



# Check Register

## Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Paper Transaction		8050003306	OU Health Partners, Inc Physician	02/06/2024 02/07/2024	143774	\$0.00	
<b>Total By - Method Desc: 1</b>					<b>Total for Method Desc:</b>	<b>\$0.00</b>	<b>\$0.00</b>



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## Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Check	07/16/2024	8050003306	Claimant Temporary Total Disability	07/18/2024 07/24/2024	143772	\$606.95	805027182
	07/16/2024	8050003254	John Kord Hammert, Attorney at Law, PC Settlement - Joint Petition-All Issues	07/11/2024 07/11/2024	143773	\$24,250.00	805027183
	07/16/2024	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	06/24/2024 06/24/2024	143774	\$169.53	805027184
	07/16/2024	8050003306	Neuroscience Specialists, PC Physician	06/18/2024 06/18/2024	143774	\$93.74	805027185
	07/16/2024	8050003306	OU Medicine, Inc Hospital - Outpatient	02/12/2024 02/13/2024	143774	\$1,422.86	805027186
	07/16/2024	8050003410	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	07/16/2024 07/16/2024	143774	\$2.00	805027187
	07/16/2024	8050003048	MPack Reporting, Inc Court Reporter Fees	06/16/2024 06/16/2024	143774	\$130.00	805027188
	07/16/2024	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	06/24/2024 06/24/2024	143774	\$267.31	805027189
	07/16/2024	8050003048	WALKER FERGUSON & FERGUSON Legal	05/03/2024 07/01/2024	143774	\$1,004.00	805027190
	07/16/2024	8050003311	WALKER FERGUSON & FERGUSON Legal	06/06/2024 06/13/2024	143774	\$364.00	805027191
	07/16/2024	8050003399	WALKER FERGUSON & FERGUSON Legal	06/03/2024 06/20/2024	143774	\$574.00	805027192
	07/16/2024	028050001551	Claimant Beneficiary Fatality	08/12/2024 09/10/2024	143775	\$1,750.23	805027193



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## Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Check	07/16/2024	028050001551	Claimant Beneficiary Fa tality	09/11/2024 10/10/2024	143776	\$1,750.23	805027194
	07/16/2024	028050001551	Claimant Beneficiary Fatality	10/11/2024 11/09/2024	143777	\$1,750.23	805027195
	07/16/2024	028050001551	Claimant Beneficiary Fatality	11/10/2024 12/09/2024	143778	\$1,750.23	805027196
<b>Total By - Method Desc: 15</b>				<b>Total for Method</b>			
<b>Total Number of Checks: 16</b>				<b>Desc:</b>		<b>\$35,885.31</b>	<b>\$35,885.31</b>
				<b>Total Amount:</b>		<b>\$35,885.31</b>	<b>\$35,885.31</b>

## Payment Summary Current

**Processed Date 7/16/2024 To 7/16/2024**

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		7/16/2024	Temporary Total Disability	8050003306		606.95	805027182	Claimant
		7/16/2024	Settlement - Joint Petition-All Issues	8050003254		24,250.00	805027183	John Kord Hammert, Attorney at Law, PC
		7/16/2024	Bill Review Fees	8050003306		203.16	805027189	RISING MEDICAL SOLUTIONS, LLC
		7/16/2024	Bill Review Fees	8050003306		13.22	805027189	RISING MEDICAL SOLUTIONS, LLC
		7/16/2024	Bill Review Fees	8050003306		28.23	805027189	RISING MEDICAL SOLUTIONS, LLC
		7/16/2024	Bill Review Fees	8050003409		22.70	805027189	RISING MEDICAL SOLUTIONS, LLC
		7/16/2024	Court Reporter Fees	8050003048		130.00	805027188	MPack Reporting, Inc
		7/16/2024	Fees including PI, IOS, background	8050003410		2.00	805027187	Two Oaks Investments, LLC
		7/16/2024	Hospital - Outpatient	8050003306		1,422.86	805027186	OU Medicine, Inc
		7/16/2024	Legal	8050003048		1,004.00	805027190	WALKER FERGUSON & FERGUSON
		7/16/2024	Legal	8050003311		364.00	805027191	WALKER FERGUSON & FERGUSON
		7/16/2024	Legal	8050003399		574.00	805027192	WALKER FERGUSON & FERGUSON
		7/16/2024	Medical	8050003306		33.29	805027184	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		7/16/2024	Physician	8050003306		93.74	805027185	Neuroscience Specialists, PC

# Payment Summary Current

**Processed Date 7/16/2024 To 7/16/2024**

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	7/16/2024	Physician	8050003409		136.24	805027184	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		7/16/2024	Fatality	02805000155 1		1,750.23	805027193	Claimant Beneficiary
		7/16/2024	Fatality	02805000155 1		1,750.23	805027194	Claimant Beneficiary
		7/16/2024	Fatality	02805000155 1		1,750.23	805027195	Claimant Beneficiary
		7/16/2024	Fatality	02805000155 1		1,750.23	805027196	Claimant Beneficiary
			<b>Total Payment Method</b>			<b>35,885.31</b>		
	Paper	7/16/2024	Physician	8050003306		0.00		OU Health Partners, Inc
			<b>Total Payment Method</b>			<b>0.00</b>		
			<b>Total Insurer</b>			<b>35,885.31</b>		
			<b>Grand Total</b>			<b>35,885.31</b>		

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

\_\_\_\_\_  
CARRIE BLUMERT

\_\_\_\_\_  
BRIAN MAUGHAN

\_\_\_\_\_  
MYLES DAVIDSON

ATTEST:

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

	<b>Claim Number</b>	<b>Department</b>	<b>Amount</b>
A	8050003306	Sheriff	\$2,401.45
B	8050003254	Sheriff	\$24,250.00
C	8050003409	Juvenile	\$158.94
D	8050003048	Sheriff	\$1,134.00
E	8050003410	District 2	\$2.00
F	8050003311	Juvenile	\$364.00
G	8050003399	Sheriff	\$574.00
H	28050001551	District 3	\$7,000.92
			<b>\$35,885.31</b>