

Sapphire Blue Program

Sedgwick Loss Run Current with Financial Layers

As of 07/24/2017

Claim# Affiliate# Claimant Type File Type	Claimant Insured Incident Problem 1 Org1/Org2/Org3	Status	Incident Date Claim Made Date Underlying Amount	TPA Notice Date Closed Date Excess Rpt	Facility Type Cmt Class Injury	Age Gender	Layer	ULAE Paid	Paid	Outstanding	Incurred
Policy Number: SB-LTCA-01511-16 PL											
Policy Period Desc: 2016/10/01-2017/09/30											
Org Desc1: Beechwood Health Care Center Inc											
2016615862	SERBAK, WARREN	Closed	10/04/2016	11/23/2016		91	Primary Ind		0.00	0.00	0.00
	Beechwood Health Care Center Inc		11/23/2016	02/03/2017	zNONE	M	Primary Exp		0.00	0.00	0.00
Incident	zUnknown		\$100,000				Primary Ind		0.00	0.00	0.00
PL	Org1: Beechwood Health Care Center Inc						Deductible		0.00	0.00	0.00
	Incident Location:						Deductible		0.00	0.00	0.00
	Comment:						Deductible		0.00	0.00	0.00
	Incident Desc: Medical Records Request - Atty						Claim Total		0.00	0.00	0.00
2017621102	ROBERTS, JAY	Open	01/30/2017	02/14/2017		87	Primary Ind		0.00	0.00	0.00
	Beechwood Health Care Center Inc		02/14/2017		PRESSURE ULCER	M	Primary Exp		0.00	0.00	0.00
Incident	Failure/Delay/Incorrect/Inappropriate		\$100,000		Skilled Nursing		Primary Ind		0.00	0.00	0.00
PL	Org1: Beechwood Health Care Center Inc						Deductible		0.00	0.00	0.00
	Incident Location:						Deductible		0.00	0.00	0.00
	Comment:						Deductible		0.00	0.00	0.00
	Incident Desc: Resident declined and died while in the insured's care						Claim Total		0.00	0.00	0.00
2017622467	NEU, PATRICIA	Open	02/22/2017	03/07/2017		69	Primary Ind		0.00	0.00	0.00
	Beechwood Health Care Center Inc		03/07/2017		PNEUMONIA	F	Primary Exp		0.00	0.00	0.00
Incident	Failure/Delay/Incorrect/Inappropriate		\$100,000		Skilled Nursing		Primary Ind		0.00	0.00	0.00
PL	Org1: Beechwood Health Care Center Inc						Deductible		0.00	0.00	0.00
	Incident Location:						Deductible		0.00	0.00	0.00
	Comment:						Deductible		0.00	0.00	0.00
	Incident Desc: Medical Records Request - Alleged fall from recliner, overmedication and left lobe infiltrate						Claim Total		0.00	0.00	0.00
2016615793	FLYNN, DOROTHY	Open	12/02/2016	12/02/2016		87	Primary Ind		0.00	0.00	0.00
	Beechwood Health Care Center Inc		12/02/2016		INFECTION	F	Primary Exp		0.00	0.00	0.00
Incident	Fall - Patient		\$100,000				Primary Ind		0.00	0.00	0.00
PL	Org1: Beechwood Health Care Center Inc						Deductible		0.00	0.00	0.00
	Incident Location:						Deductible		0.00	0.00	0.00
	Comment:						Deductible		0.00	0.00	0.00
	Incident Desc: Medical Records Request - Atty - resident developed hematoma and cellulitis to leg						Claim Total		0.00	0.00	0.00

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Org Desc1 Totals			Claim Count		4	Layer 2 Ind			0.00	0.00	0.00
						Layer 2 Exp			0.00	0.00	0.00
						Layer 2 Tot			0.00	0.00	0.00
			N			Layer 1 Ind			0.00	0.00	0.00
						Layer 1 Exp			0.00	0.00	0.00
						Layer 1 Tot			0.00	0.00	0.00
						Org Desc1			0.00	0.00	0.00
Org Desc1: Beechwood Homes											
2017629742	DANIELS, DONALD J.	Open	04/23/2015	05/15/2017		86	Primary Ind		0.00	0.00	0.00
	Beechwood Health Care Center Inc		05/15/2017		DEATH	M	Primary Exp		0.00	0.00	0.00
Suit	Failure/Delay/Incorrect/Inappropriate		\$100,000		Skilled Nursing		Primary Ind		0.00	0.00	0.00
PL	Org1: Beechwood Homes						Deductible		0.00	0.00	0.00
	Incident Location:						Deductible		0.00	25,000.00	25,000.00
	Comment:						Deductible		0.00	25,000.00	25,000.00
	Incident Desc: Alleged wrongful death.						Claim Total		0.00	25,000.00	25,000.00
Org Desc1 Totals			Claim Count		1	Layer 2 Ind			0.00	0.00	0.00
						Layer 2 Exp			0.00	0.00	0.00
						Layer 2 Tot			0.00	0.00	0.00
			N			Layer 1 Ind			0.00	0.00	0.00
						Layer 1 Exp			0.00	25,000.00	25,000.00
						Layer 1 Tot			0.00	25,000.00	25,000.00
						Org Desc1			0.00	25,000.00	25,000.00
Policy Period Desc Totals			Claim Count		5	Layer 2 Ind			0.00	0.00	0.00
						Layer 2 Exp			0.00	0.00	0.00
						Layer 2 Tot			0.00	0.00	0.00
			N			Layer 1 Ind			0.00	0.00	0.00
						Layer 1 Exp			0.00	25,000.00	25,000.00
						Layer 1 Tot			0.00	25,000.00	25,000.00
						Policy Period			0.00	25,000.00	25,000.00

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			Policy Number Totals		Claim Count	5	Layer 2 Ind		0.00	0.00	0.00
							Layer 2 Exp		0.00	0.00	0.00
							Layer 2 Tot		0.00	0.00	0.00
					N		Layer 1 Ind		0.00	0.00	0.00
							Layer 1 Exp		0.00	25,000.00	25,000.00
							Layer 1 Tot		0.00	25,000.00	25,000.00
							Policy Number		0.00	25,000.00	25,000.00
			Grand Totals		Claim Count	5	Layer 2 Ind		0.00	0.00	0.00
							Layer 2 Exp		0.00	0.00	0.00
							Layer 2 Tot		0.00	0.00	0.00
					N		Layer 1 Ind		0.00	0.00	0.00
							Layer 1 Exp		0.00	25,000.00	25,000.00
							Layer 1 Tot		0.00	25,000.00	25,000.00
							Grand Total		0.00	25,000.00	25,000.00