



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Paper Transaction							
		8050003405	HPI PHYSICIANS LLC Physician	10/18/2024 10/18/2024	146409	\$0.00	
	10/24/2024	Combined	RISING MEDICAL SOLUTIONS, LLC Medical Refund Reimbursement	08/26/2024 08/26/2024	146409	(\$202.30)	53300
		Total By - Method Desc: 2			Total for Method Desc:	(\$202.30)	(\$202.30)



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Check	11/19/2024	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	10/24/2024 10/24/2024	146409	\$1,800.62	805027332
	11/19/2024	Combined	HPI PHYSICIANS LLC Physician	10/21/2024 10/21/2024	146409	\$1,151.94	805027333
	11/19/2024	8050003405	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	11/07/2024 11/07/2024	146409	\$35.14	805027334
	11/19/2024	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	10/24/2024 10/24/2024	146409	\$578.37	805027335
	11/19/2024	8050003399	WALKER FERGUSON & FERGUSON Legal	10/04/2024 10/29/2024	146409	\$742.00	805027336
	11/19/2024	8050003306	WALKER FERGUSON & FERGUSON Legal	08/15/2024 10/08/2024	146409	\$112.00	805027337
	11/19/2024	8050003306	Claimant Temporary Total Disability	11/21/2024 11/27/2024	146416	\$606.95	805027338
Total By - Method Desc: 7					Total for Method		
Total Number of Checks: 9					Desc:	\$5,027.02	\$5,027.02
					Total Amount:	\$4,824.72	\$4,824.72

Payment Summary Current

Processed Date 11/19/202 To 11/19/2024
4

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		11/19/2024	Bill Review Fees	8050003393		15.29	805027335	RISING MEDICAL SOLUTIONS, LLC
		11/19/2024	Bill Review Fees	8050003405		188.99	805027335	RISING MEDICAL SOLUTIONS, LLC
		11/19/2024	Bill Review Fees	8050003418		15.03	805027335	RISING MEDICAL SOLUTIONS, LLC
		11/19/2024	Bill Review Fees	8050003418		14.47	805027335	RISING MEDICAL SOLUTIONS, LLC
		11/19/2024	Bill Review Fees	8050003405		188.99	805027335	RISING MEDICAL SOLUTIONS, LLC
		11/19/2024	Bill Review Fees	8050003418		17.70	805027335	RISING MEDICAL SOLUTIONS, LLC
		11/19/2024	Bill Review Fees	8050003405		21.27	805027335	RISING MEDICAL SOLUTIONS, LLC
		11/19/2024	Bill Review Fees	8050003405		23.18	805027335	RISING MEDICAL SOLUTIONS, LLC
		11/19/2024	Bill Review Fees	8050003393		15.29	805027335	RISING MEDICAL SOLUTIONS, LLC
		11/19/2024	Bill Review Fees	8050003418		16.89	805027335	RISING MEDICAL SOLUTIONS, LLC
		11/19/2024	Bill Review Fees	8050003418		14.47	805027335	RISING MEDICAL SOLUTIONS, LLC
		11/19/2024	Bill Review Fees	8050003419		16.35	805027335	RISING MEDICAL SOLUTIONS, LLC
		11/19/2024	Bill Review Fees	8050003418		15.03	805027335	RISING MEDICAL SOLUTIONS, LLC
		11/19/2024	Bill Review Fees	8050003412		15.42	805027335	RISING MEDICAL SOLUTIONS, LLC

Payment Summary Current

Processed Date 11/19/2024 To 11/19/2024
4

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	11/19/2024	Fees including PI, IOS, background	8050003405		35.14	805027334	Two Oaks Investments, LLC
		11/19/2024	Legal	8050003399		742.00	805027336	WALKER FERGUSON & FERGUSON
		11/19/2024	Legal	8050003306		112.00	805027337	WALKER FERGUSON & FERGUSON
		11/19/2024	Physician	8050003412		148.52	805027332	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		11/19/2024	Physician	8050003393		144.40	805027332	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		11/19/2024	Physician	8050003418		136.70	805027332	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		11/19/2024	Physician	8050003419		176.31	805027332	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		11/19/2024	Physician	8050003418		119.98	805027332	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		11/19/2024	Physician	8050003418		192.72	805027332	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		11/19/2024	Physician	8050003393		144.40	805027332	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		11/19/2024	Physician	8050003405		240.04	805027333	HPI PHYSICIANS LLC
		11/19/2024	Physician	8050003418		217.02	805027332	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		11/19/2024	Physician	8050003420		263.89	805027332	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		11/19/2024	Physician	8050003405		455.95	805027333	HPI PHYSICIANS LLC

Payment Summary Current

Processed Date 11/19/202 To 11/19/2024
4

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	11/19/2024	Physician	8050003418		119.98	805027332	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		11/19/2024	Physician	8050003418		136.70	805027332	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		11/19/2024	Physician	8050003405		455.95	805027333	HPI PHYSICIANS LLC
		11/19/2024	Temporary Total Disability	8050003306		606.95	805027338	Claimant
							5,027.02	
	Paper	11/19/2024	Medical Refund Reimbursement	8050003388		-104.76	53300	RISING MEDICAL SOLUTIONS, LLC
		11/19/2024	Medical Refund Reimbursement	8050003392		-97.54	53300	RISING MEDICAL SOLUTIONS, LLC
		11/19/2024	Physician	8050003405		0.00		HPI PHYSICIANS LLC
							-202.30	
						4,824.72		
						4,824.72		

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	\$718.95
B	8050003393	Juvenile	\$319.38
C	8050003399	Sheriff	\$742.00
D	8050003405	County Clerk	\$1,609.51
E	8050003412	District 3	\$163.94
F	8050003418	Juvenile	\$1,016.69
G	8050003419	Sheriff	\$192.66
H	8050003420	Juvenile	\$263.89
			\$5,027.02