



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Paper Transaction		8050003481	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	02/16/2026 02/16/2026	155265	\$0.00	
Total By - Method Desc: 1						\$0.00	\$0.00
						Desc:	



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Check	03/17/2026	028050001551	Marynette Vallion Fatality	04/04/2026 05/03/2026	155264	\$1,750.23	805027799
	03/17/2026	8050003480	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	02/16/2026 02/16/2026	155265	\$141.54	805027800
	03/17/2026	8050003474	Richard R Morgan Physician	02/05/2026 02/05/2026	155265	\$151.89	805027801
	03/17/2026	Combined	HEALTHSOUTH HOLDINGS INC Physician	02/11/2026 02/11/2026	155265	\$391.58	805027802
	03/17/2026	Combined	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	03/17/2026 03/17/2026	155265	\$8.00	805027803
	03/17/2026	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	02/16/2026 02/16/2026	155265	\$103.10	805027804
	03/17/2026	8050003474	Claimant Temporary Total Disability	03/09/2026 03/15/2026	155265	\$561.44	805027805
	03/17/2026	8050003393	WALKER FERGUSON & FERGUSON Legal	01/19/2026 03/02/2026	155265	\$1,018.00	805027806
	03/17/2026	028050001551	Marynette Vallion Fatality	05/04/2026 06/02/2026	155266	\$1,750.23	805027807
	03/17/2026	028050001551	Marynette Vallion Fatality	06/03/2026 07/02/2026	155267	\$1,750.23	805027808
	03/17/2026	028050001551	Marynette Vallion Fatality	07/03/2026 08/01/2026	155268	\$1,750.23	805027809
Total By - Method Desc: 11				Total for Method			
Total Number of Checks: 12				Desc:		\$9,376.47	\$9,376.47
				Total Amount:		\$9,376.47	\$9,376.47

Payment Summary Current

Processed Date 3/17/2026 To 3/17/2026

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	3/17/2026	Fatality	02805000155 1		1,750.23	805027799	Marynette Vallion
		3/17/2026	Bill Review Fees	8050003474		20.26	805027804	RISING MEDICAL SOLUTIONS, LLC
		3/17/2026	Bill Review Fees	8050003474		19.43	805027804	RISING MEDICAL SOLUTIONS, LLC
		3/17/2026	Bill Review Fees	8050003474		18.80	805027804	RISING MEDICAL SOLUTIONS, LLC
		3/17/2026	Bill Review Fees	8050003474		18.84	805027804	RISING MEDICAL SOLUTIONS, LLC
		3/17/2026	Bill Review Fees	8050003480		25.77	805027804	RISING MEDICAL SOLUTIONS, LLC
		3/17/2026	Fees including PI, IOS, background	8050003474		2.00	805027803	Two Oaks Investments, LLC
		3/17/2026	Fees including PI, IOS, background	8050003474		2.00	805027803	Two Oaks Investments, LLC
		3/17/2026	Fees including PI, IOS, background	8050003482		2.00	805027803	Two Oaks Investments, LLC
		3/17/2026	Fees including PI, IOS, background	8050003483		2.00	805027803	Two Oaks Investments, LLC
		3/17/2026	Legal	8050003393		1,018.00	805027806	WALKER FERGUSON & FERGUSON
		3/17/2026	Physician	8050003474		151.89	805027801	Richard R Morgan
		3/17/2026	Physician	8050003474		156.20	805027802	HEALTHSOUTH HOLDINGS INC
		3/17/2026	Physician	8050003480		141.54	805027800	MCBRIDE ORTHOPEDIC HOSPITAL, LLC

Payment Summary Current

Processed Date 3/17/2026 To 3/17/2026

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		3/17/2026	Physician	8050003474		119.18	805027802	HEALTHSOUTH HOLDINGS INC
		3/17/2026	Physician	8050003474		116.20	805027802	HEALTHSOUTH HOLDINGS INC
		3/17/2026	Temporary Total Disability	8050003474		561.44	805027805	Claimant
		3/17/2026	Fatality	02805000155 1		1,750.23	805027807	Marynette Vallion
		3/17/2026	Fatality	02805000155 1		1,750.23	805027808	Marynette Vallion
		3/17/2026	Fatality	02805000155 1		1,750.23	805027809	Marynette Vallion
			Total Payment Method			9,376.47		
	Paper							
		3/17/2026	Physician	8050003481		0.00		MCBRIDE ORTHOPEDIC HOSPITAL, LLC
			Total Payment Method			0.00		
			Total Insurer			9,376.47		
			Grand Total			9,376.47		

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	8050003474	Juvenile	\$1,186.24
C	8050003480	Sheriff	\$167.31
D	8050003482	Facilities Management	\$2.00
E	8050003483	Juvenile	\$2.00
F	8050003393	Juvenile	\$1,018.00
			\$9,376.47