

**Name of Third Party Administrator**

**Third Party Administrator Contact**

**Third Party Administrator Contact Email Address**

**Monthly Summary of Opened Subrogation Cases**

<b>Plan</b>	<b>Member Name</b>	<b>Member ID</b>	<b>Social Security Number</b>	<b>Date of Injury</b>	<b>Open Date</b>	<b>Benefit Paid Amount</b>
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**Name of Third Party Administrator**  
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**Third Party Administrator Contact Email Address**

**Monthly Summary of Pending Subrogation Recovery Efforts**

<b>Plan</b>	<b>Member Name</b>	<b>Member ID</b>	<b>Social Security Number</b>	<b>Date of Injury</b>	<b>Open Date</b>	<b>Status of Subrogation Case</b>	<b>Benefit Paid Amount</b>
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**Name of Third Party Administrator**

**Third Party Administrator Contact**

**Third Party Administrator Contact Email Address**

**Monthly Summary of Closed Subrogation Cases**

<b>Plan</b>	<b>Member Name</b>	<b>Member ID</b>	<b>Social Security Number</b>	<b>Date of Injury</b>	<b>Open Date</b>	<b>Closed Date</b>	<b>Benefit Paid Amount</b>	<b>Gross Recovery Amount</b>	<b>Attorney Fees Retained</b>	<b>Admin Fees Retained</b>	<b>State Credit</b>
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**Year to Date Summary of Subrogation Recoveries**

<b>Month</b>	<b>Total Cases</b>	<b>Total Benefit Amount</b>	<b>Gross Recovery Amount</b>	<b>Attorney Fees Retained</b>	<b>Administrative Fees Retained</b>	<b>State Credit</b>
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Appendix 7.16

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Monthly Non-Response Case Information

Plan	Case ID	Head of Contract Last Name	Head of Contract First Name	Patient Name	Social Security Number	Edison ID	Head of Contract Street Address	Head of Contract City, State, Zip	Date of Incident	Date Case Opened	Date Initial Letter Sent	Benefit Paid Amount
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