



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Check	03/10/2026	8050003481	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	02/16/2026 02/16/2026	155133	\$248.00	805027793
	03/10/2026	8050003474	Richard R Morgan Physician	01/27/2026 01/27/2026	155133	\$151.89	805027794
	03/10/2026	Combined	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA Physician	02/23/2026 02/23/2026	155133	\$2,015.24	805027795
	03/10/2026	8050003393	Edwards Surgical Services, LLC Physician	01/07/2025 01/07/2025	155133	\$43.98	805027796
	03/10/2026	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	02/23/2026 02/23/2026	155133	\$1,421.10	805027797
	03/10/2026	8050003474	Claimant Temporary Total Disability	03/02/2026 03/08/2026	155133	\$561.44	805027798
Total By - Method Desc: 6					Total for Method		
Total Number of Checks: 6					Desc:	\$4,441.65	\$4,441.65
					Total Amount:	\$4,441.65	\$4,441.65

Payment Summary Current

Processed Date 3/10/2026 To 3/10/2026

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		3/10/2026	Bill Review Fees	8050003474		20.26	805027797	RISING MEDICAL SOLUTIONS, LLC
		3/10/2026	Bill Review Fees	8050003478		10.22	805027797	RISING MEDICAL SOLUTIONS, LLC
		3/10/2026	Bill Review Fees	8050003478		10.37	805027797	RISING MEDICAL SOLUTIONS, LLC
		3/10/2026	Bill Review Fees	8050003479		10.50	805027797	RISING MEDICAL SOLUTIONS, LLC
		3/10/2026	Bill Review Fees	8050003478		10.47	805027797	RISING MEDICAL SOLUTIONS, LLC
		3/10/2026	Bill Review Fees	8050003478		10.37	805027797	RISING MEDICAL SOLUTIONS, LLC
		3/10/2026	Bill Review Fees	8050003479		10.74	805027797	RISING MEDICAL SOLUTIONS, LLC
		3/10/2026	Bill Review Fees	8050003479		10.37	805027797	RISING MEDICAL SOLUTIONS, LLC
		3/10/2026	Bill Review Fees	8050003479		10.50	805027797	RISING MEDICAL SOLUTIONS, LLC
		3/10/2026	Bill Review Fees	8050003393		1,252.38	805027797	RISING MEDICAL SOLUTIONS, LLC
		3/10/2026	Bill Review Fees	8050003477		10.44	805027797	RISING MEDICAL SOLUTIONS, LLC
		3/10/2026	Bill Review Fees	8050003477		10.71	805027797	RISING MEDICAL SOLUTIONS, LLC
		3/10/2026	Bill Review Fees	8050003477		10.44	805027797	RISING MEDICAL SOLUTIONS, LLC
		3/10/2026	Bill Review Fees	8050003477		10.74	805027797	RISING MEDICAL SOLUTIONS, LLC

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Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		3/10/2026	Bill Review Fees	8050003481		22.59	805027797	RISING MEDICAL SOLUTIONS, LLC
		3/10/2026	Physician	8050003481		248.00	805027793	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		3/10/2026	Physician	8050003477		209.85	805027795	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		3/10/2026	Physician	8050003477		160.54	805027795	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		3/10/2026	Physician	8050003477		202.98	805027795	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		3/10/2026	Physician	8050003477		160.54	805027795	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		3/10/2026	Physician	8050003393		43.98	805027796	Edwards Surgical Services, LLC
		3/10/2026	Physician	8050003479		168.91	805027795	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		3/10/2026	Physician	8050003479		148.85	805027795	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		3/10/2026	Physician	8050003479		208.64	805027795	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		3/10/2026	Physician	8050003478		148.85	805027795	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		3/10/2026	Physician	8050003478		164.43	805027795	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		3/10/2026	Physician	8050003479		169.50	805027795	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		3/10/2026	Physician	8050003478		148.85	805027795	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA

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Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		3/10/2026	Physician	8050003474		151.89	805027794	Richard R Morgan
		3/10/2026	Physician	8050003478		123.30	805027795	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		3/10/2026	Temporary Total Disability	8050003474		561.44	805027798	Claimant
					Total Payment Method	4,441.65		
					Total Insurer	4,441.65		
					Grand Total	4,441.65		

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	\$1,296.36
B	8050003474	Juvenile	\$733.59
C	8050003477	District 1	\$776.24
D	8050003478	Juvenile	\$626.86
E	8050003479	Sheriff	\$738.01
F	8050003481	Juvenile	\$270.59
			\$4,441.65