



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Paper Transaction		8050003349	EMERGENCY PHYSICIANS OF MIDWEST CITY LLC Physician	07/11/2023 07/11/2023	145549	\$0.00	
Total By - Method Desc: 1					Total for Method Desc:	\$0.00	\$0.00



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Check	10/08/2024	8050003306	Claimant Temporary Total Disability	10/10/2024 10/16/2024	145548	\$606.95	805027290
	10/08/2024	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	09/10/2024 09/10/2024	145549	\$5,060.42	805027291
	10/08/2024	Combined	INTEGRITY MEDICAL SOLUTIONS, INC Medical	05/01/2024 05/31/2024	145549	\$1,065.00	805027292
	10/08/2024	8050003405	HPI PHYSICIANS LLC Physician	09/17/2024 09/17/2024	145549	\$160.12	805027293
	10/08/2024	Combined	HEALTHESYSTEMS Drug Coverage	10/03/2024 10/03/2024	145549	\$70.54	805027294
	10/08/2024	8050003405	INFINITY INVESTIGATIONS AND PROTECTIVE SERVICES,LL Fees including PI, IOS, background checks, EDI fees	10/02/2024 10/02/2024	145549	\$10.00	805027295
	10/08/2024	8050003405	Oklahoma Spine & Musculoskeletal Medicine Medical	09/10/2024 09/10/2024	145549	\$510.08	805027296
	10/08/2024	8050003350	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	10/01/2024 10/01/2024	145549	\$2.00	805027297
	10/08/2024	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	09/17/2024 09/17/2024	145549	\$781.83	805027298
Total By - Method Desc: 9					Total for Method		
Total Number of Checks: 10					Desc:	\$8,266.94	\$8,266.94
					Total Amount:	\$8,266.94	\$8,266.94

Payment Summary Current

Processed Date 10/8/2024 To 10/8/2024

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		10/8/2024	Temporary Total Disability	8050003306		606.95	805027290	Claimant
		10/8/2024	Bill Review Fees	8050003412		29.43	805027298	RISING MEDICAL SOLUTIONS, LLC
		10/8/2024	Bill Review Fees	8050003399		61.72	805027298	RISING MEDICAL SOLUTIONS, LLC
		10/8/2024	Bill Review Fees	8050003405		27.15	805027298	RISING MEDICAL SOLUTIONS, LLC
		10/8/2024	Bill Review Fees	8050003412		14.35	805027298	RISING MEDICAL SOLUTIONS, LLC
		10/8/2024	Bill Review Fees	8050003412		14.22	805027298	RISING MEDICAL SOLUTIONS, LLC
		10/8/2024	Bill Review Fees	8050003405		63.53	805027298	RISING MEDICAL SOLUTIONS, LLC
		10/8/2024	Bill Review Fees	8050003399		571.43	805027298	RISING MEDICAL SOLUTIONS, LLC
		10/8/2024	Drug Coverage	8050003306		44.88	805027294	HEALTHESYSTEMS
		10/8/2024	Drug Coverage	8050003306		25.66	805027294	HEALTHESYSTEMS
		10/8/2024	Fees including PI, IOS, background	8050003350		2.00	805027297	Two Oaks Investments, LLC
		10/8/2024	Fees including PI, IOS, background	8050003405		10.00	805027295	INFINITY INVESTIGATIONS AND PROTECTIVE SERVICES,LL
		10/8/2024	Medical	8050003306		397.50	805027292	INTEGRITY MEDICAL SOLUTIONS, INC
		10/8/2024	Medical	8050003306		667.50	805027292	INTEGRITY MEDICAL SOLUTIONS, INC

Payment Summary Current

Processed Date 10/8/2024 To 10/8/2024

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	10/8/2024	Medical	8050003405		510.08	805027296	Oklahoma Spine & Musculoskeletal Medicine
		10/8/2024	Physician	8050003412		126.09	805027291	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		10/8/2024	Physician	8050003412		227.71	805027291	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		10/8/2024	Physician	8050003412		121.97	805027291	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		10/8/2024	Physician	8050003399		4,387.48	805027291	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		10/8/2024	Physician	8050003405		160.12	805027293	HPI PHYSICIANS LLC
		10/8/2024	Physician	8050003399		197.17	805027291	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		Total Payment Method						8,266.94
	Paper	10/8/2024	Physician	8050003349		0.00		EMERGENCY PHYSICIANS OF MIDWEST CITY LLC
Total Payment Method						0.00		
Total Insurer						8,266.94		
Grand Total						8,266.94		

APPROVED ON _____, 20 ____
BY THE BOARD OF COUNTY COMMISSIONERS

DISTRICT 1

DISTRICT 2

DISTRICT 3

ATTEST:

COUNTY CLERK

	Claim Number	Department	Amount
A	8050003306	Sheriff	\$1,742.49
B	8050003350	County Clerk	\$2.00
C	8050003399	Sheriff	\$5,217.80
D	8050003405	County Clerk	\$770.88
E	8050003412	District 3	\$533.77
			\$8,266.94