



Check Register

Oklahoma County

| Method Desc | Check Date | Claim # Claimant Name | Payee Payment Type | Service From Service To | Run ID | Amount | Check # |
|---------------------------|------------|--------------------------|----------------------------------|----------------------------|--------|------------------------|---------|
| Paper Transaction | | | | | | | |
| | | 8050003451 | OSSO-NORTH LOCATION Physician | 06/24/2025 06/24/2025 | 151275 | \$0.00 | |
| Total By - Method Desc: 1 | | | | | | | |
| | | | | | | 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 | | | | | | | |
| | 07/29/2025 | 8050003434 | MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician | 06/19/2025 06/19/2025 | 151275 | \$142.11 | 805027601 |
| | 07/29/2025 | 8050003451 | Community Hospital LLC Medical | 06/27/2025 06/27/2025 | 151275 | \$735.43 | 805027602 |
| | 07/29/2025 | Combined | INTEGRITY MEDICAL SOLUTIONS, INC Medical | 01/06/2025 01/31/2025 | 151275 | \$1,267.50 | 805027603 |
| | 07/29/2025 | 8050003426 | HEALTHSOUTH HOLDINGS INC Physician | 06/30/2025 06/30/2025 | 151275 | \$100.42 | 805027604 |
| | 07/29/2025 | 8050003451 | OSSO-NORTH LOCATION Physician | 07/01/2025 07/01/2025 | 151275 | \$192.72 | 805027605 |
| | 07/29/2025 | Combined | OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA Physician | 07/11/2025 07/11/2025 | 151275 | \$407.20 | 805027606 |
| | 07/29/2025 | 8050003405 | State of Oklahoma-Workers' Compensation Commission Filing Fees | 07/17/2025 07/17/2025 | 151275 | \$140.00 | 805027607 |
| | 07/29/2025 | 8050003434 | Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees | 07/28/2025 07/28/2025 | 151275 | \$2.00 | 805027608 |
| | 07/29/2025 | Combined | RISING MEDICAL SOLUTIONS, LLC Bill Review Fees | 07/11/2025 07/11/2025 | 151275 | \$281.06 | 805027609 |
| | 07/29/2025 | 8050003405 | Gregg G Fuller, PC Legal | 07/17/2025 07/17/2025 | 151275 | \$600.00 | 805027610 |
| Total By - Method Desc: 10 | | | | Total for Method Desc: | | \$3,868.44 | \$3,868.44 |
| Total Number of Checks: 11 | | | | Total Amount: | | \$3,868.44 | \$3,868.44 |

Payment Summary Current

Processed Date 7/29/2025 To 7/29/2025

| Insurer | Method | Processed | Payment Type | Claim # | Claimant | Amount | Check # | Payee |
|--------------------|--------|-----------|---------------------------------------|------------|----------|--------|-----------|---|
| Oklahoma County | Check | 7/29/2025 | Bill Review Fees | 8050003434 | | 23.57 | 805027609 | RISING MEDICAL SOLUTIONS, LLC |
| | | 7/29/2025 | Bill Review Fees | 8050003455 | | 9.95 | 805027609 | RISING MEDICAL SOLUTIONS, LLC |
| | | 7/29/2025 | Bill Review Fees | 8050003451 | | 131.04 | 805027609 | RISING MEDICAL SOLUTIONS, LLC |
| | | 7/29/2025 | Bill Review Fees | 8050003451 | | 33.69 | 805027609 | RISING MEDICAL SOLUTIONS, LLC |
| | | 7/29/2025 | Bill Review Fees | 8050003455 | | 36.86 | 805027609 | RISING MEDICAL SOLUTIONS, LLC |
| | | 7/29/2025 | Bill Review Fees | 8050003426 | | 19.55 | 805027609 | RISING MEDICAL SOLUTIONS, LLC |
| | | 7/29/2025 | Bill Review Fees | 8050003451 | | 26.40 | 805027609 | RISING MEDICAL SOLUTIONS, LLC |
| | | 7/29/2025 | Fees including PI, IOS, background | 8050003434 | | 2.00 | 805027608 | Two Oaks Investments, LLC |
| | | 7/29/2025 | Filing Fees | 8050003405 | | 140.00 | 805027607 | State of Oklahoma-Workers' Compensation Commission |
| | | 7/29/2025 | Legal | 8050003405 | | 600.00 | 805027610 | Gregg G Fuller, PC |
| | | 7/29/2025 | Medical | 8050003306 | | 442.50 | 805027603 | INTEGRITY MEDICAL SOLUTIONS, INC |
| | | 7/29/2025 | Medical | 8050003306 | | 825.00 | 805027603 | INTEGRITY MEDICAL SOLUTIONS, INC |
| | | 7/29/2025 | Medical | 8050003455 | | 126.53 | 805027606 | OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA |
| | | 7/29/2025 | Medical | 8050003451 | | 735.43 | 805027602 | Community Hospital LLC |

Payment Summary Current

Processed Date 7/29/2025 To 7/29/2025

| Insurer | Method | Processed | Payment Type | Claim # | Claimant | Amount | Check # | Payee |
|--------------------|----------------------|----------------------|--------------|------------|----------|----------|-----------|---|
| Oklahoma County | Check | 7/29/2025 | Physician | 8050003455 | | 280.67 | 805027606 | OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA |
| | | 7/29/2025 | Physician | 8050003451 | | 192.72 | 805027605 | OSSO-NORTH LOCATION |
| | | 7/29/2025 | Physician | 8050003426 | | 100.42 | 805027604 | HEALTHSOUTH HOLDINGS INC |
| | | 7/29/2025 | Physician | 8050003434 | | 142.11 | 805027601 | MCBRIDE ORTHOPEDIC HOSPITAL, LLC |
| | Total Payment Method | | | | | 3,868.44 | | |
| | Paper | 7/29/2025 | Physician | 8050003451 | | 0.00 | | OSSO-NORTH LOCATION |
| | | Total Payment Method | | | | | 0.00 | |
| | Total Insurer | | | | | 3,868.44 | | |
| | Grand Total | | | | | 3,868.44 | | |

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 | \$1,267.50 |
| B | 8050003405 | County Clerk | \$740.00 |
| C | 8050003426 | Juvenile | \$119.97 |
| D | 8050003434 | Court Clerk | \$167.68 |
| E | 8050003451 | District 3 | \$1,119.28 |
| F | 8050003455 | Court Clerk | \$454.01 |
| | | | \$3,868.44 |