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 #
Paper Transaction								
		8050003426	HEALTHSOUTH HOLDINGS INC Physician	07/23/2025 07/23/2025	152456		$0.00	
		Total By - Method Desc: 1				**Total for Method Desc:**	**$0.00**	**$0.00**

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							
	10/14/2025	Combined	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA Physician	09/29/2025 09/29/2025	152456	$452.95	805027667
	10/14/2025	Combined	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	10/14/2025 10/14/2025	152456	$4.00	805027668
	10/14/2025	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	09/29/2025 09/29/2025	152456	$30.32	805027669
		Total By - Method Desc: 3			**Total for Method Desc:**	**$487.27**	**$487.27**
		Total Number of Checks: 4			**Total Amount:**	**$487.27**	**$487.27**

Payment Summary Current

Processed Date 10/14/2025 To 10/14/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
	Check							
		10/14/2025	Bill Review Fees	8050003459		10.10	805027669	RISING MEDICAL SOLUTIONS, LLC
		10/14/2025	Bill Review Fees	8050003459		10.09	805027669	RISING MEDICAL SOLUTIONS, LLC
		10/14/2025	Bill Review Fees	8050003459		10.13	805027669	RISING MEDICAL SOLUTIONS, LLC
		10/14/2025	Fees including PI, IOS, background	8050003393		2.00	805027668	Two Oaks Investments, LLC
		10/14/2025	Fees including PI, IOS, background	8050003460		2.00	805027668	Two Oaks Investments, LLC
		10/14/2025	Physician	8050003459		154.41	805027667	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		10/14/2025	Physician	8050003459		148.85	805027667	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		10/14/2025	Physician	8050003459		149.69	805027667	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
				Total Payment Method		**487.27**		
	Paper							
		10/14/2025	Physician	8050003426		0.00		HEALTHSOUTH HOLDINGS INC
				Total Payment Method		**0.00**		
				Total Insurer		**487.27**		
				Grand Total		**487.27**		

APPROVED ON_____, 20____
BY THE BOARD OF COUNTY COMMISSIONERS

_____
DISTRICT 1

_____
DISTRICT 2

_____
DISTRICT 3

ATTEST:

_____
COUNTY CLERK

	Claim Number	Department	Amount
A	8050003393	Juvenile	$2.00
B	8050003459	Assessor	$483.27
C	8050003460	Juvenile	$2.00
			$487.27