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							
	04/01/2025	8050003306	Claimant Temporary Total Disability	04/03/2025 04/09/2025	149053	$606.95	805027478
	04/01/2025	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	03/05/2025 03/05/2025	149055	$1,498.04	805027479
	04/01/2025	8050003306	Community Hospital LLC Physician	02/04/2025 02/20/2025	149055	$175.35	805027480
	04/01/2025	8050003435	Oklahoma Emergency Services Physician	02/14/2025 02/14/2025	149055	$161.90	805027481
	04/01/2025	Combined	OSSO-NORTH LOCATION Physician	03/10/2025 03/10/2025	149055	$380.39	805027482
	04/01/2025	8050003306	Neuroscience Specialists, PC Physician	02/27/2025 02/27/2025	149055	$192.72	805027483
	04/01/2025	8050003444	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	03/28/2025 03/28/2025	149055	$2.00	805027484
	04/01/2025	8050003306	OU Health Partners, Inc Physician	12/09/2024 12/09/2024	149055	$166.96	805027485
	04/01/2025	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	03/10/2025 03/10/2025	149055	$407.95	805027486

Total By - Method Desc: 9

Total for Method Desc: $3,592.26 $3,592.26

Total Number of Checks: 9

Total Amount: $3,592.26 $3,592.26

Payment Summary Current

Processed Date 4/1/2025 To 4/1/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
	Check							
		4/1/2025	Temporary Total Disability	8050003306		606.95	805027478	Claimant
		4/1/2025	Bill Review Fees	8050003440		24.54	805027486	RISING MEDICAL SOLUTIONS, LLC
		4/1/2025	Bill Review Fees	8050003306		71.96	805027486	RISING MEDICAL SOLUTIONS, LLC
		4/1/2025	Bill Review Fees	8050003306		27.69	805027486	RISING MEDICAL SOLUTIONS, LLC
		4/1/2025	Bill Review Fees	8050003435		51.71	805027486	RISING MEDICAL SOLUTIONS, LLC
		4/1/2025	Bill Review Fees	8050003438		15.03	805027486	RISING MEDICAL SOLUTIONS, LLC
		4/1/2025	Bill Review Fees	8050003399		28.85	805027486	RISING MEDICAL SOLUTIONS, LLC
		4/1/2025	Bill Review Fees	8050003435		28.03	805027486	RISING MEDICAL SOLUTIONS, LLC
		4/1/2025	Bill Review Fees	8050003434		34.22	805027486	RISING MEDICAL SOLUTIONS, LLC
		4/1/2025	Bill Review Fees	8050003435		15.03	805027486	RISING MEDICAL SOLUTIONS, LLC
		4/1/2025	Bill Review Fees	8050003434		29.75	805027486	RISING MEDICAL SOLUTIONS, LLC
		4/1/2025	Bill Review Fees	8050003435		14.82	805027486	RISING MEDICAL SOLUTIONS, LLC
		4/1/2025	Bill Review Fees	8050003306		24.62	805027486	RISING MEDICAL SOLUTIONS, LLC
		4/1/2025	Bill Review Fees	8050003437		41.70	805027486	RISING MEDICAL SOLUTIONS, LLC

Payment Summary Current

Processed Date 4/1/2025 To 4/1/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
	Check							
		4/1/2025	Fees including PI, IOS, background	8050003444		2.00	805027484	Two Oaks Investments, LLC
		4/1/2025	Hospital - Outpatient	8050003435		130.50	805027479	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		4/1/2025	Physician	8050003306		166.96	805027485	OU Health Partners, Inc
		4/1/2025	Physician	8050003306		175.35	805027480	Community Hospital LLC
		4/1/2025	Physician	8050003437		223.65	805027479	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		4/1/2025	Physician	8050003434		227.50	805027482	OSSO-NORTH LOCATION
		4/1/2025	Physician	8050003435		136.70	805027479	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		4/1/2025	Physician	8050003434		257.76	805027479	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		4/1/2025	Physician	8050003435		190.56	805027479	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		4/1/2025	Physician	8050003438		136.70	805027479	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		4/1/2025	Physician	8050003399		152.89	805027482	OSSO-NORTH LOCATION
		4/1/2025	Physician	8050003306		192.72	805027483	Neuroscience Specialists, PC
		4/1/2025	Physician	8050003435		161.90	805027481	Oklahoma Emergency Services
		4/1/2025	Physician	8050003440		422.17	805027479	MCBRIDE ORTHOPEDIC HOSPITAL, LLC

Payment Summary Current

Processed Date 4/1/2025 To 4/1/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
				Total Payment Method		**3,592.26**		
				Total Insurer		**3,592.26**		
				Grand Total		**3,592.26**		

APPROVED ON_____, 20____
BY THE BOARD OF COUNTY COMMISSIONERS

_____
DISTRICT 1

_____
DISTRICT 2

_____
DISTRICT 3

ATTEST:

_____
COUNTY CLERK

	Claim Number	Department	Amount
A	8050003306	Sheriff	$1,266.25
B	8050003399	Sheriff	$181.74
C	8050003434	Court Clerk	$549.23
D	8050003435	Juvenile	$729.25
E	8050003437	Juvenile	$265.35
F	8050003438	Juvenile	$151.73
G	8050003440	Sheriff	$446.71
H	8050003444	Sheriff	$2.00
			$3,592.26