



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Check	06/09/2026	8050003484	Eagle Partners, PLLC Medical	04/13/2026 04/13/2026	156682	\$85.98	805027909
	06/09/2026	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	05/18/2026 05/18/2026	156682	\$784.67	805027910
	06/09/2026	8050003497	One Call Medical, Inc Medical	05/06/2026 05/06/2026	156682	\$430.66	805027911
	06/09/2026	8050003495	CentraLink LLC Medical	04/22/2026 04/22/2026	156682	\$245.40	805027912
	06/09/2026	Combined	Mercy Clinic Oklahoma Communities, Inc Physician	04/23/2026 04/23/2026	156682	\$1,212.43	805027913
	06/09/2026	8050003491	HEALTHSYSTEMS RX - Letters	06/02/2026 06/02/2026	156682	\$65.00	805027914
	06/09/2026	8050003474	Richard R Morgan Physician	02/13/2026 02/13/2026	156682	\$221.13	805027915
	06/09/2026	Combined	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA Physician	05/22/2026 05/22/2026	156682	\$676.21	805027916
	06/09/2026	Combined	PTMS 3.0, LLC Physician	05/12/2026 05/12/2026	156682	\$178.58	805027917
	06/09/2026	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	05/22/2026 05/22/2026	156682	\$324.29	805027918
	06/09/2026	8050003477	Claimant Mileage	04/29/2026 05/19/2026	156682	\$101.50	805027919
	06/09/2026	8050003484	Claimant Temporary Total Disability	06/05/2026 06/11/2026	156683	\$476.04	805027920



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Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Check	06/09/2026	8050003306	Claimant Permanent Total Disability	06/05/2026 06/11/2026	156684	\$467.35	805027921
	06/09/2026	8050003306	RBRS Legal Group, PLLC Permanent Total Disability	06/12/2026 06/18/2026	156684	\$121.39	805027922
Total By - Method Desc: 14							
Total Number of Checks: 14							
						Total for Method Desc:	\$5,390.63
						Total Amount:	\$5,390.63

Payment Summary Current

Processed Date 6/9/2026 To 6/9/2026

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		6/9/2026	Bill Review Fees	8050003491		13.49	805027918	RISING MEDICAL SOLUTIONS, LLC
		6/9/2026	Bill Review Fees	8050003493		10.37	805027918	RISING MEDICAL SOLUTIONS, LLC
		6/9/2026	Bill Review Fees	8050003474		21.76	805027918	RISING MEDICAL SOLUTIONS, LLC
		6/9/2026	Bill Review Fees	8050003497		17.06	805027918	RISING MEDICAL SOLUTIONS, LLC
		6/9/2026	Bill Review Fees	8050003469		16.29	805027918	RISING MEDICAL SOLUTIONS, LLC
		6/9/2026	Bill Review Fees	8050003477		43.94	805027918	RISING MEDICAL SOLUTIONS, LLC
		6/9/2026	Bill Review Fees	8050003484		12.33	805027918	RISING MEDICAL SOLUTIONS, LLC
		6/9/2026	Bill Review Fees	8050003477		43.94	805027918	RISING MEDICAL SOLUTIONS, LLC
		6/9/2026	Bill Review Fees	8050003491		45.85	805027918	RISING MEDICAL SOLUTIONS, LLC
		6/9/2026	Bill Review Fees	8050003499		16.29	805027918	RISING MEDICAL SOLUTIONS, LLC
		6/9/2026	Bill Review Fees	8050003497		9.46	805027918	RISING MEDICAL SOLUTIONS, LLC
		6/9/2026	Bill Review Fees	8050003497		10.49	805027918	RISING MEDICAL SOLUTIONS, LLC
		6/9/2026	Bill Review Fees	8050003497		10.88	805027918	RISING MEDICAL SOLUTIONS, LLC
		6/9/2026	Bill Review Fees	8050003469		20.63	805027918	RISING MEDICAL SOLUTIONS, LLC

Payment Summary Current

Processed Date 6/9/2026 To 6/9/2026

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		6/9/2026	Bill Review Fees	8050003499		31.51	805027918	RISING MEDICAL SOLUTIONS, LLC
		6/9/2026	Medical	8050003497		430.66	805027911	One Call Medical, Inc
		6/9/2026	Medical	8050003484		85.98	805027909	Eagle Partners, PLLC
		6/9/2026	Medical	8050003495		245.40	805027912	CentraLink LLC
		6/9/2026	Mileage	8050003477		101.50	805027919	Claimant
		6/9/2026	Physician	8050003491		1,091.69	805027913	Mercy Clinic Oklahoma Communities, Inc
		6/9/2026	Physician	8050003499		129.11	805027910	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/9/2026	Physician	8050003469		335.15	805027910	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/9/2026	Physician	8050003497		232.51	805027916	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		6/9/2026	Physician	8050003491		120.74	805027913	Mercy Clinic Oklahoma Communities, Inc
		6/9/2026	Physician	8050003493		148.85	805027916	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		6/9/2026	Physician	8050003497		126.53	805027916	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		6/9/2026	Physician	8050003474		221.13	805027915	Richard R Morgan
		6/9/2026	Physician	8050003477		89.29	805027917	PTMS 3.0, LLC

Payment Summary Current

Processed Date 6/9/2026 To 6/9/2026

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check # Payee
Oklahoma County	Check						
		6/9/2026	Physician	8050003477		89.29	805027917 PTMS 3.0, LLC
		6/9/2026	Physician	8050003469		129.11	805027910 MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/9/2026	Physician	8050003497		168.32	805027916 OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		6/9/2026	Physician	8050003499		191.30	805027910 MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/9/2026	RX - Letters	8050003491		65.00	805027914 HEALTHSYSTEMS
		6/9/2026	Temporary Total Disability	8050003484		476.04	805027920 Claimant
		6/9/2026	Permanent Total Disability	8050003306		121.39	805027922 RBRS Legal Group, PLLC
		6/9/2026	Permanent Total Disability	8050003306		467.35	805027921 Claimant
			Total Payment Method			5,390.63	
			Total Insurer			5,390.63	
			Grand Total			5,390.63	

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	\$588.74
B	8050003469	Sheriff	\$501.18
C	8050003474	Juvenile	\$242.89
D	8050003477	District 1	\$367.96
E	8050003484	Assessor	\$574.35
F	8050003491	Facilities Management	\$1,336.77
G	8050003493	Sheriff	\$159.22
H	8050003495	Juvenile	\$245.40
I	8050003497	Treasurer	\$1,005.91
J	8050003499	Sheriff	\$368.21
			\$5,390.63