



INDUSTRIAL COMMISSION OF ARIZONA

800 W WASHINGTON STREET

PHOENIX, ARIZONA 85007

(602) 542-4661

This report is subject to verification by ICA auditors

SELF-INSURED MEDICAL REPORT FOR 2018

SELF INSURED NAME:

[Redacted Name]

PERIOD COVERED:

[Redacted Start] To [Redacted End]

Costs Relating to Industrial Injuries

(fill in the bolded cells)

Line 1

Total medical costs paid during calendar year 2018 for all industrial-related claims. **

[Redacted]

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

Line 2

Compensation paid to claimants (indemnity) during calendar year 2018 for industrial-related claims. Include all claims from date of self-insurance authority through current calendar year end.

[Redacted]

Line 3

Total premiums paid during calendar year 2018 for excess insurance.

[Redacted]

Line 4

Total excess insurance reimbursements expected

Total premiums paid for excess insurance will be for Arizona claims only, for the current calendar year, and for all claims from time of self-insurance authorization. For example, if you are paying excess insurance premiums for claims incurred in 2009, include those premiums.

[Redacted]

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

Officer Signature:

[Redacted Signature]

Submitter Email Address:

[Redacted]

Officer Name:

[Redacted Name]

Alternative Email Address:

[Redacted]

Officer Title:

[Redacted Title]

FAX Number:

[Redacted]

Date of Officer Signature:

[Redacted Date]

Primary Phone Number:

[Redacted]

Name Title of Person completing form if different than above:

[Redacted Name Title]

Alternative Phone Number:

[Redacted]

Name of TPA:

[Redacted]

Date Form Submitted:

[Redacted Date]

Phone Number of TPA:

[Redacted]

TPA FAX Number:

[Redacted]

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.

If there are any questions, please contact the Tax Accountant at 602-542-4654 or e-mail at Taxes@azica.gov