

LEDGER OF ALL BENEFITS PAID AND DISPUTED

IC # _____

I. BENEFITS PAID

a. Past Medical Benefits (Please attach detailed payment ledger of medical benefits paid)

i. Total Medical Paid \$ _____

b. Past Indemnity Benefits

TTD From	Thru	wks	days	@rate/wk	\$ Conceded/Owed	\$ Paid	Balance or O-P
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

TPD From	Thru	wks	days	\$ Conceded/Owed	\$ Paid	Balance or O-P
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

PPI %	Level	wks	days	@rate/wk	\$ Conceded/Owed	\$ Paid	Balance or O-P
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Other (Description: _____)

\$ Amt	From	Thru	wks	days	@rate/wk	\$ Conceded/ Owed	\$ Paid	Balance or O-P
_____	_____	_____	_____	_____	_____	_____	_____	_____

Grand Total \$ Conceded \$ Paid Balance or O-P

II. BENEFITS CLAIMED BUT DENIED

a. Medical Benefits

Services claimed, but denied: _____

b. Indemnity Benefits

TTD / TPD Approx. Date Range _____ to _____ \$Approx. Value _____

PPI Disputed PPI rating _____ % Choose an item. \$Approx. Value _____

PPD Disputed Amount Over/Above PPI \$Approx. Value _____ or _____%WP

Retraining Program Description _____ \$Approx. Value _____

III. Amount payable by Employer/Surety on approval of Settlement Agreement: _____

IV. Pro se phone number (if not represented): _____