CONSOLIDATED
BENEFITS RESOURCES, L.L.C.

Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Paper Transaction							
		8050003474	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	06/08/2026 06/08/2026	157266	$0.00	
		Combined	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA Medical	04/24/2026 04/24/2026	157266	$0.00	
		8050003505	Claimant Salary Continuation-No reimbursement of Temporary Total Disability	07/05/2026 07/11/2026	157266	$0.00	
Total By - Method Desc:		**3**			**Total for Method Desc:**	**$0.00**	**$0.00**

CONSOLIDATED
BENEFITS RESOURCES, L.L.C.

Check Register

Oklahoma County

Method Desc	Check Date	Claim # / Claimant Name	Payee / Payment Type	Service From / Service To	Run ID	Amount	Check #
Check							
	07/14/2026	Combined	HEALTHESYSTEMS Drug Coverage	07/08/2026 07/08/2026	157266	$579.02	805027978
	07/14/2026	8050003492	SSM HEALTHCARE OF OK INC DBA ST ANTHONY PHYSICAL THERAPY SOUTH Hospital - Outpatient	04/13/2026 04/13/2026	157266	$823.83	805027979
	07/14/2026	8050003504	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA Physician	06/26/2026 06/26/2026	157266	$148.85	805027980
	07/14/2026	8050003497	US MEDGROUP PA Physician	06/23/2026 06/23/2026	157266	$191.98	805027981
	07/14/2026	Combined	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	07/14/2026 07/14/2026	157266	$4.00	805027982
	07/14/2026	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	06/26/2026 06/26/2026	157266	$123.06	805027983
	07/14/2026	8050003477	Claimant Mileage	05/15/2026 06/30/2026	157266	$147.90	805027984

Total By - Method Desc:	**7**	**Total for Method Desc:**	**$2,018.64** **$2,018.64**
Total Number of Checks:	**10**	**Total Amount:**	**$2,018.64** **$2,018.64**

Payment Summary Current

Processed Date 7/14/2026 To 7/14/2026

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
	Check							
		7/14/2026	Bill Review Fees	8050003492		102.05	805027983	RISING MEDICAL SOLUTIONS, LLC
		7/14/2026	Bill Review Fees	8050003504		10.37	805027983	RISING MEDICAL SOLUTIONS, LLC
		7/14/2026	Bill Review Fees	8050003497		10.64	805027983	RISING MEDICAL SOLUTIONS, LLC
		7/14/2026	Drug Coverage	8050003505		99.45	805027978	HEALTHESYSTEMS
		7/14/2026	Drug Coverage	8050003505		479.57	805027978	HEALTHESYSTEMS
		7/14/2026	Fees including PI, IOS, background	8050003506		2.00	805027982	Two Oaks Investments, LLC
		7/14/2026	Fees including PI, IOS, background	8050003505		2.00	805027982	Two Oaks Investments, LLC
		7/14/2026	Hospital - Outpatient	8050003492		823.83	805027979	SSM HEALTHCARE OF OK INC DBA ST ANTHONY PHYSICAL THERAPY SOUTH
		7/14/2026	Mileage	8050003477		147.90	805027984	Claimant
		7/14/2026	Physician	8050003497		191.98	805027981	US MEDGROUP PA
		7/14/2026	Physician	8050003504		148.85	805027980	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
				Total Payment Method		**2,018.64**		
	Paper							
		7/14/2026	Medical	8050003497		0.00		OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		7/14/2026	Medical	8050003497		0.00		OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA

Payment Summary Current

Processed Date 7/14/2026 To 7/14/2026

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
	Paper							
		7/14/2026	Physician	8050003474		0.00		MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		7/14/2026	Salary Continuation-No reimbursement of	8050003505		0.00		Claimant
				Total Payment Method		**0.00**		
				Total Insurer		**2,018.64**		
				Grand Total		**2,018.64**		

APPROVED ON_____, 20____
BY THE BOARD OF COUNTY COMMISSIONERS

_____
DISTRICT 1

_____
DISTRICT 2

_____
DISTRICT 3

ATTEST:

_____
COUNTY CLERK

	Claim Number	Department	Amount
A	8050003492	County Clerk	$925.88
B	8050003504	Sheriff	$159.22
C	8050003497	Treasurer	$202.62
D	8050003505	Facilities Management	$581.02
E	8050003506	Juvenile	$2.00
F	8050003477	District 1	$147.90
			$2,018.64