**Section 2907.APPENDIX B Sample Table**

a) Data File Format

The sample table in subsection (b) provides a list of the required data elements for illustrative purposes only. Do not submit your data in this format. All files must be submitted electronically as specified in Section 2907.40. A template is available for use on the Department's website at http://insurance.illinois.gov/.

b) Sample Table

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAIC # | FEIN | Company Name | Company Contact Name | Company Contact Phone Number | Contact email | Claims Opened | Medical Claims | Contested Claims |
| FIELD: 1 | FIELD: 2 | FIELD: 3 | FIELD: 4a | FIELD: 4b | FIELD: 5 | FIELD: 6 | FIELD: 7 | FIELD: 8 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Client-Attorney | Breakdown of lost  time by claim | | | Adjuster Person-Hours | Claims Paid Time Frame | Medical Payment Time Frame | |
| FIELD  9 | FIELD: 10a | FIELD: 10b | FIELD: 10c | FIELD: 11 | FIELD: 12 | FIELD: 13a | FIELD: 13b |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Internal Defense Council | | External Defense Council | | Bill Review  Expenses | | Fee Schedule Expenses | Managed Care Expenses |
| FIELD: 14a | FIELD 14b | FIELD: 15a | FIELD: 15b | FIELD: 16a | FIELD: 16b | FIELD: 17 | FIELD: 18 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Internal Medical  Nurse Management | | External Medical Nurse Management | | Medical Exam Expenses | Internal Utilization Review Expenses | External Utilization Review Expenses |
| FIELD: 19a | FIELD: 19b | FIELD: 20a | FIELD: 20b | FIELD: 21 | FIELD: 22 | FIELD: 23 |