



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Check							
	11/25/2025	8050003466	CentraLink LLC Medical	10/30/2025 10/30/2025	153204	\$57.60	805027713
	11/25/2025	8050003451	Richard R Morgan Physician	06/02/2025 06/10/2025	153204	\$53.76	805027714
	11/25/2025	8050003435	Neuroscience Specialists, PC Physician	10/28/2025 10/28/2025	153204	\$105.86	805027715
	11/25/2025	Combined	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	11/25/2025 11/25/2025	153204	\$8.00	805027716
	11/25/2025	8050003426	MPack Reporting, Inc Court Reporter Fees	10/20/2025 10/20/2025	153204	\$78.00	805027717
	11/25/2025	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	10/28/2025 10/28/2025	153204	\$32.44	805027718
Total By - Method Desc: 6				Total for Method Desc:		\$335.66	\$335.66
Total Number of Checks: 6				Total Amount:		\$335.66	\$335.66

Payment Summary Current

Processed Date 11/25/2025 To 11/25/2025
5

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		11/25/2025	Bill Review Fees	8050003451		9.18	805027718	RISING MEDICAL SOLUTIONS, LLC
		11/25/2025	Bill Review Fees	8050003435		23.26	805027718	RISING MEDICAL SOLUTIONS, LLC
		11/25/2025	Court Reporter Fees	8050003426		78.00	805027717	MPack Reporting, Inc
		11/25/2025	Fees including PI, IOS, background	8050003439		2.00	805027716	Two Oaks Investments, LLC
		11/25/2025	Fees including PI, IOS, background	8050003426		2.00	805027716	Two Oaks Investments, LLC
		11/25/2025	Fees including PI, IOS, background	8050003405		2.00	805027716	Two Oaks Investments, LLC
		11/25/2025	Fees including PI, IOS, background	8050003439		2.00	805027716	Two Oaks Investments, LLC
		11/25/2025	Medical	8050003466		57.60	805027713	CentraLink LLC
		11/25/2025	Physician	8050003435		105.86	805027715	Neuroscience Specialists, PC
		11/25/2025	Physician	8050003451		53.76	805027714	Richard R Morgan
Total Payment Method						335.66		
Total Insurer						335.66		
Grand Total						335.66		

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

DISTRICT 1

DISTRICT 2

DISTRICT 3

ATTEST:

COUNTY CLERK

	Claim Number	Department	Amount
A	8050003405	County Clerk	\$2.00
B	8050003426	Juvenile	\$80.00
C	8050003435	Juvenile	\$129.12
D	8050003439	Juvenile	\$4.00
E	8050003451	District 3	\$62.94
F	8050003466	Juvenile	\$57.60
			\$335.66