

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	Weeks	Day	@Rate/Week	\$ Conceded/Owed	\$ Paid	Balance or O-P

TPD From	Thru	Weeks	Day	\$ Conceded/Owed	\$ Paid	Balance or O-P

PPI%	Level	Weeks	Day	@Rate/Week	\$ Conceded/Owed	\$ Paid	Balance or O-P

Other (Descriptions):

\$ Amt	From	Thru	Weeks	@Rate/Week	\$ Conceded/Owed	\$ Paid	Balance or O-P

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

II. BENEFITS CLAIMED BUT DENIED

A. Medical Benefits

Services claimed, but denied

B. Past Indemnity Benefits

TTD/TPD	Approx. Date Range	to	\$ Approx. Value	
PPI	Disputed PPI Rating	%	\$ Approx. Value	
PPD	Disputed Amount Over/Above PPI		\$ Approx. Value	or % WP
Retaining	Program Description		\$ Approx. Value	

III. Amount payable by surety per agreement

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