



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Paper Transaction							
		Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	06/10/2025 06/10/2025	150831	\$0.00	
Total By - Method Desc: 1				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 #
Check							
	07/01/2025	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	06/05/2025 06/05/2025	150831	\$807.47	805027575
	07/01/2025	Combined	HEALTHSOUTH HOLDINGS INC Physician	06/12/2025 06/12/2025	150831	\$901.51	805027576
	07/01/2025	8050003439	SSM HEALTHCARE OF OK INC DBA ST ANTHONY PHYSICAL THERAPY SOUTH Medical	03/27/2025 03/27/2025	150831	\$388.14	805027577
	07/01/2025	8050003399	OSSO-NORTH LOCATION Physician	05/19/2025 05/19/2025	150831	\$192.72	805027578
	07/01/2025	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	06/12/2025 06/12/2025	150831	\$356.60	805027579
Total By - Method Desc: 5				Total for Method			
Total Number of Checks: 6				Desc:	\$2,646.44	\$2,646.44	
				Total Amount:	\$2,646.44	\$2,646.44	

Payment Summary Current

Processed Date 7/1/2025 To 7/1/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		7/1/2025	Bill Review Fees	8050003452		25.46	805027579	RISING MEDICAL SOLUTIONS, LLC
		7/1/2025	Bill Review Fees	8050003426		21.18	805027579	RISING MEDICAL SOLUTIONS, LLC
		7/1/2025	Bill Review Fees	8050003450		18.65	805027579	RISING MEDICAL SOLUTIONS, LLC
		7/1/2025	Bill Review Fees	8050003426		19.55	805027579	RISING MEDICAL SOLUTIONS, LLC
		7/1/2025	Bill Review Fees	8050003426		18.90	805027579	RISING MEDICAL SOLUTIONS, LLC
		7/1/2025	Bill Review Fees	8050003426		19.86	805027579	RISING MEDICAL SOLUTIONS, LLC
		7/1/2025	Bill Review Fees	8050003426		21.18	805027579	RISING MEDICAL SOLUTIONS, LLC
		7/1/2025	Bill Review Fees	8050003399		26.40	805027579	RISING MEDICAL SOLUTIONS, LLC
		7/1/2025	Bill Review Fees	8050003450		24.29	805027579	RISING MEDICAL SOLUTIONS, LLC
		7/1/2025	Bill Review Fees	8050003452		16.01	805027579	RISING MEDICAL SOLUTIONS, LLC
		7/1/2025	Bill Review Fees	8050003439		16.60	805027579	RISING MEDICAL SOLUTIONS, LLC
		7/1/2025	Bill Review Fees	8050003426		22.54	805027579	RISING MEDICAL SOLUTIONS, LLC
		7/1/2025	Bill Review Fees	8050003431		83.07	805027579	RISING MEDICAL SOLUTIONS, LLC
		7/1/2025	Bill Review Fees	8050003426		22.91	805027579	RISING MEDICAL SOLUTIONS, LLC

Payment Summary Current

Processed Date 7/1/2025 To 7/1/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		7/1/2025	Hospital - Outpatient	8050003450		245.43	805027575	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		7/1/2025	Medical	8050003439		388.14	805027577	SSM HEALTHCARE OF OK INC DBA ST ANTHONY PHYSICAL THERAPY SOUTH
		7/1/2025	Medical	8050003452		129.11	805027575	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		7/1/2025	Medical	8050003450		149.87	805027575	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		7/1/2025	Physician	8050003426		96.07	805027576	HEALTHSOUTH HOLDINGS INC
		7/1/2025	Physician	8050003426		119.75	805027576	HEALTHSOUTH HOLDINGS INC
		7/1/2025	Physician	8050003426		100.42	805027576	HEALTHSOUTH HOLDINGS INC
		7/1/2025	Physician	8050003452		283.06	805027575	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		7/1/2025	Physician	8050003426		203.06	805027576	HEALTHSOUTH HOLDINGS INC
		7/1/2025	Physician	8050003399		192.72	805027578	OSSO-NORTH LOCATION
		7/1/2025	Physician	8050003426		203.41	805027576	HEALTHSOUTH HOLDINGS INC
		7/1/2025	Physician	8050003426		119.75	805027576	HEALTHSOUTH HOLDINGS INC
		7/1/2025	Physician	8050003426		59.05	805027576	HEALTHSOUTH HOLDINGS INC
Total Payment Method						2,646.44		

Payment Summary Current

Processed Date 7/1/2025 To 7/1/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Paper							
		7/1/2025	Medical	8050003452		0.00		MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		7/1/2025	Physician	8050003431		0.00		MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		7/1/2025	Physician	8050003452		0.00		MCBRIDE ORTHOPEDIC HOSPITAL, LLC
Total Payment Method						0.00		
Total Insurer						2,646.44		
Grand Total						2,646.44		

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	\$219.12
B	8050003426	Juvenile	\$1,047.63
C	8050003431	Juvenile	\$83.07
D	8050003439	Juvenile	\$404.74
E	8050003450	Juvenile	\$438.24
F	8050003452	Facilities Management	\$453.64
			\$2,646.44