



# Check Register

## Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Check	03/18/2025	8050003306	Claimant Temporary Total Disability	03/20/2025 03/26/2025	148776	\$606.95	805027467
	03/18/2025	8050003434	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	02/10/2025 02/10/2025	148777	\$462.10	805027468
	03/18/2025	8050003399	OSSO-NORTH LOCATION Physician	02/10/2025 02/10/2025	148777	\$175.00	805027469
	03/18/2025	Combined	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	03/14/2025 03/14/2025	148777	\$6.00	805027470
	03/18/2025	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	02/10/2025 02/10/2025	148777	\$48.09	805027471
	03/18/2025	8050003311	WALKER FERGUSON & FERGUSON Legal	02/26/2025 02/27/2025	148777	\$168.00	805027472
<b>Total By - Method Desc: 6</b>				<b>Total for Method</b>			
<b>Total Number of Checks: 6</b>				<b>Desc:</b>		<b>\$1,466.14</b>	<b>\$1,466.14</b>
				<b>Total Amount:</b>		<b>\$1,466.14</b>	<b>\$1,466.14</b>

## Payment Summary Current

Processed Date **3/18/2025** To **3/18/2025**

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		3/18/2025	Temporary Total Disability	8050003306		606.95	805027467	Claimant
		3/18/2025	Bill Review Fees	8050003399		22.21	805027471	RISING MEDICAL SOLUTIONS, LLC
		3/18/2025	Bill Review Fees	8050003434		25.88	805027471	RISING MEDICAL SOLUTIONS, LLC
		3/18/2025	Fees including PI, IOS, background	8050003393		2.00	805027470	Two Oaks Investments, LLC
		3/18/2025	Fees including PI, IOS, background	8050003440		2.00	805027470	Two Oaks Investments, LLC
		3/18/2025	Fees including PI, IOS, background	8050003311		2.00	805027470	Two Oaks Investments, LLC
		3/18/2025	Legal	8050003311		168.00	805027472	WALKER FERGUSON & FERGUSON
		3/18/2025	Physician	8050003399		175.00	805027469	OSSO-NORTH LOCATION
		3/18/2025	Physician	8050003434		462.10	805027468	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
						<b>Total Payment Method</b>		
						<b>1,466.14</b>		
						<b>Total Insurer</b>		
						<b>1,466.14</b>		
						<b>Grand Total</b>		
						<b>1,466.14</b>		

APPROVED ON \_\_\_\_\_, 20 \_\_\_\_  
BY THE BOARD OF COUNTY COMMISSIONERS

\_\_\_\_\_  
DISTRICT 1

\_\_\_\_\_  
DISTRICT 2

\_\_\_\_\_  
DISTRICT 3

ATTEST:

\_\_\_\_\_  
COUNTY CLERK

	<b>Claim Number</b>	<b>Department</b>	<b>Amount</b>
A	8050003306	Sheriff	\$606.95
B	8050003399	Sheriff	\$197.21
C	8050003434	Court Clerk	\$487.98
D	8050003393	Juvenile	\$2.00
E	8050003440	Sheriff	\$2.00
F	8050003311	Juvenile	\$170.00
			<b>\$1,466.14</b>