00	0.00 215.81 215.81
Multiple physical injuries including left hand, head, face and tooth									
11.2743.11.WCMO	M 04/09/1980	chaumonts COUNTY OF GALVESTON	02/02/2021 02/10/2021	C-01/02/2022 11	UPEXT- Thumb SPEC INJ - Fracture STRUCK - Fellow Worker, Patient	0.00 0.00 1,080.72	0.00 0.00 0.00	0.00 0.00 0.00	274.00 2,114.10 13,156.78
Possible rt thumb fracture									
11.2745.11.WCMO	M 02/09/1968	chaumonts COUNTY OF GALVESTON	02/18/2021 02/23/2021	C-05/28/2021 11	UPEXT- Hand SPEC INJ - Puncture MISC - Animal or Insect	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 2,033.39 2,033.39
Dog bite to left hand									
11.2746.11.WCMO	F 10/04/1965	chaumonts COUNTY OF GALVESTON	02/18/2021 03/01/2021	C-04/12/2021 11	UPEXT- Thumb SPEC INJ - Sprain STRAIN- Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 285.93 285.93
Sprain to left thumb									
					Expenses Medical	0.00	0.00	0.00	0.00
					Expenses Medical	463.51	0.00	0.00	463.51
					Expenses Medical	463.51	0.00	0.00	463.51
					Expenses Medical	0.00	0.00	0.00	0.00
					Expenses Medical	215.81	0.00	0.00	215.81
					Expenses Medical	215.81	0.00	0.00	215.81
					Expenses Indemnity Medical	274.00	0.00	0.00	274.00
					Expenses Indemnity Medical	2,114.10	0.00	0.00	2,114.10
					Expenses Indemnity Medical	13,156.78	0.00	0.00	13,156.78
					Expenses Medical	15,544.88	0.00	0.00	15,544.88
					Expenses Medical	0.00	0.00	0.00	0.00
					Expenses Medical	2,033.39	0.00	0.00	2,033.39
					Expenses Medical	2,033.39	0.00	0.00	2,033.39
					Expenses Medical	0.00	0.00	0.00	0.00
					Expenses Medical	285.93	0.00	0.00	285.93
					Expenses Medical	285.93	0.00	0.00	285.93
					Expenses Medical	0.00	0.00	0.00	0.00
					Expenses Medical	0.00	0.00	0.00	0.00
					Expenses Medical	200.81	0.00	0.00	200.81
					Expenses Medical	200.81	0.00	0.00	200.81

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2744.11.WCMO	F	09/27/1976	02/22/2021	C-04/15/2021	LOEXT- Ankle				
		chaumonts	02/23/2021	11	SPEC INJ - Sprain				
		COUNTY OF GALVESTON			STRAIN- Miscellaneous				
Sprain/strain to right ankle			Expenses Medical			0.00	0.00	0.00	0.00
			804.55			804.55	0.00	0.00	804.55
11.2747.11.WCMO	M	07/18/1991	03/09/2021	C-05/27/2021	UPEXT- Lower Arm				
		chaumonts	03/12/2021	11	SPEC INJ - Puncture				
		COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient				
Scratch to right arm			Expenses Medical			0.00	0.00	0.00	0.00
			215.81			215.81	0.00	0.00	215.81
11.2748.11.WCMO	M	09/09/1992	03/09/2021	C-06/04/2021	UPEXT- Wrist				
		chaumonts	03/16/2021	11	SPEC INJ - Strain				
		COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient				
Strain to left wrist			Expenses Medical			0.00	0.00	0.00	0.00
			0.00			0.00	0.00	0.00	0.00
11.2756.11.WCMO	F	08/10/1977	03/15/2021	C-05/11/2021	LOEXT- Knee				
		chaumonts	03/29/2021	11	SPEC INJ - Contusion				
		COUNTY OF GALVESTON			FALL/SLIP - From Different Level				
Contusion to right knee			Expenses Medical			0.00	0.00	0.00	0.00
			543.44			543.44	0.00	0.00	543.44
11.2749.11.WCMO	F	05/23/1978	03/18/2021	C-04/29/2021	LOEXT- Knee				
		chaumonts	03/22/2021	11	SPEC INJ - All Other				
		COUNTY OF GALVESTON			Other				
Unknown injury to right knee			Expenses Medical			0.00	0.00	0.00	0.00
			543.44			543.44	0.00	0.00	543.44
11.2750.11.WCMO	M	06/24/1961	03/22/2021	C-04/29/2021	TRUNK- Low Back Area (inc: Lumbar & Lumbo-Sacral)				
		chaumonts	03/23/2021	11	SPEC INJ - Contusion				
		COUNTY OF GALVESTON			FALL/SLIP - Miscellaneous				
Contusion to lower back			Expenses Medical			0.00	0.00	0.00	0.00
			611.42			611.42	0.00	0.00	611.42

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2753.11.WCMO	F	12/08/1990	03/23/2021	C-06/18/2021	HEAD- Skull				
		chaumonts	03/30/2021	11	SPEC INJ - Concussion				
		COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient				
Assault concussion						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	522.74
						0.00	0.00	0.00	522.74
11.2754.11.WCMO	M	10/31/1984	03/23/2021	C-05/28/2021	UPEXT- Wrist				
		chaumonts	03/30/2021	11	SPEC INJ - Sprain				
		COUNTY OF GALVESTON			STRAIN- Miscellaneous				
Sprain to right wrist						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	289.35
						0.00	0.00	0.00	289.35
11.2757.11.WCMO	F	03/15/1976	03/23/2021	C-06/25/2021	UPEXT- Finger(s)				
		chaumonts	03/29/2021	11	SPEC INJ - Fracture				
		COUNTY OF GALVESTON			CGHT BETWEEN - Miscellaneous				
Tuft fracture to 3rd finger, left hand						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	781.00
						0.00	0.00	0.00	781.00
11.2752.11.WCMO	M	09/09/1968	03/24/2021	C-06/21/2021	LOEXT- Foot				
		chaumonts	03/30/2021	11	SPEC INJ - Crushing				
		COUNTY OF GALVESTON			STRUCK - Miscellaneous				
Crushing to right foot						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	970.12
						0.00	0.00	0.00	970.12
11.2755.11.WCMO	M	10/22/1999	03/29/2021	C-06/25/2021	MULBP- No Physical Injury				
		chaumonts	03/30/2021	11	SPEC INJ - All Other				
		COUNTY OF GALVESTON			MISC - Other Than Physical Cause of Injury				
Exposure to bodily fluids						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	215.81
						0.00	0.00	0.00	215.81
11.2760.11.WCLT	M	03/19/1993	03/29/2021	C-08/27/2021	UPEXT- Hand				
		chaumonts	03/31/2021	11	SPEC INJ - Strain				
		COUNTY OF GALVESTON		0	STRAIN- Miscellaneous				
Strain to left hand						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	2,201.88
						0.00	0.00	0.00	2,201.88

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss Description	Sex DOB	Insured Name	Date Received	Policy Lost Days	Nature of Injury Cause of Injury/Period	To Date	Reserve		Incurred
11.2758.11.WCMO	M 09/29/1998	chaumonts COUNTY OF GALVESTON	03/30/2021 03/31/2021	C-10/13/2021 11	UPEXT- Shoulder(s) SPEC INJ - Strain STRAIN- Miscellaneous	130.00 0.00 130.00	0.00 0.00 0.00	0.00 0.00 0.00	260.00 1,336.15 1,596.15
Sprain/strain to left shoulder									
11.2762.11.WCMO	M 02/27/2001	chaumonts COUNTY OF GALVESTON	03/30/2021 04/05/2021	C-04/30/2021 11	UPEXT- Elbow SPEC INJ - Contusion STRUCK - Fellow Worker, Patient	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 274.29 274.29
Right elbow contusion									
11.2759.11.WCMO	M 06/24/1961	chaumonts COUNTY OF GALVESTON	04/01/2021 04/01/2021	C-05/25/2021 11	UPEXT- Lower Arm SPEC INJ - Strain STRAIN - Lifting	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 274.29 274.29
Strain to right arm									
11.2764.11.WCMO	F 07/28/1990	chaumonts COUNTY OF GALVESTON	04/01/2021 04/12/2021	C-07/16/2021 11	LOEXT- Knee SPEC INJ - Sprain STRAIN- Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 607.51 607.51
Sprain to right knee									
11.2761.11.WCMO	M 05/06/1991	chaumonts COUNTY OF GALVESTON	04/02/2021 04/05/2021	C-07/16/2021 11	LOEXT- Multiple Lower Extremities SPEC INJ - Contusion FALL/SLIP - Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 289.35 289.35
Contusion to right foot and left knee									
11.2763.11.WCLT	M 11/30/1972	chaumonts COUNTY OF GALVESTON	04/13/2021 04/15/2021	C-05/13/2021 11 321	MULBP- No Physical Injury SPEC INJ - All Other Other	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 278.04 278.04
No Physical Injury - EE had a seizure									
					Expenses Medical	0.00	0.00	0.00	0.00
					Expenses Medical	0.00	0.00	0.00	0.00
					Expenses Medical	0.00	0.00	0.00	0.00
					Expenses Indemnity Medical	0.00	0.00	0.00	0.00

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury	Date			
11.2765.11.WCMO	F 10/15/1987	chaumonts	04/14/2021	C-07/13/2021	LOEXT- Ankle				
	COUNTY OF GALVESTON		04/21/2021	11	SPEC INJ - Sprain				
					STRAIN- Miscellaneous				
Sprain to right ankle						0.00	0.00	0.00	0.00
						148.10	0.00	0.00	148.10
11.2767.11.WCMO	M 03/04/1979	chaumonts	04/23/2021	C-06/28/2021	UPEXT- Lower Arm				
	COUNTY OF GALVESTON		04/27/2021	11	SPEC INJ - Contusion				
					STRUCK - Motor Vehicle				
Contusion to right arm						0.00	0.00	0.00	0.00
						745.07	0.00	0.00	745.07
11.2766.11.WCMO	M 01/19/1983	chaumonts	04/25/2021	C-08/25/2021	UPEXT- Thumb				
	COUNTY OF GALVESTON		04/27/2021	11	SPEC INJ - Sprain				
					STRUCK - Fellow Worker, Patient				
Sprain to left thumb						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
11.2768.11.WCMO	M 01/03/1955	chaumonts	04/29/2021	C-06/21/2021	UPEXT- Elbow				
	COUNTY OF GALVESTON		05/05/2021	11	SPEC INJ - Contusion				
					STRUCK - Miscellaneous				
Right elbow contusion						0.00	0.00	0.00	0.00
						361.59	0.00	0.00	361.59
11.2769.11.WCMO	F 03/05/1975	chaumonts	05/05/2021	C-07/16/2021	UPEXT- Multiple Upper Extremities				
	COUNTY OF GALVESTON		05/12/2021	11	SPEC INJ - Strain				
					STRUCK - Fellow Worker, Patient				
Sprain/Strain to left arm and hand						0.00	0.00	0.00	0.00
						361.59	0.00	0.00	361.59
11.2771.11.WCMO	M 08/30/1995	chaumonts	05/10/2021	C-07/29/2021	LOEXT- Knee				
	COUNTY OF GALVESTON		05/14/2021	11	SPEC INJ - Contusion				
					FALL/SLIP - Miscellaneous				
Contusion to left knee						0.00	0.00	0.00	0.00
						342.17	0.00	0.00	342.17
						342.17	0.00	0.00	342.17

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss Description	Sex DOB	Insured Name	Date Received	Policy Lost Days	Nature of Injury Cause of Injury Period	To Date	Reserve		Incurred
11.2779.11.WCMO	M 02/07/2000	chaumonts COUNTY OF GALVESTON	05/11/2021 05/20/2021	C-07/08/2021 11	UPEXT- Wrist SPEC INJ - Strain STRAIN- Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 155.00 155.00
Sprain/strain to right wrist									
11.2770.11.WCMO	M 07/15/1985	chaumonts COUNTY OF GALVESTON	05/12/2021 05/14/2021	C-07/23/2021 11	TRUNK- Low Back Area (inc: Lumbar & Lumbo-Sacral) SPEC INJ - Strain STRUCK - Fellow Worker, Patient	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 155.00 155.00
Acute back pain									
11.2772.11.WCMO	M 06/09/1966	chaumonts COUNTY OF GALVESTON	05/12/2021 05/14/2021	C-07/22/2021 11	HEAD- Eye(s) SPEC INJ - All Other STRUCK - Fellow Worker, Patient	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 347.22 347.22
Left corneal injury superficial									
11.2773.11.WCMO	M 10/28/1994	chaumonts COUNTY OF GALVESTON	05/15/2021 05/20/2021	C-07/06/2021 11	MULBP- Multiple Body Parts MULINJ- Multiple Physical Injuries STRUCK - Fellow Worker, Patient	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 314.90 314.90
Injury to right eye and human bite to 5th finger									
11.2774.11.WCMO	M 05/31/1991	chaumonts COUNTY OF GALVESTON	05/15/2021 05/20/2021	C-07/23/2021 11	UPEXT- Wrist(s) and Hand(s) SPEC INJ - Strain STRAIN- Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 1,019.28 1,019.28
Sprain to right wrist									
11.2775.11.WCMO	M 01/15/1994	chaumonts COUNTY OF GALVESTON	05/15/2021 05/20/2021	C-07/22/2021 11	HEAD- Other Facial Soft Tissue SPEC INJ - Contusion STRUCK - Fellow Worker, Patient	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 584.35 584.35
Contusion to face									
						0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 1,489.14 1,489.14

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2777.11.WCMO	M 04/22/1996	chaumonts	05/15/2021	C-07/08/2021	HEAD-Other Facial Soft Tissue	0.00	0.00	0.00	0.00
	05/20/2021	COUNTY OF GALVESTON	11		SPEC INJ - Contusion	895.26	0.00	0.00	895.26
					STRUCK - Fellow Worker, Patient	895.26	0.00	0.00	895.26
Facial Contusion				Expenses Medical					
11.2776.11.WCMO	M 12/31/1965	chaumonts	05/19/2021	C-08/23/2021	LOEXT- Knee	0.00	0.00	0.00	0.00
	05/20/2021	COUNTY OF GALVESTON	11		SPEC INJ - Crushing	0.00	0.00	0.00	0.00
					FALL/SLIP - Miscellaneous	0.00	0.00	0.00	0.00
Contusion to left knee				Expenses Medical					
11.2778.11.WCMO	M 07/18/1991	chaumonts	05/21/2021	C-09/22/2021	UPEXT- Lower Arm	0.00	0.00	0.00	0.00
	05/21/2021	COUNTY OF GALVESTON	11		SPEC INJ - Puncture	0.00	0.00	0.00	0.00
					STRUCK - Fellow Worker, Patient	0.00	0.00	0.00	0.00
Abrasions to right arm				Expenses Medical					
11.2782.11.WCMO	M 10/05/1999	chaumonts	05/25/2021	C-07/12/2021	HEAD-Other Facial Soft Tissue	0.00	0.00	0.00	0.00
	05/25/2021	COUNTY OF GALVESTON	11		SPEC INJ - Contusion	627.27	0.00	0.00	627.27
					STRUCK - Fellow Worker, Patient	627.27	0.00	0.00	627.27
Facial Contusion				Expenses Medical					
11.2781.11.WCMO	M 12/28/1996	chaumonts	05/26/2021	C-08/30/2021	UPEXT- Finger(s)	0.00	0.00	0.00	0.00
	06/04/2021	COUNTY OF GALVESTON	11		SPEC INJ - Puncture	215.81	0.00	0.00	215.81
					STRUCK - Fellow Worker, Patient	215.81	0.00	0.00	215.81
Human bite to 4th finger(ring finger), left hand				Expenses Medical					
11.2785.11.WCMO	F 01/29/1961	chaumonts	05/29/2021	C-07/09/2021	TRUNK- Buttocks	0.00	0.00	0.00	0.00
	06/14/2021	COUNTY OF GALVESTON	11		SPEC INJ - Contusion	287.25	0.00	0.00	287.25
					FALL/SLIP - Miscellaneous	287.25	0.00	0.00	287.25
Contusion to buttocks				Expenses Medical					
						0.00	0.00	0.00	0.00
						282.44	0.00	0.00	282.44
						282.44	0.00	0.00	282.44

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2780.11.WCLT	F	02/05/1989	06/01/2021	C-07/19/2021	HEAD- Skull				
		chaumonts	06/03/2021	11	SPEC INJ - Contusion				
		COUNTY OF GALVESTON	272		Other				
Head contusion									
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	2,418.90
						0.00	0.00	0.00	2,418.90
11.2783.11.WCMO	M	11/10/1993	06/10/2021	C-07/23/2021	LOEXT- Knee				
		chaumonts	06/14/2021	11	SPEC INJ - Contusion				
		COUNTY OF GALVESTON			FALL/SLIP - Miscellaneous				
Contusion to left knee									
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	215.81
						0.00	0.00	0.00	215.81
11.2784.11.WCMO	M	10/26/1987	06/10/2021	C-07/23/2021	HEAD- Nose				
		chaumonts	06/14/2021	11	SPEC INJ - Contusion				
		COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient				
EE was accidentally struck on nose with handcuffs by coworker when attempting to restrain inmate									
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	215.81
						0.00	0.00	0.00	215.81
11.2787.11.WCMO	M	08/02/1972	06/16/2021	C-07/29/2021	UPEXT- Hand				
		chaumonts	06/22/2021	11	SPEC INJ - Laceration				
		COUNTY OF GALVESTON			CUT - Non-Powered Hand Tool/Utensil				
Laceration to right hand									
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	255.42
						0.00	0.00	0.00	255.42
11.2788.11.WCLT	F	11/26/1994	06/17/2021	C-07/23/2021	UPEXT- Hand				
		chaumonts	06/25/2021	11	SPEC INJ - Puncture				
		COUNTY OF GALVESTON			CUT - Object Being Lifted or Handled				
Puncture to right hand									
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
11.2786.11.WCMO	M	12/25/1989	06/18/2021	C-08/03/2021	UPEXT- Hand				
		chaumonts	06/22/2021	11	SPEC INJ - Laceration				
		COUNTY OF GALVESTON			CUT - Object Being Lifted or Handled				
Laceration to left hand									
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	281.81
						0.00	0.00	0.00	281.81

Claim No	Client File No Sex DOB	Adjuster	Loss Date Date Received	Status Policy Lost Days	Part of Body Nature of Injury Cause of Injury/Period	Paid To Date	Open Reserve	Recovery	Total Incurred
11.2789.11.WCMO	M 11/12/1944 COUNTY OF GALVESTON	chaumonts	06/18/2021 06/30/2021	C-08/30/2021 11	MULBP- No Physical Injury SPEC INJ - Heat Prostration Other	0.00 1,414.59 1,414.59	0.00 0.00 0.00	0.00 0.00 0.00	0.00 1,414.59 1,414.59
					heat exhaustion	Expenses Medical			
11.2792.11.WCMO	F 11/21/1991 COUNTY OF GALVESTON	chaumonts	06/19/2021 07/08/2021	C-09/27/2021 11	UPEXT- Multiple Upper Extremities MULINJ- Multiple Physical Injuries STRUCK - Fellow Worker, Patient	0.00 289.35 289.35	0.00 0.00 0.00	0.00 0.00 0.00	0.00 289.35 289.35
					Left wrist sprain and left hand abrasions	Expenses Medical			
11.2791.11.WCMO	M 01/31/1964 COUNTY OF GALVESTON	chaumonts	06/26/2021 07/08/2021	C-08/16/2021 11	TRUNK- Low Back Area (inc: Lumbar & Lumbo-Sacral) SPEC INJ - Strain FALL/SLIP - From Liquid or Grease Spills	0.00 470.22 470.22	0.00 0.00 0.00	0.00 0.00 0.00	0.00 470.22 470.22
					Pain in lower back	Expenses Medical			
11.2800.11.WCMO	F 09/10/1969 COUNTY OF GALVESTON	chaumonts	06/27/2021 07/30/2021	C-11/01/2021 11	LOEXT- Knee SPEC INJ - Contusion STRUCK - Fellow Worker, Patient	0.00 470.22 470.22	0.00 0.00 0.00	0.00 0.00 0.00	0.00 470.22 470.22
					Contusion to left knee	Expenses Medical			
11.2790.11.WCMO	M 06/15/1978 COUNTY OF GALVESTON	chaumonts	06/29/2021 06/30/2021	C-11/29/2021 11	LOEXT- Lower Leg SPEC INJ - Strain STRAIN- Miscellaneous	0.00 72.00 1,177.92	0.00 0.00 0.00	0.00 0.00 0.00	0.00 72.00 1,177.92
					Left calf strain	Expenses Medical			
11.2795.11.WCMO	F 06/15/1995 COUNTY OF GALVESTON	chaumonts	07/07/2021 07/14/2021	C-10/07/2021 11	UPEXT- Finger(s) SPEC INJ - Crushing CGHT BETWEEN - Miscellaneous	0.00 283.69 283.69	0.00 0.00 0.00	0.00 0.00 0.00	0.00 283.69 283.69
					Crushing to left index finger	Expenses Medical			

Claim No	Client File No	Adiuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2794.11.WCMO	M 05/03/1991	chaumonts	07/08/2021	C-10/11/2021	UPEXT- Hand				
	COUNTY OF GALVESTON		07/13/2021	11	SPEC INJ - Contusion				
Right hand contusion abrasion					STRUCK - Fellow Worker, Patient				
						0.00	0.00	0.00	0.00
						342.91	0.00	0.00	342.91
11.2834.11.WCMO	M 07/25/1963	chaumonts	07/13/2021	Open	LOEXT- Thigh				
	COUNTY OF GALVESTON		12/16/2021	11	SPEC INJ - Strain				
					FALL/SLIP - Miscellaneous				
Strain to thigh						0.00	0.00	0.00	0.00
						185.69	700.00	0.00	700.00
						185.69	614.31	0.00	800.00
11.2796.11.WCLT	M 10/27/1964	chaumonts	07/19/2021	C-10/29/2021	UPEXT- Hand				
	COUNTY OF GALVESTON		07/19/2021	11	SPEC INJ - Sprain				
				0	FALL/SLIP - From Different Level				
Sprain to left hand						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						482.64	0.00	0.00	482.64
11.2797.11.WCMO	M 09/18/1973	chaumonts	07/26/2021	C-11/22/2021	LOEXT- Knee				
	COUNTY OF GALVESTON		07/30/2021	11	SPEC INJ - Contusion				
					STRAIN- Miscellaneous				
Contusion to right knee						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
11.2798.11.WCMO	M 02/13/1996	chaumonts	07/26/2021	C-11/28/2021	UPEXT- Wrist				
	COUNTY OF GALVESTON		07/30/2021	11	SPEC INJ - Contusion				
					STRUCK - Fellow Worker, Patient				
Sprain/Strain to right wrist						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
11.2799.11.WCMO	F 08/07/1984	chaumonts	07/27/2021	C-11/01/2021	HEAD- Other Facial Soft Tissue				
	COUNTY OF GALVESTON		07/30/2021	11	SPEC INJ - All Other				
					Other				
Skin irritation to face						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss Description	Sex DOB	Insured Name	Date Received	Policy Lost Days	Nature of Injury Cause of Injury/Period	To Date	Reserve		Incurred
11.2801.11.WCMO	M 09/09/1968	chaumonts COUNTY OF GALVESTON	07/28/2021 07/30/2021	C-11/01/2021 11	HEAD- Other Facial Soft Tissue SPEC INJ - Contusion STRUCK - Fellow Worker, Patient	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00
Contusion to face					Expenses Medical				
11.2829.11.WCLT	M 08/21/1962	chaumonts COUNTY OF GALVESTON	07/29/2021 12/01/2021	C-01/28/2022 11 116	MULBP- Multiple Body Parts MULINJ- Multiple Physical Injuries VEHICLE- Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00
Unknown injuries					Expenses Indemnity Medical				
11.2802.11.WCMO	M 09/22/1997	chaumonts COUNTY OF GALVESTON	07/31/2021 08/09/2021	C-11/23/2021 11	TRUNK- Abdomen including groin SPEC INJ - Contusion STRUCK - Fellow Worker, Patient	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00
Contusion to abdomen					Expenses Medical				
11.2803.11.WCMO	M 02/27/1997	chaumonts COUNTY OF GALVESTON	08/15/2021 08/16/2021	C-10/27/2021 11	UPEXT- Hand SPEC INJ - Strain STRAIN- Miscellaneous	0.00 215.81 215.81	0.00 0.00 0.00	0.00 0.00 0.00	0.00 215.81 215.81
Strain to right hand					Expenses Medical				
11.2806.11.WCMO	F 08/16/1999	chaumonts COUNTY OF GALVESTON	08/28/2021 09/01/2021	C-10/15/2021 11	UPEXT- Hand SPEC INJ - Strain STRUCK - Fellow Worker, Patient	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 515.50 515.50
Unknown injury to right hand					Expenses Medical				
11.2807.11.WCMO	M 06/25/1981	chaumonts COUNTY OF GALVESTON	08/28/2021 09/01/2021	C-12/06/2021 11	LOEXT- Ankle SPEC INJ - Sprain STRAIN- Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 436.81 436.81
Sprain to left ankle					Expenses Medical				

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2808.11.WCMO	M 02/01/1986	chaumonts	08/30/2021	C-11/05/2021	LOEXT- Lower Leg				
	COUNTY OF GALVESTON		09/01/2021	11	SPEC INJ - Puncture				
					MISC - Animal or Insect				
Puncture to right leg - Dog bite						0.00	0.00	0.00	0.00
						957.56	0.00	0.00	957.56
						957.56	0.00	0.00	957.56
11.2805.11.WCMO	M 06/19/1993	chaumonts	08/31/2021	C-11/30/2021	MULBP- Multiple Body Parts				
	COUNTY OF GALVESTON		09/01/2021	11	MULINJ- Multiple Physical Injuries				
					Other				
Rt side facial contusion, Rt knee contusion and pain to right hand						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
11.2804.11.WCMO	M 06/24/1961	chaumonts	09/01/2021	C-12/06/2021	MULBP- No Physical Injury				
	COUNTY OF GALVESTON		09/01/2021	11	SPEC INJ - All Other				
				2	MISC - Other Than Physical Cause of Injury				
Dehydration						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
11.2812.11.WCMO	M 06/25/1963	chaumonts	09/03/2021	C-11/28/2021	LOEXT- Lower Leg				
	COUNTY OF GALVESTON		09/07/2021	11	SPEC INJ - Strain				
				5	STRAIN - Pushing or Pulling				
Strain to left leg						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						398.41	0.00	0.00	398.41
						398.41	0.00	0.00	398.41
11.2839.11.WCLT	M 10/31/1964	chaumonts	09/05/2021	Open	MULBP- Multiple Body Parts				
	COUNTY OF GALVESTON		01/05/2022	11	MULINJ- Multiple Physical Injuries				
					VEHICLE- Miscellaneous				
left shoulder when struck by vehicle						0.00	500.00	0.00	500.00
						0.00	0.00	0.00	0.00
						0.00	30,000.00	0.00	30,000.00
						0.00	30,500.00	0.00	30,500.00
11.2809.11.WCMO	M 05/27/1973	chaumonts	09/09/2021	C-11/19/2021	TRUNK- Low Back Area (inc: Lumbar & Lumbo-Sacra)				
	COUNTY OF GALVESTON		09/10/2021	11	SPEC INJ - Strain				
					STRAIN - Using Tool or Machine				
Strain to lower back						0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						773.39	0.00	0.00	773.39
						773.39	0.00	0.00	773.39

Claim No	Client File No	Adiuster	Loss Date	Status	Part of Body	Paid To Date	Open Reserve	Recovery	Total Incurred
Cause of Loss Description	Sex DOB	Insured Name	Date Received	Policy Lost Days	Nature of Injury Cause of Injury/Period				
11.2810.11.WCMO	F 03/05/1975	chaumonts COUNTY OF GALVESTON	09/09/2021 09/10/2021	C-11/19/2021 11	MULBP- Multiple Body Parts MULINJ- Multiple Physical Injuries STRUCK - Fellow Worker, Patient	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 263.04 263.04
Multiple injuries including contusion to face and shoulders and laceration under right eye									
11.2811.11.WCMO	F 03/25/1992	chaumonts COUNTY OF GALVESTON	09/10/2021 09/15/2021	C-12/21/2021 11	UPEXT- Finger(s) SPEC INJ - Crushing CGHT BETWEEN - Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00
Crushing to right index finger									
11.2813.11.WCMO	M 06/24/1961	chaumonts COUNTY OF GALVESTON	09/23/2021 09/23/2021	C-11/22/2021 11	TRUNK- Chest (inc: Ribs, Sternum, and Soft Tissue) SPEC INJ - All Other Other	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00
Chest pains									
11.2814.11.WCMO	F 11/25/1989	chaumonts COUNTY OF GALVESTON	09/23/2021 09/24/2021	C-12/31/2021 11	UPEXT- Hand SPEC INJ - Crushing CGHT BETWEEN - Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00
Crushing to left hand									
11.2815.11.WCMO	F 03/05/1988	chaumonts COUNTY OF GALVESTON	09/25/2021 10/04/2021	C-12/29/2021 11	UPEXT- Hand SPEC INJ - Strain STRAIN- Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 450.81 450.81
Strain to right hand									
11.2816.11.WCMO	F 03/25/1992	chaumonts COUNTY OF GALVESTON	09/30/2021 10/05/2021	C-12/28/2021 11	NECK- Multiple Entry SPEC INJ - All Other MISC - Animal or Insect	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00
Bee sting to neck									

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve	Incurred
Description	Insured Name		Lost Days		Cause of Injury	Date		
11.2818.11.WCMO	M 10/24/1994	chaumonts	10/05/2021	C-01/10/2022	UPEXT- Hand			
	COUNTY OF GALVESTON		10/14/2021	11	SPEC INJ - Laceration			
					CUT - Miscellaneous			
Left hand abrasion				Expenses Medical		0.00	0.00	0.00
						0.00	0.00	0.00
						0.00	0.00	0.00
11.2817.11.WCMO	M 06/19/1984	chaumonts	10/11/2021	C-01/17/2022	LOEXT- Lower Leg			
	COUNTY OF GALVESTON		10/13/2021	11	SPEC INJ - Puncture			
					MISC - Animal or Insect			
Dog bites to both legs				Expenses Medical		0.00	0.00	0.00
						0.00	0.00	0.00
						0.00	0.00	0.00
11.2819.11.WCMO	M 01/08/1993	chaumonts	10/13/2021	C-01/27/2022	UPEXT- Hand			
	COUNTY OF GALVESTON		10/14/2021	11	SPEC INJ - Strain			
					STRAIN- Miscellaneous			
Strain to left hand				Expenses Medical		0.00	0.00	0.00
						850.88	0.00	1,183.31
						850.88	0.00	1,183.31
11.2821.11.WCMO	M 07/14/1981	chaumonts	10/23/2021	Open	UPEXT- Shoulder(s)			
	COUNTY OF GALVESTON		11/01/2021	11	SPEC INJ - Strain			
					STRAIN- Miscellaneous			
Strain to right shoulder				Expenses Medical		0.00	75.00	75.00
						578.87	381.13	960.00
						578.87	456.13	1,035.00
11.2820.11.WCMO	M 02/13/1996	chaumonts	10/28/2021	Open	UPEXT- Hand			
	COUNTY OF GALVESTON		11/02/2021	11	SPEC INJ - Burn			
					BURN - Hot Object or Substances			
Burn to right hand				Expenses Medical		0.00	150.00	150.00
						0.00	650.00	650.00
						0.00	800.00	800.00
11.2823.11.WCLT	M 03/28/1963	chaumonts	11/04/2021	C-02/25/2022	UPEXT- Hand			
	COUNTY OF GALVESTON		11/11/2021	11	SPEC INJ - Laceration			
				0	CUT - Object Being Lifted or Handled			
Laceration to right hand				Expenses Indemnity Medical		0.00	0.00	0.00
						347.16	0.00	347.16
						553.15	0.00	775.78
						553.15	0.00	1,122.94

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss Description	Sex DOB	Insured Name	Date Received	Policy Lost Days	Nature of Injury Cause of Injury/Period	To Date	Reserve		Incurred
11.2822.11.WCLT	M 08/31/1990	chaumonts	11/10/2021	C-01/21/2022	TRUNK- Low Back Area (inc: Lumbar & Lumbo-Sacral)				
	COUNTY OF GALVESTON		11/10/2021	11	SPEC INJ - Strain				
Strain to lower back				0	STRAIN- Miscellaneous				
					Expenses Indemnity Medical	0.00	0.00	0.00	0.00
						0.00	0.00	0.00	0.00
						643.76	0.00	0.00	856.48
11.2824.11.WCMO	M 04/09/1988	chaumonts	11/10/2021	Open	UPEXT- Hand	856.48	0.00	0.00	856.48
	COUNTY OF GALVESTON		11/12/2021	11	MULINJ- Multiple Physical Injuries				
Unknown injury to hand					STRUCK - Fellow Worker, Patient				
					Expenses Medical	0.00	75.00	0.00	75.00
						0.00	800.00	0.00	800.00
						0.00	875.00	0.00	875.00
11.2828.11.WCMO	M 01/18/1983	chaumonts	11/13/2021	C-02/28/2022	UPEXT- Hand				
	COUNTY OF GALVESTON		11/19/2021	11	SPEC INJ - Strain				
Sprain/strain to right hand					STRUCK - Fellow Worker, Patient				
					Expenses Medical	0.00	0.00	0.00	0.00
						787.33	0.00	0.00	787.33
						787.33	0.00	0.00	787.33
11.2825.11.WCMO	M 04/23/1955	chaumonts	11/19/2021	Open	UPEXT- Multiple Upper Extremities				
	COUNTY OF GALVESTON		11/22/2021	11	SPEC INJ - Strain				
Strain to both arms					STRAIN- Miscellaneous				
					Expenses Medical	0.00	75.00	0.00	75.00
						0.00	360.00	0.00	360.00
						0.00	435.00	0.00	435.00
11.2827.11.WCMO	M 09/05/1991	chaumonts	11/23/2021	Open	MULBP- Multiple Body Parts				
	COUNTY OF GALVESTON		11/24/2021	11	MULINJ- Multiple Physical Injuries				
Unknown Injuries as EE was struck by motor vehicle					STRUCK - Motor Vehicle				
					Expenses Medical	0.00	150.00	0.00	150.00
						0.00	1,600.00	0.00	1,600.00
						0.00	1,750.00	0.00	1,750.00
11.2830.11.WCMO	M 11/27/1991	chaumonts	11/23/2021	C-01/17/2022	LOEXT- Knee				
	COUNTY OF GALVESTON		12/03/2021	11	SPEC INJ - Laceration				
Laceration to right knee					FALL/SLIP - Miscellaneous				
					Expenses Medical	0.00	0.00	0.00	0.00
						215.81	0.00	0.00	215.81
						215.81	0.00	0.00	215.81

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve	Incurred
Description	Insured Name			Lost Days	Cause of Injury/Period	Date		
11.2831.11.WCMO	chaumonts M 02/15/1981 COUNTY OF GALVESTON	chaumonts	11/30/2021 12/03/2021	Open 11	MULBP- Multiple Body Parts MULINJ- Multiple Physical Injuries STRUCK - Fellow Worker, Patient	0.00 0.00 0.00	150.00 700.00 850.00	150.00 700.00 850.00
Human bite, elbow contusion, knee contusion and shoulder contusion								
11.2832.11.WCMO	chaumonts M 09/23/1963 COUNTY OF GALVESTON	chaumonts	11/30/2021 12/03/2021	Open 11	UPEXT- Lower Arm SPEC INJ - Contusion STRUCK - Falling or Flying Object	0.00 0.00 0.00	150.00 700.00 850.00	150.00 700.00 850.00
Sprain to left arm								
11.2833.11.WCMO	chaumonts F 10/14/1980 COUNTY OF GALVESTON	chaumonts	12/06/2021 12/14/2021	Open 11	LOEXT- Lower Leg SPEC INJ - Sprain STRUCK - Fellow Worker, Patient	0.00 372.54 372.54	150.00 277.46 427.46	150.00 650.00 800.00
Unknow injury to left leg								
11.2837.11.WCMO	chaumonts F 01/08/1981 COUNTY OF GALVESTON	chaumonts	12/14/2021 12/15/2021	Open 11	UPEXT- Multiple Upper Extremities SPEC INJ - Puncture STRUCK - Fellow Worker, Patient	0.00 0.00 0.00	75.00 400.00 475.00	75.00 400.00 475.00
Puncture to rt hand and arm								
11.2838.11.WCMO	chaumonts F 08/24/1960 COUNTY OF GALVESTON	chaumonts	12/14/2021 12/17/2021	Open 11	UPEXT- Wrist SPEC INJ - Sprain FALL/SLIP - Miscellaneous	0.00 0.00 0.00	75.00 400.00 475.00	75.00 400.00 475.00
Sprain to left wrist								
11.2836.11.WCMO	chaumonts M 07/24/1985 COUNTY OF GALVESTON	chaumonts	12/17/2021 12/17/2021	Open 11	MULBP- Multiple Body Parts SPEC INJ - Laceration VEHICLE- Miscellaneous	0.00 0.00 0.00	75.00 450.00 525.00	75.00 450.00 525.00
Laceration to head and arms								
Expenses Medical								
Expenses Medical								
Expenses Medical								
Expenses Medical								
Expenses Medical								
Expenses Medical								

Claim No	Client File No	Adiuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2835.11.WCMO	M	03/14/1974	12/20/2021	C-01/30/2022	UPEXT- Hand				
		chaumonts	12/20/2021	11	SPEC INJ - Contusion				
		COUNTY OF GALVESTON			FALL/SLIP - Miscellaneous				
Contusion to hand									
						0.00	0.00	0.00	0.00
						215.00	0.00	0.00	215.00
						215.00	0.00	0.00	215.00
11.2844.11.WCMO	M	09/10/2000	12/21/2021	C-02/23/2022	HEAD- Facial Bones				
		chaumonts	01/03/2022	11	SPEC INJ - Contusion				
		COUNTY OF GALVESTON			FALL/SLIP - On Stairs				
Contusion to face									
						0.00	0.00	0.00	0.00
						200.81	0.00	0.00	200.81
						200.81	0.00	0.00	200.81
11.2843.11.WCMO	M	06/29/1958	12/24/2021	Open	MULBP- Multiple Body Parts				
		chaumonts	01/07/2022	11	SPEC INJ - Strain				
		COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient				
acute sciatica									
						0.00	150.00	0.00	150.00
						169.00	581.00	0.00	750.00
						169.00	731.00	0.00	900.00
11.2842.11.WCMO	M	02/15/1994	12/29/2021	Open	UPEXT- Multiple Upper Extremities				
		chaumonts	01/10/2022	11	SPEC INJ - Puncture				
		COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient				
Abrasions to right forearm and right wrist									
						0.00	150.00	0.00	150.00
						0.00	2,000.00	0.00	2,000.00
						0.00	2,150.00	0.00	2,150.00
11.2845.11.WCMO	F	12/01/1997	12/29/2021	C-02/24/2022	UPEXT- Shoulder(s)				
		chaumonts	01/12/2022	11	SPEC INJ - Sprain				
		COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient				
Sprain/Strain to right shoulder									
						0.00	0.00	0.00	0.00
						278.06	0.00	0.00	278.06
						278.06	0.00	0.00	278.06
11.2840.11.WCMO	M	12/07/1983	01/04/2022	Open	UPEXT- Hand				
		chaumonts	01/06/2022	11	SPEC INJ - Sprain				
		COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient				
Sprain/strain to left hand									
						0.00	150.00	0.00	150.00
						0.00	700.00	0.00	700.00
						0.00	850.00	0.00	850.00

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2841.11.WCMO	chaumonts	01/07/2022	Open	UPEXT- Hand					
	F 12/11/1962	01/10/2022	11	SPEC INJ - Puncture					
	COUNTY OF GALVESTON			STRIKE/STEP - Sharp Object					
Puncture to right hand				Expenses Medical	0.00	0.00	150.00	0.00	150.00
					0.00	0.00	630.00	0.00	630.00
					0.00	0.00	780.00	0.00	780.00
11.2846.11.WCMO	chaumonts	01/13/2022	Open	HEAD- Ear(s)					
	M 09/13/1965	01/14/2022	11	SPEC INJ - All Other					
	COUNTY OF GALVESTON			MISC - Other Than Physical Cause of Injury					
Human saliva exposure to left ear				Expenses Medical	0.00	0.00	75.00	0.00	75.00
					0.00	0.00	400.00	0.00	400.00
					0.00	0.00	475.00	0.00	475.00
11.2847.11.WCMO	chaumonts	01/16/2022	Open	UPEXT- Hand					
	M 11/23/1999	01/25/2022	11	SPEC INJ - Puncture					
	COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient					
Left hand abrasion				Expenses Medical	0.00	0.00	75.00	0.00	75.00
					221.39	221.39	138.61	0.00	360.00
					221.39	221.39	213.61	0.00	435.00
11.2849.11.WCMO	chaumonts	01/30/2022	Open	HEAD- Other Facial Soft Tissue					
	F 03/25/1992	02/10/2022	11	SPEC INJ - Puncture					
	COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient					
Scratch to face				Expenses Medical	0.00	0.00	75.00	0.00	75.00
					0.00	0.00	500.00	0.00	500.00
					0.00	0.00	575.00	0.00	575.00
11.2848.11.WCLT	chaumonts	02/14/2022	Open	MULBP- Multiple Body Parts					
	M 06/01/1995	02/15/2022	11	MULINJ- Multiple Physical Injuries					
	COUNTY OF GALVESTON		14	VEHICLE- Collision w/ Another Vehicle					
Multiple injuries (MVA)				Expenses Indemnity Medical	0.00	0.00	300.00	0.00	300.00
					0.00	0.00	0.00	0.00	0.00
					0.00	0.00	6,000.00	0.00	6,000.00
					0.00	0.00	6,300.00	0.00	6,300.00
11.2850.11.WCMO	chaumonts	02/16/2022	Open	HEAD- Multiple Head Injury					
	M 02/08/1997	02/17/2022	11	SPEC INJ - Laceration					
	COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient					
Laceration to right eyebrow/head				Expenses Medical	0.00	0.00	0.00	0.00	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	0.00	0.00	0.00	0.00

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex DOB	Insured Name	Date Received	Policy Lost Days	Nature of Injury	To Date	Reserve		Incurred
11.2851.11.WCMO	M 05/28/1996	chaumonts COUNTY OF GALVESTON	02/16/2022 02/17/2022	Open 11	HEAD- Skull SPEC INJ - Contusion STRUCK - Fellow Worker, Patient	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00
Contusion to head									
11.2853.11.WCMO	F 09/14/1976	chaumonts COUNTY OF GALVESTON	02/18/2022 02/25/2022	Open 11	MULBP- Multiple Body Parts SPEC INJ - Contusion FALL/SLIP - Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00
Contusion to multiple body parts									
11.2852.11.WCMO	M 02/01/1968	chaumonts COUNTY OF GALVESTON	02/19/2022 02/23/2022	Open 11	UPEXT- Hand SPEC INJ - Laceration CUT - Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00
Laceration to right hand by razor blade									
11.2859.11.WCMO	M 09/09/1968	chaumonts COUNTY OF GALVESTON	02/20/2022 03/04/2022	Not Yet Open 11	HEAD- Facial Bones SPEC INJ - All Other STRUCK - Fellow Worker, Patient	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00
He was assaulted by an inmate that refused to follow instructions while exiting the shower area/dayroom									
11.2855.11.WCMO	M 06/27/2000	chaumonts COUNTY OF GALVESTON	02/25/2022 03/01/2022	Not Yet Open 11	UPEXT- Hand SPEC INJ - Puncture STRUCK - Fellow Worker, Patient	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00
Scratch to right hand									
11.2856.11.WCMO	M 11/10/1993	chaumonts COUNTY OF GALVESTON	02/25/2022 03/01/2022	Not Yet Open 11	UPEXT- Thumb SPEC INJ - Laceration STRUCK - Miscellaneous	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00
Deputy was involved in altercation with inmate NAICS: 922120									

Claim No	Client File No	Adjuster	Loss Date	Status	Part of Body	Paid	Open	Recovery	Total
Cause of Loss	Sex	DOB	Date Received	Policy	Nature of Injury	To	Reserve		Incurred
Description	Insured Name		Lost Days		Cause of Injury/Period	Date			
11.2857.11.WCMO	chaumonts	02/25/2022	Not Yet Open	LOEXT- Knee					
	M 04/12/2001	03/01/2022	11	SPEC INJ - Puncture					
Left Knee Abrasion	COUNTY OF GALVESTON			STRUCK - Fellow Worker, Patient					
				Expenses	0.00	0.00	0.00	0.00	0.00
				Medical	0.00	0.00	0.00	0.00	0.00
11.2854.11.WCMO	chaumonts	02/27/2022	Open	UPEXT- Finger(s)					
	M 06/15/1992	02/27/2022	11	SPEC INJ - Contusion					
Contusion to right hand	COUNTY OF GALVESTON			CGHT BETWEEN - Miscellaneous					
				Expenses	0.00	0.00	0.00	0.00	0.00
				Medical	0.00	0.00	0.00	0.00	0.00
Totals For 11 - COUNTY OF GALVESTON -- 494 Claims: Open 29 Closed 465				Expenses	852.00	60,581.19	13,197.61	0.00	73,778.80
				Indemnity	0.00	193,243.63	10,185.00	0.00	203,428.63
				Medical	15,102.93	827,654.22	68,884.01	7,875.16	888,663.07
Totals For 11 - COUNTY OF GALVESTON -- 494 Claims: Open					15,954.93	1,081,479.04	92,266.62	7,875.16	1,165,870.50
Totals For Loss Run -- 494 Listed Claims: Open 29 Closed 465				Expenses	852.00	60,581.19	13,197.61	0.00	73,778.80
				Indemnity	0.00	193,243.63	10,185.00	0.00	203,428.63
				Medical	15,102.93	827,654.22	68,884.01	7,875.16	888,663.07
All Claims Totals					15,954.93	1,081,479.04	92,266.62	7,875.16	1,165,870.50

ATTACHMENT B

Workers' Compensation Services Agreement

This Agreement is between **The Littleton Group - Western Division, Inc. ("TLG")**, a State of Texas licensed Third Party Administrator, and **Galveston County**, a political subdivision of the State of Texas ("**Plan Sponsor**"). It is for the provision of those worker's compensation services respecting the **Galveston County Self-Funded Workers Compensation Program ("Plan")** that are listed in the "Workers Compensation Services Offered" exhibit attached hereto.

1. Designated Representatives

The County's Designated Representative for all purposes of this Agreement is its **Director of Human Resources**.

TLG's Designated Representative for all purposes of this Agreement is Ray Luedke.

2. Services to be Performed by TLG

TLG agrees to perform the workers compensation and other services set forth in the "Workers Compensation Services Offered" exhibit attached hereto. Such services will, at a minimum, be performed as set forth in TLG's Proposal received by Plan Sponsor on December 14, 2017.

TLG will, at its expense, operate and maintain such facilities and equipment and employ such personnel as are necessary for it to successfully provide these services.

TLG shall have no responsibility or liability for funding Plan Sponsor's workers' compensation obligations. Nor shall TLG be required to secure or continue any insurance coverage providing benefits.

TLG shall not be liable for any recommendations concerning stop loss insurance carriers, nor for the quality of services provided by third party professionals, nor, with the exception of services provided by **The Littleton Group**, for the quality or nature of healthcare providers through health maintenance or preferred organizations, whether or not recommended by TLG.

TLG shall not be responsible for maintaining the Plan or for ensuring Plan Sponsor is in compliance with Federal or State taxing statutes, ERISA, HIPPA, or healthcare continuation obligations ("COBRA obligations"), or for obtaining any tax benefits that may be available to the Plan Sponsor, except to the extent specified in the "Workers Compensation Services Offered" Exhibit.

TLG has no obligation to provide legal, actuarial, or independent certified public accountant services. TLG may, if it determines that such services are necessary or prudent, suggest that Plan Sponsor retain the services of such professional advisors, but TLG shall have no liability for the quality or cost of any services so provided.

3. Responsibilities of Plan Sponsor

Plan Sponsor will perform those duties of an employer with respect to the works compensation that are required by Texas workers compensation laws applicable to counties as political subdivisions of the State of Texas.

Plan Sponsor, through its Legal Department, shall such provide legal services on behalf of Plan Sponsor as may be required in connection with contested case hearings and prosecution or defense of appeals from the Texas Department of Insurance, Division of Workers' Compensation ("DWC").

4. Term

The initial term of this agreement shall begin on **June 1, 2018** (the "Effective Date") and end on **May 31, 2021** unless sooner terminated as provided below. Thereafter, this Agreement will be renewed on a year to year basis for an additional two years upon such terms and conditions, including the adjustment of fees, if any, as the parties agree to at the time of each renewal.

5. HIPPA Privacy Rule Obligations

The parties agree to execute and comply with the terms of the **TLG Privacy Rule Compliance Agreement** attached to this Agreement.

6. Plan Benefit Payments

Plan Sponsor will provide such monies as are required of Plan Sponsor to adequately fund and perform those duties of an employer with respect to workers compensation that are required by Texas workers compensation laws, rules and regulations applicable to counties as political subdivisions of the State of Texas.

All payments made by **TLG** on behalf of the **Plan Sponsor** will be made by checks drawn on a checking account established at Prosperity Bank, Galveston, Texas. This checking account is funded by **Plan Sponsor**. It was established as a trust account by **Plan Sponsor's County Auditor** in accordance with Texas Local Government Code §157.002. **TLG** will abide by all rules relating to and governing the establishment, operation, and control of account.

TLG has no ownership interest in checking account. **TLG** also agrees that the sole purpose of the checking account is to pay physician, hospital, and related medical claims and Impairment Income and other workers compensation benefits that are due to eligible County workers' compensation claimants.

TLG agrees that in the event of bankruptcy or receivership, **TLG** will not list the trust account as an asset.

The checking account shall be styled "**TLG-Galveston County Self-Funded Workers' Compensation Program Claims Account**". **TLG** will be the sole signatory on the account. All interest on the account will belong to **Plan Sponsor** and will be transferred monthly to **Plan Sponsor** by electronic funds transfer or by check issued on the trust account.

TLG will, via facsimile, send the **County Auditor** and the **County Treasurer** a report of payments authorized on the account during the preceding week, if any. This report will be sent every Monday. In addition, if requested by **Plan Sponsor**, **TLG**, working with the **County Treasurer**, will provide a Positive Pay Check File as specified by Prosperity Bank, which is the **County's Main Depository**. **TLG** will invoice **County** its actual cost as such cost is set forth in the attached Administration Exhibit. Thirdly **TLG** will, upon request, timely provide the **County Auditor** and the **County Treasurer** such reports and data specified by either of them as being required for management of the trust account.

The **County Auditor** and the **County Treasurer** will be responsible for performing monthly bank account reconciliations on the checking account.

The **County Auditor** and the **County Treasurer** also have the unfettered right and authority to stop disbursement from the checking account and to retrieve checking account assets at such times either of them deem necessary or prudent.

7. Fees

For its services rendered TLG will, during the initial term of this **Agreement**, be paid the fees set forth in the "Fee for Services" Exhibit(s) attached hereto. Thereafter, **TLG** will be paid such fees as the parties mutually agree upon at the time of each renewal of this **Agreement**.

Prior to each renewal of this **Agreement**, **TLG** will present any requested adjustment to **Plan Sponsor** during **Plan Sponsor's** budget cycle which occurs in July of each year. This requirement is necessary in order to help ensure **Plan Sponsor** has adequately provided funding for **TLG's** services for each renewal period.

TLG shall provide a monthly statement of fees to **Plan Sponsor**. **Plan Sponsor** will pay undisputed invoices on a monthly basis in accordance with Texas Government Code Chapter 2251.

8. Disputed Invoices

In the event of a disputed invoice **Plan Sponsor** agrees to notify **TLG** in writing of the disputed amount, and the basis for the dispute, within fifteen (15) days of receipt such invoice. The Parties agree that only payment of the disputed amount may be retained by **Plan Sponsor** until the disputed matter is resolved, and that payment of the undisputed balance must be paid in accordance with Texas Government Code Chapter 2251. The parties further agree that they will put forth their best efforts toward successfully resolving any disputed amount in a timely and expeditious manner.

9. Termination

- a. Either party shall have the right to terminate this **Agreement** by written notice to the other upon the occurrence of any of the following:
 - (1) The failure of either party to cure any monetary default (including failure to pay **TLG's** fees and charges or to properly provide for or pay allowed claims) within ten (10) business days after written notice thereof, or the failure to commence to cure any other default within fifteen (15) calendar days after written notice thereof.

- (2) Either party becomes insolvent, is adjudicated as bankrupt, its business comes into possession or control, even temporarily, of any trustee in bankruptcy, has a receiver appointed for it, or makes a general for the benefit of creditors.
 - (3) For convenience upon sixty (60) days prior written notice by either party; or
 - (4) In the event sufficient funds are not appropriated by **Plan Sponsor** to meet its fiscal or other obligations herein. **Plan Sponsor** agrees to give **TLG** sixty (60) days written notice prior to date of termination if this subparagraph is elected to be utilized by **Plan Sponsor**.
- b. Upon the effective date of the expiration or early termination of this **Agreement** for any reason:
- (1) Each party will pay to the other parties all monies due to them under this **Agreement** within thirty (30) days after the effective date of the termination.
 - (2) **Plan Sponsor** will immediately cease to represent that **TLG** is a third party service provider for **Plan Sponsor** and shall cease to use **TLG's** documents, employee communications materials, systems, logo-types, service marks, trademarks, trade names, methods and techniques in any form;
 - (3) **Plan Sponsor** shall immediately advise **DWC**, its employee and workers compensation claimants of the termination of this **Agreement**.
 - (4) **TLG** will similarly cease to represent that it is a third party service provider for **Plan Sponsor**;
 - (5) **TLG** will immediately advise **DWC**, its employees, and **Plan Sponsor's** workers compensation claimants of the termination of this **Agreement**; and
 - (6) **TLG** shall, no later than the effective date of expiration or termination deliver, in an electronic format acceptable to **Plan Sponsor**, all of **Plan Sponsor's** records to **Plan Sponsor** or its designee as provided for in the "Books and Records" section of this **Agreement**.

- (c) If, for any reason, **Plan Sponsor** requests **TLG** to continue processing claims or to perform other services for or on behalf of **Plan Sponsor** after the effective date of termination of this **Agreement**, **TLG** will accommodate **Plan Sponsor's** request. But, in that event, **TLG** shall be paid the fees provided for such post-termination services in the attached "Fees for Services" Exhibit(s).
- (d) The obligations contained in this section survive the termination of this **Agreement**.

10. Plan Changes

TLG agrees, from time to time, to advise **Plan Sponsor** of any changes to workers compensation laws, rules and regulations that may affect **Plan Sponsor** or **Plan Sponsor's** duties. **TLG** will not be liable for the effect of any such changes unless such effect is caused as a result of **TLG's** failure to advise **Plan Sponsor** of such sufficiently in advance so as to enable **Plan Sponsor** to avoid, if possible a detrimental effect.

TLG be required to implement, in a timely manner, such revisions, modifications or additions to the services it provides under this **Agreement** as are required by legislative acts, or by **DWC** rules, or regulations governing workers' compensation as they affect counties in the State of Texas. Should significant additional duties and responsibilities be imposed **TLG** by such revisions, modifications or additions, **TLG** will be paid such additional compensation to which the parties at that time mutually agree.

11. Responsibility for Disputed Matters

TLG agrees to be responsible for such damages that occur as a result of any act or omission wherein **TLG** is adjudged or acknowledges it is guilty of negligence, willful misconduct or lack of good faith.

~~**TLG** will use ordinary care and diligence in the performance of its duties under this **Agreement**. **Plan Sponsor** understands that the services performed by **TLG** require the exercise of prudent judgment. **Plan Sponsor** agrees that any such exercise of judgment shall not be deemed to be a failure to use ordinary care and diligence, so long as such exercise of judgment is not negligent, willful misconduct, or lack of good faith.~~

TLG will not be liable for damages which are caused by **Plan Sponsor's** failure to timely notify **TLG**.

TLG agrees to be responsible for and to promptly pay any DWC fines and/or penalties levied against TLG or Plan Sponsor caused by the performance or nonperformance of any duty imposed on TLG under this Agreement.

12. Indemnification

TLG agrees to indemnify and hold harmless Plan Sponsor from and against any cost, damage, expense, loss, liability or obligation of any kind, resulting from negligence on the part of TLG including, without limitation, reasonable attorney's fees, which Plan Sponsor may incur in connection with TLG's furnishing of services provided by them under this Agreement. Said indemnity obligation shall be supported by the insurance limits set forth in this Agreement. TLG will provide a Certificate of Insurance naming Plan Sponsor as certificate holder. The Certificate will provide that the insurance company will provide a minimum of ten days prior notice of cancellation, termination or modification of coverage. This requirement to provide insurance will not be construed to limit the amount of indemnification being given by TLG to Plan Sponsor by virtue of this Article.

13. Insurance

Professional Liability Insurance

TLG will maintain throughout the initial term Agreement and any renewal thereof, professional liability insurance insuring against its negligent acts and omissions while providing under this Agreement. This policy shall be:

- in the minimum amount of \$1 Million Dollars per occurrence and \$2 Million in the aggregate with a deductible of no more than \$25,000; and
- provided through an insurance company reasonably satisfactory to Plan Sponsor that is licensed to do business in the State of Texas.

General Third Party Liability Insurance

TLG will also maintain throughout the initial term of this Agreement and any renewal thereof general third party liability insurance insuring against the negligent acts or omissions of TLG, its agents and employees in providing the services to be provided by TLG as set forth in this Agreement.

The general third party liability policy provided by carrier shall be:

- in the minimum amount of \$100,000 individual/\$300,000 aggregate/\$100,000 property with a deductible of no more than \$5,000; and
- provided through an insurance company reasonably satisfactory to **Plan Sponsor** that is licensed to do business in the State of Texas.

Theft and Misappropriation Insurance

TLG will throughout the initial term of this **Agreement** and any renewal thereof theft and misappropriation of funds insurance insuring against employee theft or misappropriation of funds.

The theft/misappropriation insurance policy shall be:

- \$250,000 with a \$5,000 deductible per occurrence and
- provided through an insurance company reasonably satisfactory to **Plan Sponsor** that is licensed to do business in the State of Texas.

TLG provide Certificates of Insurance naming **Plan Sponsor** as certificate holder and an additional insured. Each Certificate will provide that the insurance company will provide a minimum of ten days prior notice of cancellation, termination or modification of coverage.

Copies of all required insurance policies will be provided to **Plan Sponsor** upon execution of this **Agreement**. Subsequent copies of all required insurance policies will be provided at the time of each renewal.

TLG will immediately notify **Plan Sponsor** in the event it does not have any required coverage or in the event any required coverage is terminated or cancelled.

14. Records

All records produced by TLG as a result of the services rendered by this **Agreement** shall belong to **Plan Sponsor**. Such records include: claims files, correspondence and processed medical bills for the current year plus four (4) prior calendar year periods, invoices and supporting data sent to **Plan Sponsor** and all other instruments produced by TLG in providing services under this **Agreement**. Portions of these records may be maintained in an electronic format acceptable to **Plan Sponsor**.

TLG will maintain all such records generated or received by it for five (5) years beginning with the date of creation of each record. All records will be made available for inspection and copying to **Plan Sponsor's County Auditor** or his designated representative upon mutually convenient time(s) at TLG's offices during TLG's normal business hours. Copying of records will be at **Plan Sponsor's** expense.

After receipt of the **Plan Sponsor's** written request in anticipation of or following the expiration or termination of this agreement, TLG shall deliver to the **Plan Sponsor**, or its designee, all records in TLG's possession that are described in such request. The records may be delivered in the electronic format they are maintained by TLG, but such delivery will be accompanied with sufficient format explanations and documentation to enable the recipient to have immediate use of the record information. **Plan Sponsor** will reimburse TLG for all reasonable costs incurred in providing such records, including the costs of programming and computer charges, and shall pay an additional mutually agreed-upon fee for any services requested or required of TLG for supplying additional information not contained in the Plan records. To the extent the records documentation includes systems or programs developed or owned by, or licensed to TLG, and to the extent permitted under what is commonly referred to as the Texas Public Information Act, TLG shall have the right to safeguard their secrecy and use by requiring the transfer to occur in such a manner that will not permit the recipient to have continuing use of the protected information. TLG shall be entitled to retain copies of Plan records at its own expense.

15. Confidentiality

TLG may withhold workers compensation claimant medical records or other information from any person where TLG reasonably determines that it is obligated to do so under federal or state confidentiality statutes or regulations.

TLG shall keep confidential all records relating to **Plan Sponsor's** workers compensation claimants and shall disclose the information in such records only in the following instances:

- to the extent permitted pursuant to the **TLG Privacy Rule Compliance Agreement Galveston County Self-Funded Workers' Compensation Program** agreement attached hereto;
- to **Plan Sponsor's Designated Representative** or their designees;

- to **Plan Sponsor's Legal Department** as may be required in connection with contested case hearings and prosecution or defense of appeals from **DWC**;
- by order of **DWC**;
- by order of a court of competent jurisdiction requiring disclosure, at which time **TLG** will contact **Plan Sponsor** to obtain its approval for the release of the requested records; or
- as required by any applicable provisions of the Texas Public Information Act. But, prior to release of any records under this Act, **TLG** will, on the date it receives a request under the Act, notify **Plan Sponsor's Legal Department** to enable the **Legal Department** to withhold records as are permitted to be withheld from public disclosure.

TLG may, however, use **Plan** data for statistical or reporting purposes in a manner that it reasonably expects will not disclose confidential information identifiable with specific **Plan** participants or beneficiaries.

16. Responsibilities of Parties

The relationship between **TLG** and **Plan Sponsor** is that of an independent contractor. Each party shall be solely responsible for their own acts or omissions or the acts or omissions of those who are operating under their direction and control and for the acts or omissions of any other agent or any employee used by them in providing the services contemplated by this Agreement.

17. Enforcement of Plan

TLG have neither the right nor the responsibility to take any legal action against any person, including **Plan Sponsor** to enforce the provisions of the **Plan**, or to recover overpayments of **Plan** benefits unless such overpayments are due to the negligent act or omission of **TLG**, its agents or employees in which event **TLG** is authorized and obligated to pursue recovery of such overpayments at its expense.

18. Assignment

Neither party shall assign or otherwise transfer or delegate any or all of its rights or obligations under this Agreement without obtaining the prior written consent of the other party.

19. Binding Effect; No Third Party Beneficiaries

This agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and permitted assigns. Nothing in this Agreement is intended to confer upon any other person any rights, remedies, or obligations under or by any reason of this Agreement.

20. Entire Agreement; Amendments

This **Agreement**, including all schedules, exhibits and amendments hereto, constitutes the entire agreement among the parties and supersedes all prior proposals, discussions, and writings by and between the parties and related to the subject matter of this **Agreement**. This **Agreement** may be modified, amended, or supplemented, but only by a written instrument executed by all parties.

21. Severability

If any provision of this **Agreement** is held to be illegal or unenforceable, the remaining provisions shall nevertheless remain in full force and effect. In addition, the illegal or unenforceable provision shall be modified so as to conform to the greatest extent legally permissible, to the original intent of such provision.

22. Force Majeure

The term "force majeure" shall mean an Act of god, terrorist attack, war, riot, lightning, fire, storm, flood, explosion, governmental action or delay, or any other cause not reasonably within the control of the party claiming suspension. The obligations of any party under this **Agreement**, other than the obligation to make money payments, shall be suspended during the continuance of a force majeure applicable to that party. The affected party shall use all reasonable diligence to remove, to the extent reasonably practicable, the force majeure situation as quickly as possible.

23. Governing Law, Jurisdiction and Venue

To the extent not preempted by ERISA or other federal law, this **Agreement** shall be governed by and construed under the laws of the State of Texas. By entering into this **Agreement**, the parties subject themselves to personal jurisdiction in the courts of the State of Texas and agree that Galveston County, Texas, is the only appropriate venue for any action brought to interpret or enforce any provision of this **Agreement**, or which may otherwise arise under or relate to the subject matter of this **Agreement**.

24. Notices

All notices shall be in writing and shall be hand-delivered, transmitted by email or telecopy, or sent by registered or certified mail, return receipt requested, to the address set forth on the signature page of this **Agreement** or to such other address furnished by the addresses. A hand-delivered or telecopied notice shall be deemed given only when actually received. A notice sent by registered or certified mail shall be deemed given on the first to occur of its actual receipt or the fifth day after the date mailed as evidenced by the sender's certified or registered mail receipt.

25. MEDIATION

Any legal or equitable dispute or controversy between the parties arising under, out of, or in connection with the services to be provided by **TLG** or otherwise in relation to this **Agreement** (whether based on contract, tort, statute or any other theory of recovery) shall be submitted to mediation in Galveston County (or at any other location mutually agreed upon by the parties) as a condition precedent to initiating litigation. This provision shall apply to disputes or controversies involving **TLG** and **Plan Sponsor** and/or their shareholders, trustees, administrators, council, directors, officers, managers, supervisors and other employees. The parties will mutually choose the mediator and equally share the cost of mediation.

Waiver of Breach

The waiver of any party of a breach of any provision of this **Agreement** or the failure to insist upon strict compliance with any provision of this **Agreement** shall not operate or be construed as a waiver of such provision or any other provision at the subsequent date.

27. Descriptive Headings

The headings of the paragraphs of this Agreement are inserted for convenience and shall not be deemed to be a part this Agreement and not be limited, extended, or delineate the scope or intent of the provisions hereof

28. Counterparts

This Agreement may be executed simultaneously two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. This Agreement shall be binding when one or more counterparts hereof, individually or taken together, shall bear the signature of the parties reflected herein as signatories.

Executed this _____ day of _____, 2018

The Littleton Group – Western Division, Inc.



Jeff Bode
President / COO

Galveston County

By:

Attest: _____

By: _____

As evidenced by signature below, the County Auditor approves paragraph 6 of this Agreement.

Name:
County Auditor

Date: _____

Pursuant to Section 113.041 of the Texas Local Government Code, the County Treasurer agrees to disperse monies into the Plan Sponsor's Trust Account in accordance with the terms of this Agreement.

Name:
Title:

Date: _____

**TLG Privacy Rule Compliance Agreement
Galveston County Self-Funded
Workers' Compensation Program**

1. Definitions

Terms used, but not otherwise defined, in this TLG Privacy Rule Compliance Agreement ("Agreement") shall have the same meaning as those terms in the Privacy Rule definition.

- a. Business Associate as used in this Agreement shall mean The Littleton Group ("TLG").
- b. TLG as used in this Agreement shall mean The Littleton Group.
- c. Covered Entity as used in this Agreement shall mean Galveston County.
- d. Plan as used in this Agreement shall mean the Galveston County Self-Funded Workers' Compensation Program.
- e. Individual as used in this Agreement shall have the same meaning as the term "individual" in 45 CFR §164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR §164.502(g).
- f. Privacy Rule as used in this Agreement shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFT 160 and Part 164, Subparts A & E.
- g. Protected Health Information as used in this Agreement shall have the same meaning as the term "protected health information" in 45 CFR §164.501, limited to the information created or received by TLG from or on behalf of Plan.
- h. Required by Law as used in this Agreement shall have the same meaning as the term "required by law" in CFR §164.501.
- i. Secretary as used in this Agreement shall mean the Secretary of the Department of Health and Human Services or his designee.

- J. Workers Compensation Service Agreement as used in this Agreement shall mean the Workers Compensation Service Agreement entered into between Plan Sponsor and TLG executed as of this date and any amendments or modifications to same.
- k. Plan Sponsor as used in this Agreement shall mean Galveston County, Texas, acting through its Director of Human Resources, its designated representative.

2. Obligations and Activities of TLG

- a. TLG agrees to not use or disclose Protected Health Information other than as permitted or required by this Agreement or as required by law.
- b. TLG agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.
- c. TLG agrees to report to Plan Sponsor any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware.
- d. TLG agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by TLG on behalf of the Plan or Plan Sponsor agrees to the same restrictions and conditions that apply through this Agreement to TLG with respect to such information.
- e. TLG agrees to provide access, at the request of Plan Sponsor, Protected Health Information in a Designated Record Set, to Plan Sponsor or, as directed by Plan Sponsor, to an Individual in order to meet the requirements under 45 CFR §164.524. Plan Sponsor agrees to require requests for access by Individuals be made in writing, and to inform the Individuals of this requirement. Access will be provided following notice of the request in compliance with the requirements set forth by 45 CFR §164.524, unless it is otherwise properly denied under 45 CFR §164.524. Plan Sponsor agrees to provide TLG with the request for access within 3 days of receipt from the Individual making the request.
- f. To the extent that TLG maintains designated record sets for the Plan Sponsor, TLG agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the Plan Sponsor directs or agrees to pursuant to 45 CFR §164.526 at the request of Plan Sponsor or

an Individual. Plan Sponsor agrees to require Individuals to make requests for amendment in writing and to provide a reason to support the requested amendment. The amendment shall be made by TLG in a sufficient time to allow Plan Sponsor to comply with the timeline established by 45 CFR §164.526, provided the Plan Sponsor forwards the information necessary to make the amendment along with notification of its approval and acceptance of the amendment and request for the Individual within 3 days of the decision by Plan Sponsor to grant an Individual's request for amendment.

- g. TLG agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by TLG on behalf of the Plan or Plan Sponsor available to Plan Sponsor, or to the Secretary, at a mutually agreed time during business hours following receipt of a request, or as designated by the Secretary, for purposes of the Secretary determining Plan's compliance with the Privacy Rule.
- h. TLG agrees to document such disclosures of Protected Health Information related to such disclosures as would be required for Plan Sponsor to respond to a request by an Individual for an accounting of disclosures of Protected Health Information accordance with 45 CFR §164.528.
- i. TLG agrees to provide Plan Sponsor or an Individual, information collected, if any, that is subject to an accounting pursuant to 45 CFR §164.528, to permit Plan Sponsor to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR §164.528. The information shall be provided by TLG in sufficient time to allow Plan Sponsor to comply with the timeline established by 45 CFR §164.528. Plan Sponsor agrees to notify TLG of such request within 3 days of receipt of the request from the Individual.

3. Permitted Uses and Disclosures By TLG

a. General Use and Disclosure Provisions

Except as otherwise limited in this Agreement, TLG may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of Plan Sponsor as specified

b. Specific Use and Disclosure Provisions

Except as otherwise limited in this Agreement TLG may:

- use Protected Health Information for the proper management and administration of TLG purposes or to carry out the legal responsibilities of TLG to Plan Sponsor;
- disclose Protected Health Information for the proper management and administration of TLG provided that disclosures are Required by Law, or TLG obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further used only as Required by Law or for the purpose for which it was disclosed to the person, and the person notified TLG of any instances of which they are aware in which the confidentiality of the information has been breached;
- use the Protected Health Information to provide Data Aggregation services to Plan as permitted by 45 CFR §164.504(e)(2)(i)(B); and
- use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR §164.504(j)(1).

4. Obligations of Plan Sponsor

a. Provisions for Plan Sponsor to Inform TLG of Privacy Practices and Restrictions.

Plan Sponsor shall notify TLG of:

- any limitation(s) in its notice of privacy practices of Plan Sponsor in accordance with 45 CFR §164.520, to the extent that such limitation may affect TLG's use or disclosure of Protected Health Information;
- any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, to the extent that such changes may affect TLG's use or disclosure of Protected Health Information;
- of any restriction to the use or disclosure of Protected Health Information that Plan Sponsor has agreed to in accordance with 45 CFR §164.522, to the extent that such restriction may affect TLG's use or disclosure of Protected Health Information.

b. **Non Permissible Requests by Plan Sponsor**

Plan Sponsor shall not request TLG to use or disclose Protected Health Information in manner that would not be permissible under the Privacy Rule if done by Plan Sponsor.

5. Term and Termination

a. **Term.** The Term of this Agreement shall be effective as of the same date as the Workers Compensation Service Agreement and shall terminate when all of the Protected Health Information provided by Plan Sponsor to TLG , or created or received by TLG on behalf of Plan Sponsor, is destroyed or returned to Plan Sponsor, or if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this Section.

b. **Termination For Cause.** Upon Plan Sponsor's knowledge of a material breach by TLG of the obligations under this Agreement, Plan Sponsor shall:

(1) Provide a reasonable opportunity for TLG to cure the material breach or end the violation, not to exceed fifteen (15) business days. Notice of a suspected violation must be delivered to TLG in writing. TLG shall be given a reasonable amount of time to investigate any allegation of material breach, and to end or cure same.

(2) If the violation has not been cured or stopped, Plan Sponsor may terminate this Agreement, and the Workers Compensation Service Agreement. Financial obligations of Plan or the Plan Sponsor upon termination shall be governed by the Workers Compensation Service Agreement.

c. **Effect of Termination**

(1) Except as provided in paragraph 2 of this section, upon termination of this Agreement, for any reason, TLG shall return, destroy, or turn over to a successor administrator or insurer all Protected Health Information received from Plan Sponsor, or created or received by TLG on behalf of Plan Sponsor. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of TLG. TLG shall retain no copies of the Protected Health Information.


- (2) In the event that TLG determines that returning or destroying the Protected Health Information is infeasible, TLG shall provide to Plan Sponsor notification of the conditions that make return or destruction infeasible. Following provision of notification pursuant to this section that return or destruction of Protected Health Information is infeasible, TLG shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as TLG maintains such Protected Health Information, or as otherwise required under law.

6. MISCELLANEOUS

- a. Regulatory References. A reference in this Agreement to a section in this Privacy Rule means the section as in effect or as amended.
- b. Amendment. The parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for the parties to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.
- c. Survival. The respective rights and obligations of TLG under Section VI.c. of this Agreement shall survive the termination of this Agreement.
- d. Interpretation. Any ambiguity in this Agreement shall be resolved to permit the parties to comply with the Privacy Rules.

Executed this _____ day of _____, 2018.

The Group – Western Division, Inc.



Jeff Bode
President / COO

Galveston County

By:
Title:

Attest:

Name:
Title:
By: _____ **Deputy**

**WORKERS' COMPENSATION SERVICES AGREEMENT
FEE EXHIBIT**

This Fee Exhibit pertains to the Workers' Compensation Services Agreement (WCSA) between The Littleton Group-Western Division, Inc. and the County of Galveston for the contract period of June 1, 2018 through May 31, 2021, hereinafter referred to as the "main agreement".

This exhibit is in accordance to RFP #B122032 "Self-Funded Workers' Compensation Administration" and the response to that RFP tendered the Littleton group on December 14, 2017 which are incorporated herein by reference. The current WCSA will remain enforce with the exception of the following fee schedule is effective from June 1, 2018 through May 31, 2021.

Annual Administration: \$6,000.00 per year

Claims Administration:

Lost Time Claims	\$890.00 per claim
Medical Only Claims	\$160.00 per claim
Record Only Claims	\$25.00 per claim

Complex Medical Only Claims \$300.00 per claim.

Complex Medical Only claims are those claims where the length of medical treatment exceeds the initial 30 days.

Claims that are denied and a PLN I is filed or involve subrogation are to be billed at the additional rate of \$890.00 per claim.

Medical Bill Audit and Payment:

Per Bill Fee	\$5.50 per bill
Per line Fee	\$1.00 per line

Representative to the DWC: \$22.00 per Document

ISO Index Fees \$15.00 per submission

Certified mail and Overnight Delivery charges are to be billed to Galveston County.

Attending DWC Hearing & Conference/Time & Expense Fees & Charges

Professional rate for hourly fees \$85.00 per hour
Rate for mileage expense \$0.55

Time & Expense fees apply to professional services involving on-site claim investigations and attendance of proceeding before the Division of Workers' Compensation. These services are not to be billed unless prior approval for such services was obtained from the County of Galveston.

Loss Control/Risk Management:

Professional rate of \$125.00 per hour plus expenses
Mileage to be billed at \$0.55 per mile

These services are not to be billed unless prior approval for such services was obtained from the County of Galveston.

Medical Cost Containment:

Pre-Authorization for specific treatments will be done by subcontract with The Reny Company and billed to the County by Littleton at the following rate:

Physician review \$130.00 per review
Nurse review \$72.00 per review

MMSEA Section 111 Medicare Secondary Payer Mandatory Reporting

\$300.00 per reporting quarter
Query File Transmission No change per claim record per submission
Claim Reporting Fee \$10.00 per claim per submission

ISO Indexing: \$15 per submission.

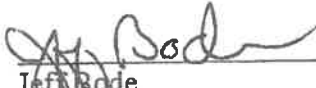
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Miscellaneous:

Nothing in the main agreement or this exhibit, limits in any way the County of Galveston's authority and responsibility to comply with all statutory and regulatory requirements that may exist under the laws of the State of Texas; and The Littleton Group shall comply with each statutory and/or regulatory requirement relating to the functions assumed and/or carried out by Littleton pursuant to the main agreement.

To ensure continuity of services, notwithstanding any language to the contrary in the main agreement, in the event of termination of this agreement, The Littleton Group shall continue to act as the County of Galveston's administrator until the date specified by the County of Galveston that a new administrator will assume the duties performed by Littleton.

Executed on this the _____ day of _____, 2018.



Jeff Rode
President and COO
The Littleton Group

Hon. Mark Henry
County Judge
Galveston, County, Texas

ATTEST:

County Clerk
By: _____ Deputy

ATTACHMENT C

The Littleton Group - County of Galveston

1250 S. Capital of Texas Hwy. Bldg. 1, Ste. 550
Austin, TX 78746

Page 1 of 1
3/29/2022
10:03:33AM

Office: Phone (512) 328-4447
Office Fax: (512) 328-2017

5 Year Medical Bill Review

Administrator Id: 11
Claim Id: *
Type:

Trans Type: *
Bill Status: *
Business Id: *

Bill Status:
Date Paid 2017-03-01...2022-03-01

Department	Trans Type	Amount Spent / Item	Number of Bills	Average Saving / Bill	Records	Total
3 - Constable	Amount Spent / Item (1 groups)	221.78	3,092	583.66	(5 Records)	1,108.89
5 - County Clerk	Amount Spent / Item (1 groups)	210.10			(47 Records)	9,874.74
11 - Dist. Attorney	Amount Spent / Item (1 groups)	315.27			(7 Records)	2,206.87
12 - Districk Clerk	Amount Spent / Item (1 groups)	794.20			(166 Records)	131,837.44
13 - Emergency Mgmt	Amount Spent / Item (1 groups)	288.19			(1 Records)	288.19
14 - Facilities	Amount Spent / Item (1 groups)	470.22			(42 Records)	19,749.42
17 - IT Dept.	Amount Spent / Item (1 groups)	200.79			(6 Records)	1,204.72
18 - Personal Bond/Collections	Amount Spent / Item (1 groups)	120.78			(2 Records)	241.56
20 - Juvenile Justice	Amount Spent / Item (1 groups)	197.45			(309 Records)	61,012.94
22 - Mosquito Control	Amount Spent / Item (1 groups)	468.62			(4 Records)	1,874.48
23 - Parks & Sr. Svc	Amount Spent / Item (1 groups)	383.79			(217 Records)	83,282.68
26 - Road & Bridge	Amount Spent / Item (1 groups)	265.53			(600 Records)	159,315.91
28 - Sheriff Dept	Amount Spent / Item (1 groups)	440.82			(2,005 Records)	883,853.10
29 - Tax Assessor/Collector	Amount Spent / Item (1 groups)	296.96			(12 Records)	3,563.51
Repricing	Amount Spent / (14))	97,101.03	Savings: 1,804,691.30		(3,423 Records)	1,359,414.45
			Number of Bills: 3,092			
			Average Saving / Bill: 583.66			
		Total: ,069,078.50				
		Total Original Amount 2,873,769.80				

ATTACHMENT D

Script Summary and Detail by Source Custom

Reporting Period: Mar 2019 - Feb 28 2022

*Report Based on Billed Date

3/30/2022 12:35:03 PM

myMatrixx® an Express Scripts Company

Month/Year	Juris State	Claim Source	Claim Type	Mail/Retail	Script Count	Billed Amt
Mar 2019	TX	Nonparticipating	Electronic	Retail	47	\$1,898.01
Mar 2019	TX	Participating	Electronic	Retail	275	\$19,210.78
May 2021	TX	Third Party	Paper	Retail	3	\$225.92
Total:					325	\$21,334.71

Fee Schedule Amt	Total Savings \$	Savings per Scripts	Total Savings %
\$2,003.72	\$158.56	\$3.37	48.0%
\$34,196.43	\$14,985.65	\$54.49	51.3%
\$225.92	\$0.00	\$0.00	0.0%
\$36,426.07	\$15,144.21	\$46.60	48.0%

Data Class: **Internal**

Script Summary and Detail by Source Custom

Reporting Period: Mar 2019 - Feb 28 2022

*Report Based on Billed Date

3/30/2022 12:35:03 PM

myMatrixx® an Express Scripts Company

NDC	DOS	Qty	Days Supply
00406012505	2021-04-19	120	30
29300012510	2021-04-19	30	30
69097084615	2021-04-19	90	30
68382005005	2021-04-26	60	30
00603388732	2021-04-26	90	30
71930000613	2021-04-26	90	30
69784055001	2020-04-13	14	7
69097015907	2021-04-30	25	25
00406012505	2021-05-18	120	30
29300012510	2021-05-18	30	30
69097084615	2021-05-18	90	30
00603388732	2021-05-24	90	30
61958070101	2021-05-22	4	4
69097015807	2021-05-20	30	30
69097015807	2021-05-16	7	7
61958070101	2021-06-01	24	24
69097084615	2021-06-16	90	30
29300012510	2021-06-16	30	30
69097015807	2021-06-12	30	30
00406012505	2021-06-17	120	30
71930000613	2021-06-25	90	30
00603388732	2021-06-25	90	30
69097084615	2021-07-15	90	30
68382005101	2021-07-15	30	30
00406012505	2021-07-16	120	30
71930000613	2021-07-23	90	30
00603388732	2021-07-23	90	30
00406012505	2021-08-16	90	30
52817033200	2021-08-16	90	30
68382005105	2021-08-19	30	30
71930000613	2021-08-23	90	30
00603388732	2021-08-23	90	30
65862050320	2021-08-31	14	7
00406012505	2021-09-10	90	30
68382005105	2021-09-10	30	30
52817033200	2021-09-10	90	30
71930000613	2021-09-20	90	30

Data Class: Internal

Script Summary and Detail by Source Custom

Reporting Period: Mar 2019 - Feb 28 2022

*Report Based on Billed Date

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myMatrix® an Express Scripts Company

00406012510	2021-09-20	90	30
00591544305	2021-09-30	10	5
65862085901	2021-09-30	5	5
00406012505	2021-10-08	90	30
68382005105	2021-10-08	30	30
52817033200	2021-10-08	90	30
29300034310	2021-10-19	90	30
00406012510	2021-10-19	90	30
68382005105	2021-11-05	30	30
52817033200	2021-11-05	90	30
00406012505	2021-11-06	90	30
29300034310	2021-11-15	90	30
00406012510	2021-11-15	90	30
69547035302	2021-11-22	2	28
00406012505	2021-12-06	90	30
52817033200	2021-12-06	90	30
68382005105	2021-12-07	30	30
68462017901	2020-11-03	20	10
68462017901	2021-12-06	14	7
29300034310	2021-12-13	90	30
00406012510	2021-12-13	90	30
68462017901	2021-12-09	14	7
68462017901	2020-10-27	14	7
00406012505	2022-01-03	90	30
68382005105	2022-01-03	30	30
52817033200	2022-01-03	90	30
00093314705	2022-01-08	20	5
29300034310	2022-01-17	90	30
55111018010	2022-01-17	90	30
00406012505	2022-01-31	90	30
52817033200	2022-01-31	90	30
68382005105	2022-01-31	30	30
00093216568	2022-02-07	2	1
00406012510	2022-02-07	90	30
55111018010	2022-02-08	90	30
13107002101	2019-02-22	90	30
52817032000	2019-03-01	90	30
00406012510	2019-03-01	90	30

Data Class: Internal

Script Summary and Detail by Source Custom

Reporting Period: Mar 2019 - Feb 28 2022

*Report Based on Billed Date

3/30/2022 12:35:03 PM

myMatrixx® an Express Scripts Company

68382005001	2019-03-01	60	30
69097084615	2019-03-05	60	30
29300012510	2019-03-05	30	30
00406012505	2019-03-06	120	30
59746000103	2018-10-17	21	6
00406012305	2019-03-05	30	10
69238110305	2018-11-27	30	10
70010077001	2018-11-27	10	10
69238110305	2018-11-14	30	10
70010077001	2018-11-16	14	7
65162010150	2019-03-19	20	10
13107006001	2019-03-19	14	14
70010077001	2019-03-05	30	30
65162003310	2019-03-05	60	30
69097084615	2019-03-28	90	30
29300012510	2019-03-28	30	30
00603388732	2019-03-29	90	30
65162010150	2019-03-28	20	10
13107006001	2019-04-01	14	14
00406012505	2019-04-06	120	30
69238110305	2019-04-11	42	14
70010077001	2019-04-02	30	30
65162003310	2019-04-02	60	30
69097084615	2019-04-29	90	30
00603388732	2019-04-26	90	30
29300012510	2019-05-01	30	30
00406012505	2019-05-03	120	30
49702022813	2019-05-06	2	2
61958070101	2019-05-06	2	2
00603388732	2019-05-24	90	30
68645056354	2019-05-23	90	30
29300012510	2019-06-02	30	30
69097084615	2019-06-02	90	30
00406012505	2019-06-02	120	30
65862042005	2019-05-24	20	10
16714065202	2019-05-24	20	10
31722053401	2019-05-29	30	30
65862042005	2019-03-22	14	7

Data Class: Internal

Script Summary and Detail by Source Custom

Reporting Period: Mar 2019 - Feb 28 2022

*Report Based on Billed Date

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MultiMatrix® an Exoracis Scripts Company

00603388732	2019-06-21	90	30
29300012510	2019-07-02	30	30
69097084615	2019-07-02	90	30
00406012505	2019-07-02	120	30
13107006001	2019-07-11	14	14
65862019999	2019-07-12	90	30
68462017901	2019-06-20	10	5
00603388732	2019-07-19	90	30
59746000103	2019-07-19	21	6
31722053401	2019-06-27	30	30
24357070230	2019-07-24	60	12
29300012510	2019-07-25	30	30
69097084615	2019-07-25	90	30
00406012505	2019-08-02	120	30
13107006001	2019-07-30	21	21
00603388732	2019-08-16	90	30
65862016001	2019-08-13	30	30
68180013601	2019-08-13	90	90
00406012501	2019-08-24	60	15
70010075405	2019-08-24	30	10
13107002101	2019-08-29	50	7
65162062711	2019-08-28	60	15
65862019999	2019-08-28	30	30
65862020005	2019-08-28	30	30
71093014005	2019-08-28	30	30
00703868023	2019-08-28	16	10
00406012505	2019-09-03	120	30
69097084615	2019-09-04	90	30
29300012510	2019-09-04	30	30
50458058030	2019-09-05	30	30
00603388732	2019-09-13	90	30
64380080707	2019-09-20	30	30
24357070215	2019-10-04	60	12
68462018022	2019-09-24	22	10
71093014005	2019-10-05	30	10
71093014005	2019-09-23	15	15
65862020001	2019-09-23	15	15
2019-10-01	2019-10-01	30	30

Data Class: Internal

Script Summary and Detail by Source Custom

Reporting Period: Mar 2019 - Feb 28 2022

*Report Based on Billed Date

3/30/2022 12:35:03 PM

myMatrix® an Express Scripts Company

69097084615	2019-10-01	90	30
00406012505	2019-10-01	120	30
00603388732	2019-10-11	90	30
65162062711	2019-10-10	40	13
69097084615	2019-10-24	90	30
29300012510	2019-10-24	30	30
68462041820	2019-10-28	70.88	30
16714050402	2018-05-11	30	30
31722053405	2018-05-11	15	15
65162003310	2018-05-11	30	15
69543013410	2018-06-13	45	30
67877022305	2018-06-13	30	30
65162003310	2018-06-13	60	30
00406012505	2019-10-30	120	30
71093014005	2019-10-10	60	15
65862019999	2019-10-30	90	30
00603388732	2019-11-08	90	30
68382005001	2019-11-08	60	30
52817032000	2019-11-08	90	30
13107006001	2019-11-07	30	7
67877022305	2018-12-13	30	15
69097084615	2019-11-29	90	30
29300012510	2019-11-29	30	30
00406012505	2019-11-29	120	30
00603388732	2019-12-06	90	30
69097084615	2019-12-03	20	20
64380080707	2019-05-02	21	7
70010075401	2019-05-02	7	7
68462017901	2019-06-14	14	7
31722053401	2019-08-01	7	7
65862051601	2019-08-01	14	7
69784055001	2019-08-12	20	10
43598049501	2019-08-22	14	7
65162062711	2019-07-09	14	4
00406012505	2019-12-27	120	30
69097084615	2019-12-27	90	30
29300012510	2019-12-27	30	30
66189921111	2019-10-08	15	5

Data Class: Internal

Script Summary and Detail by Source Custom

Reporting Period: Mar 2019 - Feb 28 2022

*Report Based on Billed Date

3/30/2022 12:35:03 PM

myMatrix® an Express Scripts Company

00603388732	2020-01-03	90	30	
65862050320	2019-05-05	20	10	
68382031910	2019-05-05	12	3	
29300012510	2020-01-20	30	30	
69547035302	2020-01-20	2	2	
69097084615	2020-01-20	90	30	
67877022305	2018-09-19	15	15	
16729017117	2018-09-19	15	15	
67877022305	2018-11-14	30	15	
70010077001	2018-11-14	30	30	
65162003310	2018-11-14	60	30	
24357070215	2020-01-21	30	15	
00406012505	2020-01-24	120	30	
52817032000	2020-01-29	90	30	
69547035302	2020-01-29	2	1	
00603388732	2020-01-31	90	30	
69097015907	2020-01-30	30	30	
00603459315	2019-10-08	21	6	
65162062711	2020-02-14	80	22	
65862019999	2020-02-14	90	30	
68382005001	2020-02-12	20	10	
00406012505	2020-02-24	120	30	
24357070215	2020-02-24	15	7	
69097084615	2020-02-25	90	30	
29300012510	2020-02-25	30	30	
16714007104	2020-02-28	90	30	
00603388732	2020-02-28	90	30	
65862051601	2020-03-03	28	14	
69097084615	2020-03-20	90	30	
29300012510	2020-03-20	30	30	
00406012505	2020-03-24	120	30	
24357070215	2020-03-26	30	15	
52817032000	2020-03-27	90	30	
00603388732	2020-03-27	90	30	
68382005005	2020-03-27	60	30	
69097084615	2020-04-20	90	30	
29300012510	2020-04-20	30	30	
Data Class Internal	00406012505	2020-04-20	120	30

Script Summary and Detail by Source Custom

Reporting Period: Mar 2019 - Feb 28 2022

*Report Based on Billed Date

3/30/2022 12:35:03 PM

nuMatrix® an Example Scripts Company

65862050320	2020-04-01	20	10
49702022813	2020-04-01	2	2
65162062711	2020-04-01	12	3
61958070101	2020-04-01	2	2
24357070215	2020-04-24	30	15
52817032000	2020-04-24	90	30
68382005005	2020-04-24	60	30
00603388732	2020-04-24	90	30
69315030130	2020-05-12	30	10
29300012510	2020-05-13	30	30
69097084615	2020-05-13	90	30
65862052305	2020-05-15	90	30
16714050402	2018-05-11	30	30
31722053405	2018-05-11	15	15
65162003310	2018-05-11	30	15
69543013410	2018-06-13	45	30
67877022305	2018-06-13	30	30
65162003310	2018-06-13	60	30
00406012505	2020-05-23	120	30
68382005005	2020-05-22	60	30
71930000613	2020-05-22	90	30
00603388732	2020-05-22	90	30
65862042001	2020-06-01	14	7
65862042001	2020-06-08	14	7
50111043301	2020-06-11	30	30
76282025010	2020-06-11	30	30
29300012501	2020-06-19	30	30
69097084615	2020-06-19	90	30
53746011005	2020-06-19	120	30
00603388732	2020-06-19	90	30
50111043301	2020-07-09	30	30
43547040011	2020-07-20	90	30
00406012505	2020-07-20	120	30
29300012510	2020-07-20	30	30
00603388732	2020-07-17	90	30
68382005005	2020-07-17	60	30
71930000613	2020-07-17	90	30
00406012505	2020-08-15	90	30

Data Class Internal

Script Summary and Detail by Source Custom

Reporting Period: Mar 2019 - Feb 28 2022

*Report Based on Billed Date

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Matrix® on Express Scripts Company

29300012510	2020-08-21	30	30
43547040011	2020-08-21	90	30
00406012505	2020-08-21	120	30
00603388732	2020-09-09	90	30
00406012505	2020-09-18	120	30
16729016917	2020-09-19	30	30
24357070215	2020-09-23	30	15
29300012510	2020-09-24	30	30
69097084615	2020-09-24	90	30
00603388732	2020-10-09	90	30
33342006707	2020-10-06	30	30
16729016917	2020-10-16	30	30
69097084615	2020-10-21	90	30
29300012510	2020-10-21	30	30
00406012505	2020-10-21	120	30
24357070215	2020-10-22	30	15
69097015807	2020-11-06	60	30
71930000613	2020-11-06	90	30
00603388732	2020-11-06	90	30
64380080707	2020-10-25	90	30
16729017017	2020-11-13	30	30
33342006707	2020-11-13	30	30
29300012510	2020-11-20	30	30
00406012505	2020-11-20	120	30
69097084615	2020-11-20	90	30
00603388732	2020-12-04	90	30
33342006707	2020-12-13	30	30
16729017017	2020-12-15	30	30
29300012510	2020-12-16	30	30
69097084615	2020-12-16	90	30
00406012505	2020-12-22	120	30
00603388732	2021-01-04	90	30
00406012505	2021-01-18	120	30
69097084615	2021-01-19	90	30
29300012510	2021-01-19	30	30
71930000613	2021-02-01	90	30
68382005005	2021-02-01	60	30
00603388732	2021-02-01	90	30

Data Class: Internal

Script Summary and Detail by Source Custom

Reporting Period: Mar 2019 - Feb 28 2022

*Report Based on Billed Date

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myMatrix® an Express Scripts Company

65162062711	2021-02-05	28	9
00406012501	2021-02-08	30	7
69097015807	2021-02-10	20	10
29300012510	2021-02-20	30	30
69097084615	2021-02-20	90	30
00406012505	2021-02-20	120	30
64380080707	2021-01-13	18	6
52817033200	2021-01-13	6	6
71930000613	2021-03-01	90	30
68382005005	2021-03-01	60	30
00603388732	2021-03-01	90	30
13668048450	2021-03-15	14	7
29300012510	2021-03-22	30	30
69097084615	2021-03-22	90	30
00406012505	2021-03-22	120	30
69097015807	2021-03-16	30	30
43386035801	2021-03-16	15	15
13668048450	2021-03-21	14	7
71093014005	2020-09-01	20	5
68382005005	2021-03-29	60	30
00603388732	2021-03-29	90	30
71930000613	2021-03-29	90	30

Data Class: Internal

ATTACHMENT E

2018 Galveston Co. W. C. Admin. Spreadsheet

ADMINISTRATOR	LITTLETON 2012 Pricing	LITTLETON 2018 Pricing Changes
	Austin	Austin
Claims office		
Annual Admin Fee	\$6,000	No Change
CLAIM FEES		
Indemnity Fee	\$880	\$890
18 claims: cost	\$15,840	16,020
Medical Only Fee	\$150	\$160
54 claims: cost	\$8,100	\$8,640
Record Only Fee	\$25	No Change
2 claims: cost	\$50	No Change
Sunset/additional fees	Fees for life of	No Change
not in totals for est. cost	contract	No Change
ESTIMATED COST	\$29,990	\$30,710
CLAIM INVESTIGATION		
On site claims investigat.	\$85 hr./\$.55 mile	No Change
Subrogation: \$25,000 Recov.	\$850 per claim	No Change
Estimated Cost	\$850	No Change
Claims for SIB's	\$22 per document	No Change
Adjuster to attend DWC 10	\$85 hr./\$.55 mile	No Change
Adjuster to attend CCH 10	\$85 hr./\$.55 mile	No Change
ESTIMATED COST	\$4,500	\$4,500
MED. COST CONTAINMENT		
Preauthorization; 44 N / 8 Dr.	\$72 N / \$130 Dr. each	No Change
COST	\$4,208	No Change
Utilization Review; #30/30hrs.	\$75	No Change
COST	\$2,250	No Change
Nurse Case Mgt; #30/30hrs.	\$75 each	No Change
COST	\$2,250	No Change
Bill Audits	\$5.50 per bill+\$1 line	No Change
Number of Bills, 1,600: cost	\$8,800	No Change
Number of Lines, 4400: cost	\$4,400	No Change
Total Bill Audit Cost	\$13,200	No Change
ESTIMATED COST	\$21,908	\$21,908
Estimated Total	\$56,398	\$57,118