



# Check Register

## Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
<b>Check</b>							
	01/13/2026	8050003472	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA Physician	12/29/2025 12/29/2025	154086	\$80.63	805027749
	01/13/2026	8050003472	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	12/29/2025 12/29/2025	154086	\$9.96	805027750
<b>Total By - Method Desc: 2</b>				<b>Total for Method Desc:</b>	<b>\$90.59</b>	<b>\$90.59</b>	
<b>Total Number of Checks: 2</b>				<b>Total Amount:</b>	<b>\$90.59</b>	<b>\$90.59</b>	

## Payment Summary Current

Processed Date 1/13/2026 To 1/13/2026

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
	Check							
		1/13/2026	Bill Review Fees	8050003472		9.96	805027750	RISING MEDICAL SOLUTIONS, LLC
		1/13/2026	Physician	8050003472		80.63	805027749	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
					<b>Total Payment Method</b>	<b>90.59</b>		
					<b>Total Insurer</b>	<b>90.59</b>		
					<b>Grand Total</b>	<b>90.59</b>		

APPROVED ON \_\_\_\_\_, 20\_\_\_\_\_  
BY THE BOARD OF COUNTY COMMISSIONERS

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DISTRICT 1

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DISTRICT 2

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DISTRICT 3

ATTEST:

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COUNTY CLERK

	<b>Claim Number</b>	<b>Department</b>	<b>Amount</b>
A	8050003472	Juvenile	\$90.59
			<b>\$90.59</b>