

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
DIVISION OF LABOR AND MANAGEMENT
 123 W. Missouri Ave. Pierre, South Dakota 57501
 Tel: 605.773.3681 Fax: 605.773.4211 dlr.sd.gov

MONTHLY PAYMENT REPORT

Workers' Compensation Expenditure Report for _____ '____'
(month) (year)

Claim Administrator Information:

Claim Administrator Federal ID No _____ aa _____ Carrier Code _____ Claim # _____
 Name (DBA) _____ aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa _____
 Address _____ City _____ State _____ Zip _____
 Telephone Number _____ Form Completed By _____ aaa _____ aa _____

Employer Information:

Employer Federal ID No _____ Employer Name (DBA) _____

Employee/Injury Information:

Employee/Claimant SSN _____ aaaa _____ Date of Injury _____
 Body Part(s) Injured _____ aa _____ aaa _____ a _____ aa _____ aa_a _____
 Employee/Claimant Name _____ aaaaaa _____ (LAST) _____ (FIRST) _____ (MI)

Payment Information:

<u>DISABILITY</u>	<u>Date of Disability</u>	<u>No. of Weeks Paid</u>	<u>Amount Paid</u>
210 - Temporary Partial	_____	_____	_____
220 - Temporary Total	_____	_____	_____
230 - Permanent Partial	_____	_____	_____
240 - Permanent Total	_____	_____	_____
250 - Rehabilitation	_____	_____	_____
260 - Disability Settlement/Lump Sum	_____	_____	_____

<u>FATALITY</u>	<u>Date of Fatality:</u>	<u>No. of Weeks Paid</u>	<u>Amount Paid</u>
312 - Fatality Payments	_____	_____	_____
311 - Fatality Settlement/Lump Sum	_____	_____	_____
313 - Transportation & Burial Expenses	_____	_____	_____

<u>MEDICAL EXPENSES:</u>	<u>Amount Paid</u>	<u>MISCELLANEOUS EXPENSES:</u>	<u>Amount Paid</u>
102 - Chiropractor	_____	402- Interest to Claimant	_____
113 - Counseling Services	_____	404 - Deductible Reimbursement	_____
103 - Dentist	_____	112 - Investigative Fees	_____
104 - Doctor	_____	111 - Legal Fees	_____
105 - Equipment	_____	403 - Penalty Charged to Employer	_____
115 - Home Health Care	_____	114 - Rehabilitation Consultant	_____
101 - Hospital	_____	401 - Subrogation	_____
106 - Pharmacy	_____	117 - Case Management Fees	_____
110 - Physical Therapy Fees	_____	116 - Miscellaneous Expenses	_____
109 - Radiology	_____	(please specify)	_____
107 - Transportation	_____		
108 - Other Medical Expenses	_____		
118 - IME	_____		