CONSOLIDATED
BENEFITS RESOURCES, L.L.C.

Check Register

Oklahoma County

Method Desc	Check Date	Claim # / Claimant Name	Payee / Payment Type	Service From / Service To	Run ID	Amount	Check #
Check							
	10/21/2025	Combined	HEALTHESYSTEMS Drug Coverage	10/13/2025 10/13/2025	152579	$18.35	805027670
	10/21/2025	8050003459	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA Physician	09/29/2025 09/29/2025	152579	$227.26	805027671
	10/21/2025	8050003462	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	10/21/2025 10/21/2025	152579	$2.00	805027672
	10/21/2025	8050003459	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	09/29/2025 09/29/2025	152579	$10.57	805027673

Total By - Method Desc: 4 — **Total for Method Desc: $258.18** — **$258.18**

Total Number of Checks: 4 — **Total Amount: $258.18** — **$258.18**

Payment Summary Current

Processed Date 10/21/2025 To 10/21/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
	Check							
		10/21/2025	Bill Review Fees	8050003459		10.57	805027673	RISING MEDICAL SOLUTIONS, LLC
		10/21/2025	Drug Coverage	8050003462		8.59	805027670	HEALTHESYSTEMS
		10/21/2025	Drug Coverage	8050003462		9.76	805027670	HEALTHESYSTEMS
		10/21/2025	Fees including PI, IOS, background	8050003462		2.00	805027672	Two Oaks Investments, LLC
		10/21/2025	Physician	8050003459		227.26	805027671	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
				Total Payment Method		**258.18**		
				Total Insurer		**258.18**		
				Grand Total		**258.18**		

APPROVED ON_____, 20____
BY THE BOARD OF COUNTY COMMISSIONERS

_____
DISTRICT 1

_____
DISTRICT 2

_____
DISTRICT 3

ATTEST:

_____
COUNTY CLERK

	Claim Number	Department	Amount
A	8050003459	Assessor	$237.83
B	8050003462	District 2	$20.35
			$258.18