



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Check	11/12/2024	8050003306	Claimant Temporary Total Disability	11/14/2024 11/20/2024	146256	\$606.95	805027322
	11/12/2024	028050001551	Claimant Fatality	12/10/2024 01/08/2025	146257	\$1,750.23	805027323
	11/12/2024	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	10/29/2024 10/29/2024	146257	\$1,788.91	805027324
	11/12/2024	8050003306	Community Hospital LLC Physician	09/03/2024 09/26/2024	146257	\$381.53	805027325
	11/12/2024	Combined	HEALTHESYSTEMS Drug Coverage	11/07/2024 11/07/2024	146257	\$287.79	805027326
	11/12/2024	8050003424	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	11/12/2024 11/12/2024	146257	\$2.00	805027327
	11/12/2024	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	10/29/2024 10/29/2024	146257	\$236.55	805027328
	11/12/2024	028050001551	Claimant Fatality	01/09/2025 02/07/2025	146264	\$1,750.23	805027329
	11/12/2024	028050001551	Claimant Fatality	02/08/2025 03/09/2025	146265	\$1,750.23	805027330
	11/12/2024	028050001551	Claimant Fatality	03/10/2025 04/08/2025	146266	\$1,750.23	805027331
Total By - Method Desc: 10				Total for Method			
Total Number of Checks: 10						Desc: \$10,304.65	\$10,304.65
				Total Amount:		\$10,304.65	\$10,304.65

Payment Summary Current

Processed Date 11/12/202 To 11/12/2024
4

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	11/12/2024	Temporary Total Disability	8050003306		606.95	805027322	Claimant
		11/12/2024	Bill Review Fees	8050003306		30.67	805027328	RISING MEDICAL SOLUTIONS, LLC
		11/12/2024	Bill Review Fees	8050003398		14.40	805027328	RISING MEDICAL SOLUTIONS, LLC
		11/12/2024	Bill Review Fees	8050003399		10.99	805027328	RISING MEDICAL SOLUTIONS, LLC
		11/12/2024	Bill Review Fees	8050003412		16.32	805027328	RISING MEDICAL SOLUTIONS, LLC
		11/12/2024	Bill Review Fees	8050003412		17.43	805027328	RISING MEDICAL SOLUTIONS, LLC
		11/12/2024	Bill Review Fees	8050003412		15.42	805027328	RISING MEDICAL SOLUTIONS, LLC
		11/12/2024	Bill Review Fees	8050003412		15.57	805027328	RISING MEDICAL SOLUTIONS, LLC
		11/12/2024	Bill Review Fees	8050003399		12.71	805027328	RISING MEDICAL SOLUTIONS, LLC
		11/12/2024	Bill Review Fees	8050003412		15.42	805027328	RISING MEDICAL SOLUTIONS, LLC
		11/12/2024	Bill Review Fees	8050003399		13.21	805027328	RISING MEDICAL SOLUTIONS, LLC
		11/12/2024	Bill Review Fees	8050003412		15.42	805027328	RISING MEDICAL SOLUTIONS, LLC
		11/12/2024	Bill Review Fees	8050003422		17.65	805027328	RISING MEDICAL SOLUTIONS, LLC
		11/12/2024	Bill Review Fees	8050003399		12.71	805027328	RISING MEDICAL SOLUTIONS, LLC

Payment Summary Current

Processed Date 11/12/2024 To 11/12/2024
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Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	11/12/2024	Bill Review Fees	8050003412		15.42	805027328	RISING MEDICAL SOLUTIONS, LLC
		11/12/2024	Bill Review Fees	8050003399		13.21	805027328	RISING MEDICAL SOLUTIONS, LLC
		11/12/2024	Drug Coverage	8050003421		15.66	805027326	HEALTHESYSTEMS
		11/12/2024	Drug Coverage	8050003421		39.83	805027326	HEALTHESYSTEMS
		11/12/2024	Drug Coverage	8050003421		146.28	805027326	HEALTHESYSTEMS
		11/12/2024	Drug Coverage	8050003420		15.21	805027326	HEALTHESYSTEMS
		11/12/2024	Drug Coverage	8050003420		25.93	805027326	HEALTHESYSTEMS
		11/12/2024	Drug Coverage	8050003306		44.88	805027326	HEALTHESYSTEMS
		11/12/2024	Fatality	02805000155 1		1,750.23	805027323	Claimant
		11/12/2024	Fees including PI, IOS, background	8050003424		2.00	805027327	Two Oaks Investments, LLC
		11/12/2024	Medical	8050003399		15.51	805027324	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		11/12/2024	Physician	8050003412		175.52	805027324	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		11/12/2024	Physician	8050003412		148.52	805027324	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		11/12/2024	Physician	8050003412		208.88	805027324	MCBRIDE ORTHOPEDIC HOSPITAL, LLC

Payment Summary Current

Processed Date 11/12/2024 To 11/12/2024
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Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	11/12/2024	Physician	8050003398		127.56	805027324	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		11/12/2024	Physician	8050003306		381.53	805027325	Community Hospital LLC
		11/12/2024	Physician	8050003399		67.33	805027324	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		11/12/2024	Physician	8050003422		215.48	805027324	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		11/12/2024	Physician	8050003412		148.52	805027324	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		11/12/2024	Physician	8050003399		82.10	805027324	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		11/12/2024	Physician	8050003412		148.52	805027324	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		11/12/2024	Physician	8050003399		67.33	805027324	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		11/12/2024	Physician	8050003412		153.02	805027324	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		11/12/2024	Physician	8050003399		82.10	805027324	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		11/12/2024	Physician	8050003412		148.52	805027324	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		11/12/2024	Fatality	02805000155 1		1,750.23	805027329	Claimant
		11/12/2024	Fatality	02805000155 1		1,750.23	805027330	Claimant
		11/12/2024	Fatality	02805000155 1		1,750.23	805027331	Claimant

Payment Summary Current

Processed Date 11/12/202 To 11/12/2024
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Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
					Total Payment Method	10,304.65		
					Total Insurer	10,304.65		
					Grand Total	10,304.65		

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

DISTRICT 1

DISTRICT 2

DISTRICT 3

ATTEST:

COUNTY CLERK

	Claim Number	Department	Amount
A	8050001551	District 3	\$7,000.92
B	8050003306	Sheriff	\$1,064.03
C	8050003398	Juvenile	\$141.96
D	8050003399	Sheriff	\$377.20
E	8050003412	District 3	\$1,242.50
F	8050003420	Juvenile	\$41.14
G	8050003421	Juvenile	\$201.77
H	8050003422	Emergency Management	\$233.13
I	8050003424	Sheriff	\$2.00
			\$10,304.65