

2010 INSTRUCTIONS FOR MEDICAL REPORT

To be completed for all tax plans for calendar year 2010.

- Line 1-3 Payments made to physicians, nurses, attendants, hospitals and other outside services **not** included in the ‘HOSPITAL REPORT,’ if applicable, and **not** assigned to a specific claim.
- Line 4 Portion of line 11 “HOSPITAL REPORT,” if applicable.
- Line 5 Remuneration, including fringe benefits of physicians, nurses and attendants employed by the self-insured.
- Line 6 First aid equipment and supplies provided by the self-insured.

TOTAL MEDICAL COSTS FOR INDUSTRIAL INJURIES

- Line 7 Total compensation payments to claimants.
- Line 8 Reinsurance premiums paid for worker’s compensation.
Total costs of worker’s compensation and occupational disease.
- Line 9 Total excess insurance reimbursements expected

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

Report **all** payments made in 2010, for **ALL DATES OF INJURY**, from the time Self-Insurance authority was granted by the Commission.