



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Paper Transaction		8050003440	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	03/12/2025 03/12/2025	150109	\$0.00	
		8050003393	Edwards Surgical Services, LLC Physician	01/07/2025 01/07/2025	150109	\$0.00	
Total By - Method Desc: 2				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 #
Void	05/20/2025	8050003306	Johns, Mark Temporary Total Disability	05/22/2025 05/28/2025	150109	(\$606.95)	805027538
Total By - Method Desc: 1				Total for Method Desc:		(\$606.95)	(\$606.95)



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Check							
	05/27/2025	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	05/02/2025 05/02/2025	150109	\$1,198.70	805027544
	05/27/2025	8050003426	Community Hospital LLC Hospital - Outpatient	04/21/2025 04/21/2025	150109	\$2,272.38	805027545
	05/27/2025	8050003426	HPI PHYSICIANS LLC Physician	04/21/2025 04/21/2025	150109	\$829.80	805027546
	05/27/2025	8050003441	Richard R Morgan Physician	04/16/2025 04/16/2025	150109	\$98.60	805027547
	05/27/2025	8050003399	OSSO-NORTH LOCATION Physician	04/21/2025 04/21/2025	150109	\$116.20	805027548
	05/27/2025	8050003439	PTMS 3.0, LLC Physician	05/05/2025 05/05/2025	150109	\$139.13	805027549
	05/27/2025	Combined	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	05/27/2025 05/27/2025	150109	\$10.00	805027550
	05/27/2025	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	05/05/2025 05/05/2025	150109	\$396.14	805027551
Total By - Method Desc: 8				Total for Method Desc:		\$5,060.95	\$5,060.95
Total Number of Checks: 11				Total Amount:		\$4,454.00	\$4,454.00

Payment Summary Current

Processed Date 5/27/2025 To 5/27/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		5/27/2025	Bill Review Fees	8050003399		14.12	805027551	RISING MEDICAL SOLUTIONS, LLC
		5/27/2025	Bill Review Fees	8050003439		64.70	805027551	RISING MEDICAL SOLUTIONS, LLC
		5/27/2025	Bill Review Fees	8050003399		14.12	805027551	RISING MEDICAL SOLUTIONS, LLC
		5/27/2025	Bill Review Fees	8050003399		14.12	805027551	RISING MEDICAL SOLUTIONS, LLC
		5/27/2025	Bill Review Fees	8050003399		21.17	805027551	RISING MEDICAL SOLUTIONS, LLC
		5/27/2025	Bill Review Fees	8050003426		38.13	805027551	RISING MEDICAL SOLUTIONS, LLC
		5/27/2025	Bill Review Fees	8050003446		24.74	805027551	RISING MEDICAL SOLUTIONS, LLC
		5/27/2025	Bill Review Fees	8050003306		21.17	805027551	RISING MEDICAL SOLUTIONS, LLC
		5/27/2025	Bill Review Fees	8050003441		21.27	805027551	RISING MEDICAL SOLUTIONS, LLC
		5/27/2025	Bill Review Fees	8050003435		17.71	805027551	RISING MEDICAL SOLUTIONS, LLC
		5/27/2025	Bill Review Fees	8050003399		14.12	805027551	RISING MEDICAL SOLUTIONS, LLC
		5/27/2025	Bill Review Fees	8050003426		130.77	805027551	RISING MEDICAL SOLUTIONS, LLC
		5/27/2025	Fees including PI, IOS, background	8050003306		2.00	805027550	Two Oaks Investments, LLC
		5/27/2025	Fees including PI, IOS, background	8050003393		2.00	805027550	Two Oaks Investments, LLC

Payment Summary Current

Processed Date 5/27/2025 To 5/27/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check # Payee
Oklahoma County	Check						
		5/27/2025	Fees including PI, IOS, background	8050003393		2.00	805027550 Two Oaks Investments, LLC
		5/27/2025	Fees including PI, IOS, background	8050003399		2.00	805027550 Two Oaks Investments, LLC
		5/27/2025	Fees including PI, IOS, background	8050003439		2.00	805027550 Two Oaks Investments, LLC
		5/27/2025	Hospital - Outpatient	8050003446		428.17	805027544 MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		5/27/2025	Hospital - Outpatient	8050003426		2,272.38	805027545 Community Hospital LLC
		5/27/2025	Physician	8050003441		98.60	805027547 Richard R Morgan
		5/27/2025	Physician	8050003435		217.01	805027544 MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		5/27/2025	Physician	8050003399		109.33	805027544 MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		5/27/2025	Physician	8050003306		116.20	805027544 MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		5/27/2025	Physician	8050003426		829.80	805027546 HPI PHYSICIANS LLC
		5/27/2025	Physician	8050003399		109.33	805027544 MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		5/27/2025	Physician	8050003399		116.20	805027548 OSSO-NORTH LOCATION
		5/27/2025	Physician	8050003399		109.33	805027544 MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		5/27/2025	Physician	8050003439		139.13	805027549 PTMS 3.0, LLC

Processed Date **5/27/2025** **To** **5/27/2025**

5/27/2025 8:25:08 AM

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

DISTRICT 1

DISTRICT 2

DISTRICT 3

ATTEST:

COUNTY CLERK

	Claim Number	Department	Amount
A	8050003399	Sheriff	\$633.17
B	8050003439	Juvenile	\$205.83
C	8050003426	Juvenile	\$3,271.08
D	8050003446	Sheriff	\$452.91
E	8050003306	Sheriff	\$139.37
F	8050003441	Sheriff	\$119.87
G	8050003435	Juvenile	\$234.72
H	8050003393	Juvenile	\$4.00
			\$5,060.95