

Authority Request No. 396

**REQUEST FOR LEGAL SERVICES**

This form is used to provide legal opinions and contract approval by the District Attorney's Office. Only that advice that is related to a pending or potential claim against the County or its officers and employees is protected by the attorney-client privilege. Opinions that are privileged should not be disclosed to anyone or the privilege may be waived.

All legal opinions and approvals rendered are based only on the documentation and information stated below or attached to this form and, thus, it is important that all relevant facts and information be provided at the time of review. Please advise the District Attorney's Office of new or additional information, as it may cause the opinion to change. In all cases, the opinions of the District Attorney's Office are not binding on the County, its officers or employees and may be followed or disregarded in the discretion of the elected official.

Date of Request: 5/28/26 Department: HR, Benefits & Safety

State the nature of the legal request: Please review the attached Provider Services Agreement between Health Check Screening, LLC and Oklahoma County to be effective July 1, 2026, as to form and legality.

**RECEIVED**  
**JUN 01 2026**  
**CIVIL DIVISION**  
**DISTRICT ATTORNEY**

Jon Wilkerson  
Signature

Reply of District Attorney's Office: \_\_\_\_\_

al

Date of Reply: 6/1/2026 [Signature]  
Assistant District Attorney

## PROVIDER SERVICES AGREEMENT

THIS PROVIDER SERVICES AGREEMENT (“Agreement”) is made and entered into as of July 1, 2026 (“Effective Date”) by and between the County of Oklahoma County and Health Check Screening, LLC, an Oklahoma Limited Liability Company (“Provider”).

WITNESSETH:

WHEREAS, Oklahoma County offers the Oklahoma County Health Benefit plan, providing health care benefits and coverage (collectively, the “Employer or Employer’s Plan”), to their employees, retirees and their eligible dependents of the Plan (“Participants”); and,

WHEREAS, Provider is an organization that provides certain Covered Services and desires to provide such services to Participants at negotiated rates as set forth herein; and,

WHEREAS, Oklahoma County desires that Provider provide certain Covered Services to Participants:

NOW THEREFORE, the parties hereto, in consideration of the terms and conditions set forth herein, agree as follows:

1. **Definitions.** For purposes of this Agreement, the following definitions shall apply:
  - (a) “Covered Services” means a Reasonable, Medically Necessary service, wellness or preventive service, treatment or supply, meant to diagnose or improve a condition, or participant’s health, which is eligible for coverage in the “Plan”. Covered Services will be determined based upon all other “Plan” provisions.
  - (b) “Participants” means any person or eligible dependent thereof, at the time of the service, entitled to receive Covered Services pursuant to the “Plan.”
  - (c) “Plan” means Oklahoma County’s self-funded health plan that specifies the Covered Services that Provider shall provide as a benefit to Participants and the terms and conditions applicable to the provision of such services.
  
2. **TERM.** (a) The initial term of this Agreement shall commence on the Effective Date and continue until June 30, 2027, subject to the provisions contained herein. Thereafter, this agreement may be renewed by mutual consent of the parties in writing with 60 days prior notice to renew for successive one (1) year terms (each an “Extended Term”).
  - (b) Each party can terminate this agreement for any reason by providing a 60-day notice of termination.
  - (c) In addition to the foregoing, Oklahoma County may immediately terminate Provider in the event that Oklahoma County reasonably determines that continued participation by such Provider may adversely affect the health or welfare of Participants.
  - (d) Termination shall not release Provider of its obligation to complete treatment of Participants then receiving treatment.
  
3. **SERVICE.** Subject to the terms and conditions set forth herein, including, without limitation, Sections 4 and 5 herein, Provider agrees to render to Participants Covered Services within their scope of care. In providing services, Provider shall adhere to all the “Plan” terms, conditions and policies, including, but not limited to terms relating to data compilation and reporting requirements, credentialing criteria and requirements, coordination of

benefits rules and utilization processes. Provider shall maintain appropriate licensure, privileging, or accreditation as applicable. Evidence of such compliance shall be submitted to Oklahoma County upon request.

4. **COMPENSATION / BILLING.** (a) The “Plan” shall pay Provider in accordance with the rates provided in Exhibit A for Covered Services provided to Participants. Provider will submit all claims for Covered Services on the agreed upon invoice or other agreed upon format. Such claims must be submitted within ninety (90) days after the date of service provided to a Participant. Claims are subject to review for inappropriate billing practices (e.g. unbundling, upcoding) and appropriateness of treatment. The Participant’s medical record must substantiate the services provided. Claims shall include, at a minimum, the following to be considered clean and complete: (i) Provider name; (ii) Provider tax identification number; (iii) identifying patient information; (iv) diagnosis; (v) date of service; and (vi) other information as required by the “Plan”.

(b) The “Plan” will pay Provider for all undisputed bills within Thirty (30) days of receipt unless Oklahoma County provides Provider with notification of a basis for non-payment.

5. **QUALITY ASSURANCE.** (a) The “Plan” may implement a program of utilization, quality assurance, and peer review based upon standards established by Federal and State law, the purpose of which is to promote adherence to accepted medical treatment standards. Provider agrees to participate in, cooperate with, and comply with the decisions, rules and regulations established by the “Plan’s” utilization management program, including but not limited to, precertification of elective admissions and procedures, referral processes, and reporting of clinical encounter data.

6. **MEDICAL RECORDS.** Medical records information for Participants will be maintained and made available to the Plan’s third-party administrator for the purposes of assessing quality of care, medical necessity and the time of each initial visit for a course of treatment, and to release such records to the “Plan.” Provider agrees to make such records available to applicable State and Federal authorities and their agents involved in assessing the quality of care or investigating member grievances or complaints; and to comply with applicable State and Federal laws related to privacy and confidentiality of medical records.

7. **INDEPENDENT CONTRACTOR.** In the performance of the work, duties, and obligations of the parties pursuant to this Agreement, each party shall at all times act as independent contractor. No relationship of employer/employee, principal/agent, partnership, or joint venture is created by this Agreement.

8. **IDEMNIFICATION.** Health Check Screening, LLC agrees to indemnify, defend and hold harmless Oklahoma County from any claim, loss, damage, cost, charge or expense arising out of any negligent act, omission or failure to act by Health Check Screening, LLC, or claims by third parties for any and all violations pursuant to HIPAA 45 C.F.R Parts 160,162 & 164 and/or any State counterpart to HIPAA, including, but not limited to, death, caused by the negligence or willful misconduct of Health Check Screening, LLC. Nothing herein is intended to or shall be construed to waive any rights Oklahoma County may have under the laws of Oklahoma.

9. **ASSIGNMENT.** The parties shall not assign nor transfer their respective rights or obligations under this Agreement except with the other party’s prior written consent. This Agreement shall be binding upon and inure to the benefit of the parties hereto and their successors and permitted assigns.

10. **THIRD PARTY RIGHTS.** Provider and Oklahoma County reserve the right to amend or terminate this Agreement, pursuant to paragraph 2, without notice to, or consent of, any Participants. This Agreement is not a

third-party member contract and shall not in any respect whatsoever create any rights on behalf of any Participants, except as provided in Section 4(c) above.

11. **ENTIRE AGREEMENT; AMENDMENT.** This Agreement, together with all attachments that are attached hereto and made a part hereof, constitutes the entire understanding of the parties to this Agreement. This Agreement may not be amended except by a written agreement executed by both parties.

12. **SEVERABILITY.** If any provision of this Agreement is held to be invalid, void, or unenforceable, the remaining provisions shall nevertheless remain in full force and effect.

13. **GOVERNING LAW.** This Agreement shall be governed by and interpreted in accordance with the laws of the State of Oklahoma.

14. **WAIVER.** The waiver by any party of any breach by the other of any of the provisions or a waiver of any subsequent breach of the same or of a different provision of this Agreement shall not be construed as a waiver of breach.

15. **CONFIDENTIALITY.** The “Plan” and Provider shall comply with all relevant State and Federal laws regarding the privacy and confidentiality of the Participants’ medical records, this agreement, or any other proprietary information. The “Plan” shall have the right to share information concerning Provider with the medical director, credentials committee or consulting physician advisors when there are questions regarding quality of care, billing practices or credential review of Provider.

16. **NON-DISCRIMINATION.** Provider will not discriminate against any member on the basis of participation in a managed care plan, source of payment, age, sex, race, color, religion, origin, health status, handicap or otherwise in providing health services under this agreement.

17. **NOTICE.** All notices under this Agreement will be in writing and mailed by certified mail with receipt to the following addresses:

For Oklahoma County:

Oklahoma County  
Attn: Benefits Director  
320 Robert S. Kerr Ave. Room #220  
Oklahoma City, OK 73102

For Health Check Screening, LLC:

Alex McDonald  
Health Check Screening, LLC  
3209 NW Expressway  
Oklahoma City, OK 73112

**NON-IDENTIFIED PROCEDURES**

In the event a procedure is performed by the provider that is not listed on Exhibit A, the charges will be subject to negotiation between Health Check Screening, LLC and Oklahoma County.

**ADDITIONAL SERVICES**

Exhibit A may be amended from time to time to include additional services to be provided and the charges therefor by mutual written consent of the parties or by separate agreement.

IN WITNESS WHEREOF, the undersigned have executed this Agreement the date set forth below.

HEALTH CHECK SCREENING, LLC

By: \_\_\_\_\_  
Alex McDonald, President  
\_\_\_\_\_, 2026

Approved on the \_\_\_\_\_ day of \_\_\_\_\_, 2026 by..

OKLAHOMA COUNTY BUDGET BOARD

\_\_\_\_\_  
Chairman to the Board

ATTEST:

\_\_\_\_\_  
Vice-Chairman to the Board

\_\_\_\_\_  
Secretary to the Board

Approved on \_\_\_\_\_, 2026.

By Board of County Commissioners

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Vice-Chairman

\_\_\_\_\_  
Member

ATTEST:

\_\_\_\_\_  
County Clerk

## Exhibit A



**Pricing below includes all pre-op, post-op, radiology, facility, supplies and office fees.**

CPT Code	Description	Fee
<b>IMAGING</b>		
<b>CT</b>		
70450	CT Head w/o contrast	315
70460	CT Head w/contrast	375
70470	CT Head w/w/o contrast	425
70480	CT Orbits w/o contrast	315
70481	CT Orbit /IAC w/contrast	375
70482	CT Orbit /IAC w/w/o contrast	425
70486	CT Sinus and Head w/o contrast	315
70487	CT Max/Facial w/contrast	375
70488	Ct maxillofacial w/o & w/dye	425
70490	CT Soft Tissue Neck w/o contrast	315
70491	CT Neck w/contrast	375
70492	CT Neck w/w/o contrast	425
70496	Ct angiography head	425
70498	Ct angiography neck	425
71250	CT Chest w/o contrast	315
71260	CT Chest w/contrast	375
71270	CT Chest w/w/o contrast	425
71275	Ct angiography chest	425
72125	CT C Spine w/o contrast	315
72126	CT C Spine w/contrast	375
72127	Ct neck spine w/o & w/dye	425
72128	CT T Spine w/o contrast	315



<b>MRI</b>		
70544	MRA Brain w/o contrast	799
70547	MRA Neck w/o contrast	799
70336	MRI TMJ	625
70540	MRI Orbit Face/Neck w/o contrast	625
70542	Mri orbit/face/neck w/dye	699
70543	MRI Orbit Face/Neck w/w/o contrast	799
70551	MRI Brain w/o contrast	625
70552	Mri brain w/dye	699
70553	MRI Brain w/w/o contrast	799
71550	MRI Chest w/o contrast	625
71552	MRI Chest w/w/o contrast	799
72141	MRI C-spine w/o contrast	625
72142	Mri neck spine w/dye	699
72146	MRI Tspine w/o contrast	625
72147	Mri chest spine w/dye	699
72148	MRI L-spine w/o contrast	625
72149	Mri lumbar spine w/dye	699
72156	MRI C-Spine w/w/o contrast	799
72157	MRI T-Spine w/w/o contrast	799
72158	MRI L-Spine w/w/o contrast	799
72195	MRI Pelvis w/o contrast	625
72196	Mri pelvis w/dye	699
72197	MRI Pelvis w/w/o contrast	799
73218	MRI Upper Extremity w/o contrast	625
73219	Mri upper extremity w/dye	699
73220	MRI Upper Extremity w/w/o contrast	799
73221	MRI Upper Extremity joint w/o contrast	625
73222	MRI Upper Extremity joint w/contrast	699
73223	MRI Upper Extremity joint w/w/o contrast	799
73718	MRI Lower Extremity w/o contrast	625
73719	Mri lower extremity w/dye	699
73720	MRI Lower Extremity w/w/o contrast	799
73721	MRI Lower Extremity joint w/o contrast	625
73722	MRI Lower Extremity joint w/contrast	699
73723	MRI Lower Extremity joint w/w/o contrast	799
74181	Mri abdomen w/o dye	625
74183	MRI Abdomen w/w/o contrast	799

73222/23500	MRI Shoulder Arthrogram w/contrast	1075
73222/24220	MRI Elbow Arthrogram w/contrast	1075
73222/25246	MRI Wrist Arthrogram w/contrast	1075
73722/27093	MRI Hip Arthrogram w/contrast	975
73722/27370	MRI Knee Arthrogram w/contrast	975
73722/27648	MRI Ankle Arthrogram w/contrast	975

CPT Code	Description	Fee
<b>Ultrasound</b>		
51798	Us urine capacity measure	29
76536	Thyroid US	190
76700	Abdomen Complete US	190
76705	Abdomen Limited US	165
76770	Aorta/Renal Complete US	190
76775	Aorta/Renal Limited US	165
76830	Transvaginal US non-OB	190
76856	Pelvic US Complete non-OB	190
76857	Pelvic US Limited/follow up	190
76870	Genitalia/Scrotal US	190
76881	Soft Tissue Extremity or Axillary Complete	190
76882	Soft tissue extremity or axillary limited	165
93306	Echocardiogram	499
93308	TTE f-up or lmtd	325
93880	Carotid US	315
93925	Arterial Extremity Bilateral	349
93926	Arterial Extremity Unilateral	315
93970	Venous Doppler Extremity Bilateral	349
93971	Venous Doppler Extremity Unilateral	315
93975	Abdomen Pelvis Doppler US	349
93976	Abdomen Pelvis Doppler US Limited	315

CPT Code	Description	Fee
<b>X-Ray</b>		
70110	Mandible Complete	60
70120	X-ray exam of mastoids	50
70130	X-ray exam of mastoids	50
70134	X-ray exam of middle ear	50
70140	Facial Bones; less than 3 views	60
70200	Orbits Complete 4 views minimum	115
70210	Sinus ; less than 3 views	60
70220	Sinus ; complete	115
70250	Skull ; less than 4 views	115
70360	Neck ; soft tissue	60
71060	Radiologic examination, chest; single view	50
71046	Radiologic examination, chest; 2 views	60
71047	Radiologic examination, chest; 3 views	60
71048	Radiologic examination, chest; 4 or more views	115
71100	Ribs ; Unilateral, 2 views	60
71101	X-ray exam of ribs/chest	60
71110	Ribs bilateral 3 views	115
71111	X-ray exam of ribs/chest	60
71120	Sternum ; 2 views	60
71130	Sternoclavicular joints	60
72020	X-ray exam of spine	60
72040	Cervical Spine 2/3 views	115
72050	X-ray exam of neck spine	60
72052	Cervical Spine Complete	115
72070	Thoracic Spine 2 views	60
72072	X-ray exam of thoracic spine	60
72074	Thoracic Spine 4 views	115
72080	X-ray exam of trunk spine	60
72081	X-ray exam entire spi 1 vw	60
72082	X-ray exam entire spi 2/3 vw	115
72083	X-ray exam entire spi 4/5 vw	115
72084	X-ray exam entire spi 6/> vw	115
72100	Lumbar Spine 2/3 views	60
72110	Lumbar Spine 5 views Complete	115
72114	Lumbar Spine Complete W/ bending	115

72120	X-ray exam of lower spine	60
72170	X-ray exam of pelvis	60
72190	X-ray exam of pelvis	60
72200	X-ray exam sacroiliac joints	60
72202	Radiologic Exam, Sacroiliac Joints: 3+ Views	115
72220	X-ray exam of tailbone	60
<b>Description</b>		<b>Fee</b>
73000	Clavicle	60
73010	Radiologic Exam: Scapula, Complete	60
73020	X-ray exam of shoulder	50
73030	Shoulder, 2 Views	50
73050	Shoulder ; AC joints	60
73060	Humerus ; 2 views	60
73070	X-ray exam of elbow	50
73080	Elbow ; 3 views	60
73090	Forearm ; 2 views	60
73092	X-ray exam of arm infant	60
73100	X-ray exam of wrist	50
73110	Wrist; Complete	60
73120	X-ray exam of hand	50
73130	Hand ; 3 views	60
73140	Fingers ; 2 views	60
73501	X-ray exam hip uni 1 view	50
73502	X-ray exam hip uni 2-3 views	60
73503	X-ray exam hip uni 4/> views	115
73510	Hip ; 2 views	60
73520	Hips ; bilateral w/ AP pelvis	115
73521	X-ray exam hips bi 2 views	60
73522	X-ray exam hips bi 3-4 views	115
73523	X-ray exam hips bi 5/> views	115
73550	Femur ; 2 views	60
73551	X-ray exam of femur 1	50
73552	X-ray exam of femur 2/>	60
73560	X-ray exam of knee 1 or 2	50
73562	Knee ; 3 views	60
73564	X-ray exam knee 4 or more	115
73565	Bilateral Standing knees	115

73590	Tibia/Fibula; 2 views	60
73592	X-ray exam of leg infant	60
73600	X-ray exam of ankle	50
73610	Ankle ; 3 views	115
73620	Foot ; 2views	60
73630	Foot Complete	115
73650	Calcaneus; 2 views	60
73660	Toes; 2 views	60
74018	Abdomen; single view	60
74019	Abdomen; 2 views	60
74021	Abdomen; 3 or more views	60
74022	X-ray exam series abdomen	115
77071	X-ray stress view	50
77072	X-rays for bone age	50
77073	X-rays bone length studies	50
77074	X-rays bone survey limited	50
77075	X-rays bone survey complete	50
77076	X-rays bone survey infant	60
77077	Joint survey single view	50

CPT Code	Description	Fee
<b>Cardiology</b>		
99204	New Patient Evaluation	250
99214	Follow Up Evaluation	150
93501	Transthoracic Stress Echo, complete w continuous EKG	825
93352	Use of echocardiographic contrast agent during stress echocardiography	50
93306	Echocardiogram	499
93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries	200
93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels	250
93924	Noninvasive physiologic studies of lower extremity arteries, complete bilateral study	375
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	100
96374	Injection (specify substance or drug); intravenous push, single or initial substance/drug	50
SD399	(Zio Patch) Extended external ECG patch, medical magnetic tape recorder	350
93247	Heart rhythm analysis and report of continous external EKG over 8-15 days	275

<b>Physical Therapy</b>		
97162	PT New Patient Evaluation; Moderate complexity	125
97110	Therapeutic Proc, 1+ Areas: Therapeutic Exercises (per visit bundled rate)	90
<b>Pain Management</b>		
99204	New patient evaluation	250
99214	Follow Up Evaluation	150
<b>Sacroiliac Joint Injection</b>		
27096	Sacroiliac Injection	1100
<b>Epidural Steriod Injection</b>		
62321	Cervical Epidural	750
62323	Lumbar Epidural Steriod	550
64479	Cervical Transforaminal Injection	950
64480	Cervical Transforaminal Injection - Each additional level	225
64483	Lumbar Transforaminal Injection	950
64484	Lumbar Transforaminal Injection - Each additional level	225
<b>Facet Joints</b>		
64490	Cervical Joint/Medial Branch Block	700
64491	Cervical Joint/Medial Branch Block-2nd Level	175
64492	Cervical Joint/Medial Branch Block-3rd Level	150
64493	Lumbar Joint/Medial Branch Block	600
64494	Lumbar Joint/Medial Branch Block-2rd Level	175
64495	Lumbar Joint/Medial Branch Block-3rd Level	150
<b>Soft Tissue Injection/Aspiration</b>		
20550	Tendon Sheath or ligament (trigger finger, De Quervain's, planter fascia)	495
20551	Tendon Origin or Insertion	495
20552	Trigger Point - 1 or 2 muscles	495
20553	Trigger Point - 3 or more muscles	495
20526	Carpal Tunnel	495
20612	Ganglion Cyst aspiration	495
<b>Joints and Bursa</b>		
20611	Joint injection Major w/US guidance (knee,hip,shoulder,trochanteric,subacromial, pes anserine)	495
20610	Joint injection Major w/Flouro (knee,hip,shoulder,trochanteric,subacromial, pes anserine)	525

20606	Joint injection Intermediate w/US guidance (TMJ,acromioclavicular,wrist, elbow,ankle,olecranon)	495
20605	Joint injection Intermediate w/Flouro (TMJ,acromioclavicular,wrist, elbow,ankle,olecranon)	525
20604	Joint injection Minor w/US guidance (digits)	495
20600	Joint injection Minor w/Flouro (digits)	525
	<b>Arthrography</b>	
23500	Injection Proc, Shoulder Arthrography/Enhanced CT/MRI	376
24220	Injection Procedure, Elbow Arthrography	376
25246	Injection Procedure,Wrist Arthrography	376
27093	Injection Procedure,Hip Arthrography	276
27370	Injection Procedure,Knee Arthrography	276
27648	Injection Procedure,Ankle Arthrography	276
	<b>Myelography</b>	
72240	Myelography, Cervical, Radiological S&I	250
72255	Myelography, Thoracic, Radiological S&I	250
72265	Myelography, Lumbosacral, Radiological S&I	250
62284	Injection Procedure Myelography/CT Spinal	300
	<b>Epidurography</b>	
72275	Epidurography, radiological supervision and interpretation	350