



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Paper Transaction		8050003477	Claimant Salary Continuation-No reimbursement of Temporary Total Disability	04/11/2026 04/17/2026	155652	\$0.00	
	02/17/2026	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Medical Refund Reimbursement	11/25/2024 11/25/2024	155652	(\$323.87)	275147
		Total By - Method Desc: 2					
					Total for Method Desc:	(\$323.87)	(\$323.87)



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Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Stop	03/10/2026	8050003474	Claimant Temporary Total Disability	03/02/2026 03/08/2026	155652	(\$561.44)	805027798
Total By - Method Desc: 1					Total for Method Desc:	(\$561.44)	(\$561.44)



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Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Void							
	03/24/2026	8050003474	Claimant Temporary Total Disability	03/30/2026 04/05/2026	155652	(\$561.44)	805027812
	04/07/2026	8050003306	Claimant Permanent Total Disability	04/10/2027 04/16/2027	155655	(\$467.35)	805027831
Total By - Method Desc: 2					Total for Method Desc:	(\$1,028.79)	(\$1,028.79)



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Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Check	04/07/2026	8050003474	HEALTHESYSTEMS Drug Coverage	03/30/2026 03/30/2026	155652	\$24.08	805027825
	04/07/2026	8050003484	Emergency Medical Services Authority - West Transportation / Ambulance / etc.	03/10/2026 03/10/2026	155652	\$779.26	805027826
	04/07/2026	8050003482	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA Physician	03/18/2026 03/18/2026	155652	\$148.85	805027827
	04/07/2026	8050003306	OKLAHOMA TAX COMMISSION Taxes - PPD	04/01/2026 04/01/2026	155652	\$1,605.38	805027828
	04/07/2026	8050003306	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	04/03/2026 04/03/2026	155652	\$2.00	805027829
	04/07/2026	8050003484	Heflin Medical Management, LLC Medical	03/11/2026 03/24/2026	155652	\$1,360.50	805027830
	04/07/2026	8050003306	Claimant Permanent Total Disability	04/10/2027 04/16/2027	155652	\$467.35	805027831
	04/07/2026	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	03/18/2026 03/18/2026	155652	\$19.83	805027832
	04/07/2026	8050003474	Claimant Temporary Total Disability	03/02/2026 03/08/2026	155652	\$561.44	805027833
	04/07/2026	8050003306	RBRS Legal Group, PLLC Permanent Total Disability	04/10/2026 04/16/2026	155652	\$121.39	805027834
	04/07/2026	8050003306	Claimant Permanent Total Disability	04/10/2026 04/16/2026	155654	\$467.35	805027835
					Total for Method		
Total By - Method Desc: 11					Desc:	\$5,557.43	\$5,557.43
Total Number of Checks: 16					Total Amount:	\$3,643.33	\$3,643.33

Payment Summary Current

Processed Date **4/7/2026** To **4/7/2026**

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee	
Oklahoma County	Check								
		4/7/2026	Bill Review Fees	8050003484		9.46	805027832	RISING MEDICAL SOLUTIONS, LLC	
		4/7/2026	Bill Review Fees	8050003482		10.37	805027832	RISING MEDICAL SOLUTIONS, LLC	
		4/7/2026	Drug Coverage	8050003474		24.08	805027825	HEALTHESYSTEMS	
		4/7/2026	Fees including PI, IOS, background	8050003306		2.00	805027829	Two Oaks Investments, LLC	
		4/7/2026	Medical	8050003484		1,360.50	805027830	Heflin Medical Management, LLC	
		4/7/2026	Permanent Total Disability	8050003306		121.39	805027834	RBRS Legal Group, PLLC	
		4/7/2026	Permanent Total Disability	8050003306		467.35	805027831	Claimant	
		4/7/2026	Physician	8050003482		148.85	805027827	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA	
		4/7/2026	Taxes - PPD	8050003306		1,605.38	805027828	OKLAHOMA TAX COMMISSION	
		4/7/2026	Temporary Total Disability	8050003474		561.44	805027833	Claimant	
		4/7/2026	Transportation / Ambulance / etc.	8050003484		779.26	805027826	Emergency Medical Services Authority - West	
		4/7/2026	Permanent Total Disability	8050003306		467.35	805027835	Claimant	
			Total Payment Method			5,557.43			
	Paper								
		4/7/2026	Medical Refund Reimbursement	8050003393		-105.21	275147	MCBRIDE ORTHOPEDIC HOSPITAL, LLC	

Payment Summary Current

Processed Date 4/7/2026 To 4/7/2026

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check # Payee
Oklahoma County	Paper	4/7/2026	Medical Refund Reimbursement	8050003393		-109.33	275147 MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		4/7/2026	Medical Refund Reimbursement	8050003393		-109.33	275147 MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		4/7/2026	Salary Continuation- No reimbursement of	8050003477		0.00	Claimant
			Total Payment Method			-323.87	
	Stop	4/7/2026	Temporary Total Disability	8050003474		-561.44	805027798 Claimant
			Total Payment Method			-561.44	
	Void	4/7/2026	Temporary Total Disability	8050003474		-561.44	805027812 Claimant
		4/7/2026	Permanent Total Disability	8050003306		-467.35	805027831 Claimant
			Total Payment Method			-1,028.79	
			Total Insurer			3,643.33	
			Grand Total			3,643.33	

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	\$2,663.47
B	8050003474	Juvenile	\$585.52
C	8050003482	Facilities Management	\$159.22
D	8050003484	Assessor	\$2,149.22
			\$5,557.43