



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Paper Transaction							
		Combined	DIAGNOSTIC LABORATORY OF OKLAHOMA Medical	02/27/2024 02/27/2024	143044	\$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	06/11/2024	8050003306	Claimant Temporary Total Disability	06/13/2024 06/19/2024	143043	\$606.95	805027139
	06/11/2024	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	05/21/2024 05/21/2024	143044	\$1,623.04	805027140
	06/11/2024	8050003306	Community Hospital LLC Physician	04/03/2024 04/23/2024	143044	\$283.69	805027141
	06/11/2024	Combined	Centralink LLC Medical	05/24/2024 05/24/2024	143044	\$228.87	805027142
	06/11/2024	8050003402	Oklahoma Emergency Services Physician	05/01/2024 05/01/2024	143044	\$90.34	805027143
	06/11/2024	Combined	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	06/11/2024 06/11/2024	143044	\$39.14	805027144
	06/11/2024	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	05/21/2024 05/21/2024	143044	\$371.90	805027145
Total By - Method Desc: 7							
Total Number of Checks: 8							
						Total for Method	
						Desc:	\$3,243.93
						Total Amount:	\$3,243.93

Payment Summary Current

Processed Date 6/11/2024 To 6/11/2024

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		6/11/2024	Temporary Total Disability	8050003306		606.95	805027139	Claimant
		6/11/2024	Bill Review Fees	8050003398		12.27	805027145	RISING MEDICAL SOLUTIONS, LLC
		6/11/2024	Bill Review Fees	8050003397		14.40	805027145	RISING MEDICAL SOLUTIONS, LLC
		6/11/2024	Bill Review Fees	8050003397		13.79	805027145	RISING MEDICAL SOLUTIONS, LLC
		6/11/2024	Bill Review Fees	8050003398		19.88	805027145	RISING MEDICAL SOLUTIONS, LLC
		6/11/2024	Bill Review Fees	8050003402		43.52	805027145	RISING MEDICAL SOLUTIONS, LLC
		6/11/2024	Bill Review Fees	8050003400		118.85	805027145	RISING MEDICAL SOLUTIONS, LLC
		6/11/2024	Bill Review Fees	8050003402		12.55	805027145	RISING MEDICAL SOLUTIONS, LLC
		6/11/2024	Bill Review Fees	8050003396		42.12	805027145	RISING MEDICAL SOLUTIONS, LLC
		6/11/2024	Bill Review Fees	8050003397		14.29	805027145	RISING MEDICAL SOLUTIONS, LLC
		6/11/2024	Bill Review Fees	8050003400		23.07	805027145	RISING MEDICAL SOLUTIONS, LLC
		6/11/2024	Bill Review Fees	8050003306		29.54	805027145	RISING MEDICAL SOLUTIONS, LLC
		6/11/2024	Bill Review Fees	8050003397		14.40	805027145	RISING MEDICAL SOLUTIONS, LLC
		6/11/2024	Bill Review Fees	8050003306		13.22	805027145	RISING MEDICAL SOLUTIONS, LLC

Payment Summary Current

Processed Date 6/11/2024 To 6/11/2024

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		6/11/2024	Fees including PI, IOS, background	8050003399		35.14	805027144	Two Oaks Investments, LLC
		6/11/2024	Fees including PI, IOS, background	8050003048		2.00	805027144	Two Oaks Investments, LLC
		6/11/2024	Fees including PI, IOS, background	8050003405		2.00	805027144	Two Oaks Investments, LLC
		6/11/2024	Medical	8050003396		105.12	805027142	CentraLink LLC
		6/11/2024	Medical	8050003306		33.29	805027140	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/11/2024	Medical	8050003396		346.89	805027140	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/11/2024	Medical	8050003398		123.75	805027142	CentraLink LLC
		6/11/2024	Physician	8050003398		63.78	805027140	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/11/2024	Physician	8050003397		127.56	805027140	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/11/2024	Physician	8050003398		105.63	805027140	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/11/2024	Physician	8050003397		109.23	805027140	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/11/2024	Physician	8050003402		275.98	805027140	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/11/2024	Physician	8050003400		168.66	805027140	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/11/2024	Physician	8050003397		124.27	805027140	MCBRIDE ORTHOPEDIC HOSPITAL, LLC

Payment Summary Current

Processed Date 6/11/2024 To 6/11/2024

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	6/11/2024	Physician	8050003306		283.69	805027141	Community Hospital LLC
		6/11/2024	Physician	8050003400		140.19	805027140	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/11/2024	Physician	8050003397		127.56	805027140	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/11/2024	Physician	8050003402		90.34	805027143	Oklahoma Emergency Services
			Total Payment Method			3,243.93		
	Paper	6/11/2024	Medical	8050003306		0.00		DIAGNOSTIC LABORATORY OF OKLAHOMA
		6/11/2024	Medical	8050003306		0.00		DIAGNOSTIC LABORATORY OF OKLAHOMA
		6/11/2024	Medical	8050003306		0.00		DIAGNOSTIC LABORATORY OF OKLAHOMA
			Total Payment Method			0.00		
			Total Insurer			3,243.93		
			Grand Total			3,243.93		

APPROVED ON _____, 20 ____
BY THE BOARD OF COUNTY COMMISSIONERS

CARRIE BLUMERT

BRIAN MAUGHAN

MYLES DAVIDSON

ATTEST:

COUNTY CLERK

	Claim Number	Department	Amount
A	8050003048	Sheriff	\$2.00
B	8050003306	Sheriff	\$966.69
C	8050003396	County Clerk	\$494.13
D	8050003397	Facilities Management	\$545.50
E	8050003398	Juvenile	\$325.31
F	8050003399	Sheriff	\$35.14
G	8050003400	Juvenile	\$450.77
H	8050003402	Juvenile	\$422.39
I	8050003405	County Clerk	\$2.00
		Total	\$3,243.93