



# Check Register

## Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Paper Transaction		8050003424	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	10/31/2024 10/31/2024	146837	\$0.00	
		8050003421	Oklahoma Emergency Services Physician	10/21/2024 10/21/2024	146837	\$0.00	
<b>Total By - Method Desc: 2</b>					<b>Total for Method Desc:</b>	<b>\$0.00</b>	<b>\$0.00</b>



# Check Register

## Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Check	12/10/2024	8050003306	Claimant Temporary Total Disability	12/12/2024 12/18/2024	146836	\$606.95	805027354
	12/10/2024	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	11/15/2024 11/15/2024	146837	\$2,598.58	805027355
	12/10/2024	8050003421	Oklahoma Emergency Services Physician	10/21/2024 10/21/2024	146837	\$161.90	805027356
	12/10/2024	Combined	HEALTHSYSTEMS Drug Coverage	12/02/2024 12/02/2024	146837	\$77.15	805027357
	12/10/2024	8050003418	Athletico, LTD Physician	11/14/2024 11/14/2024	146837	\$147.02	805027358
	12/10/2024	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	11/15/2024 11/15/2024	146837	\$270.33	805027359
<b>Total By - Method Desc: 6</b>					<b>Total for Method Desc:</b>	<b>\$3,861.93</b>	<b>\$3,861.93</b>
<b>Total Number of Checks: 8</b>					<b>Total Amount:</b>	<b>\$3,861.93</b>	<b>\$3,861.93</b>

# Payment Summary Current

**Processed Date 12/10/2024 To 12/10/2024**  
**4**

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	12/10/2024	Temporary Total Disability	8050003306		606.95	805027354	Claimant
		12/10/2024	Bill Review Fees	8050003420		10.47	805027359	RISING MEDICAL SOLUTIONS, LLC
		12/10/2024	Bill Review Fees	8050003421		35.57	805027359	RISING MEDICAL SOLUTIONS, LLC
		12/10/2024	Bill Review Fees	8050003399		14.38	805027359	RISING MEDICAL SOLUTIONS, LLC
		12/10/2024	Bill Review Fees	8050003421		24.11	805027359	RISING MEDICAL SOLUTIONS, LLC
		12/10/2024	Bill Review Fees	8050003421		15.97	805027359	RISING MEDICAL SOLUTIONS, LLC
		12/10/2024	Bill Review Fees	8050003424		17.65	805027359	RISING MEDICAL SOLUTIONS, LLC
		12/10/2024	Bill Review Fees	8050003420		14.97	805027359	RISING MEDICAL SOLUTIONS, LLC
		12/10/2024	Bill Review Fees	8050003425		24.74	805027359	RISING MEDICAL SOLUTIONS, LLC
		12/10/2024	Bill Review Fees	8050003418		40.69	805027359	RISING MEDICAL SOLUTIONS, LLC
		12/10/2024	Bill Review Fees	8050003420		14.38	805027359	RISING MEDICAL SOLUTIONS, LLC
		12/10/2024	Bill Review Fees	8050003420		14.38	805027359	RISING MEDICAL SOLUTIONS, LLC
		12/10/2024	Bill Review Fees	8050003420		14.38	805027359	RISING MEDICAL SOLUTIONS, LLC
		12/10/2024	Bill Review Fees	8050003393		28.64	805027359	RISING MEDICAL SOLUTIONS, LLC

## Payment Summary Current

**Processed Date 12/10/2024 To 12/10/2024**  
**4**

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	12/10/2024	Drug Coverage	8050003306		44.88	805027357	HEALTHESYSTEMS
		12/10/2024	Drug Coverage	8050003393		32.27	805027357	HEALTHESYSTEMS
		12/10/2024	Hospital - Outpatient	8050003425		428.17	805027355	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		12/10/2024	Medical	8050003421		752.85	805027355	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		12/10/2024	Medical	8050003421		164.98	805027355	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		12/10/2024	Physician	8050003421		161.90	805027356	Oklahoma Emergency Services
		12/10/2024	Physician	8050003424		215.48	805027355	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		12/10/2024	Physician	8050003399		117.17	805027355	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		12/10/2024	Physician	8050003420		241.13	805027355	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		12/10/2024	Physician	8050003420		130.19	805027355	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		12/10/2024	Physician	8050003420		117.17	805027355	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		12/10/2024	Physician	8050003418		147.02	805027358	Athletico, LTD
		12/10/2024	Physician	8050003393		197.10	805027355	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		12/10/2024	Physician	8050003420		117.17	805027355	MCBRIDE ORTHOPEDIC HOSPITAL, LLC

## Payment Summary Current

Processed Date **12/10/2024** To **12/10/2024**  
**4**

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	12/10/2024	Physician	8050003420		117.17	805027355	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
						<b>Total Payment Method</b>		<b>3,861.93</b>
	Paper	12/10/2024	Physician	8050003421		0.00		Oklahoma Emergency Services
		12/10/2024	Physician	8050003424		0.00		MCBRIDE ORTHOPEDIC HOSPITAL, LLC
						<b>Total Payment Method</b>		<b>0.00</b>
						<b>Total Insurer</b>		<b>3,861.93</b>
						<b>Grand Total</b>		<b>3,861.93</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	\$651.83
B	8050003393	Juvenile	\$258.01
C	8050003399	Sheriff	\$131.55
D	8050003418	Juvenile	\$187.71
E	8050003420	Juvenile	\$791.41
F	8050003421	Juvenile	\$1,155.38
G	8050003424	Sheriff	\$233.13
H	8050003425	Juvenile	\$452.91
			<b>\$3,861.93</b>