



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	11/18/2024 11/18/2024	147808	\$0.00	
		8050003425	Oklahoma Emergency Services Physician	11/08/2024 11/08/2024	147808	\$0.00	
		Total By - Method Desc: 2		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							
	01/28/2025	8050003306	Claimant Temporary Total Disability	01/30/2025 02/05/2025	147807	\$606.95	805027408
	01/28/2025	8050003421	Neuroscience Specialists, PC Physician	12/12/2024 12/12/2024	147808	\$200.00	805027409
	01/28/2025	8050003421	PTMS 3.0, LLC Physician	12/04/2024 12/04/2024	147808	\$153.24	805027410
	01/28/2025	8050003433	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	01/23/2025 01/23/2025	147808	\$2.00	805027411
	01/28/2025	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	12/12/2024 12/12/2024	147808	\$70.39	805027412
Total By - Method Desc: 5				Total for Method			
Total Number of Checks: 7				Desc:		\$1,032.58	\$1,032.58
				Total Amount:		\$1,032.58	\$1,032.58

Payment Summary Current

Processed Date 1/28/2025 To 1/28/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	1/28/2025	Temporary Total Disability	8050003306		606.95	805027408	Claimant
		1/28/2025	Bill Review Fees	8050003421		59.92	805027412	RISING MEDICAL SOLUTIONS, LLC
		1/28/2025	Bill Review Fees	8050003421		10.47	805027412	RISING MEDICAL SOLUTIONS, LLC
		1/28/2025	Fees including PI, IOS, background	8050003433		2.00	805027411	Two Oaks Investments, LLC
		1/28/2025	Physician	8050003421		153.24	805027410	PTMS 3.0, LLC
		1/28/2025	Physician	8050003421		200.00	805027409	Neuroscience Specialists, PC

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	\$606.95
B	8050003421	Juvenile	\$423.63
C	8050003433	Sheriff	\$2.00
			\$1,032.58