



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Paper Transaction		8050003462	HEALTHESYSTEMS Drug Recovery	01/14/2026 01/14/2026	156453	(\$19.73)	
Total By - Method Desc: 1					Total for Method Desc:	(\$19.73)	(\$19.73)



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Check	05/26/2026	Combined	HEALTHSYSTEMS RX - Letters	05/19/2026 05/19/2026	156453	\$291.32	805027890
	05/26/2026	Combined	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA Physician	05/13/2026 05/13/2026	156453	\$2,118.34	805027891
	05/26/2026	8050003492	Emergency Physicians of Mid- America, PC Physician	04/13/2026 04/13/2026	156453	\$410.41	805027892
	05/26/2026	Combined	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	05/26/2026 05/26/2026	156453	\$107.28	805027893
	05/26/2026	8050003484	Heflin Medical Management, LLC Medical	04/22/2026 05/06/2026	156453	\$844.25	805027894
	05/26/2026	8050003306	Claimant Permanent Total Disability	05/22/2026 05/28/2026	156453	\$467.35	805027895
	05/26/2026	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	05/13/2026 05/13/2026	156453	\$132.97	805027896
	05/26/2026	8050003484	Claimant Temporary Total Disability	05/22/2026 05/28/2026	156453	\$476.04	805027897
	05/26/2026	8050003306	RBRS Legal Group, PLLC Permanent Total Disability	05/29/2026 06/04/2026	156453	\$121.39	805027898
Total By - Method Desc: 9					Total for Method		
Total Number of Checks: 10					Desc:	\$4,969.35	\$4,969.35
					Total Amount:	\$4,949.62	\$4,949.62

Payment Summary Current

Processed Date 5/26/2026 To 5/26/2026

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		5/26/2026	Bill Review Fees	8050003497		10.49	805027896	RISING MEDICAL SOLUTIONS, LLC
		5/26/2026	Bill Review Fees	8050003497		10.49	805027896	RISING MEDICAL SOLUTIONS, LLC
		5/26/2026	Bill Review Fees	8050003497		10.49	805027896	RISING MEDICAL SOLUTIONS, LLC
		5/26/2026	Bill Review Fees	8050003498		10.49	805027896	RISING MEDICAL SOLUTIONS, LLC
		5/26/2026	Bill Review Fees	8050003493		10.37	805027896	RISING MEDICAL SOLUTIONS, LLC
		5/26/2026	Bill Review Fees	8050003498		10.49	805027896	RISING MEDICAL SOLUTIONS, LLC
		5/26/2026	Bill Review Fees	8050003498		10.37	805027896	RISING MEDICAL SOLUTIONS, LLC
		5/26/2026	Bill Review Fees	8050003498		10.49	805027896	RISING MEDICAL SOLUTIONS, LLC
		5/26/2026	Bill Review Fees	8050003498		10.49	805027896	RISING MEDICAL SOLUTIONS, LLC
		5/26/2026	Bill Review Fees	8050003500		11.43	805027896	RISING MEDICAL SOLUTIONS, LLC
		5/26/2026	Bill Review Fees	8050003498		11.43	805027896	RISING MEDICAL SOLUTIONS, LLC
		5/26/2026	Bill Review Fees	8050003492		15.94	805027896	RISING MEDICAL SOLUTIONS, LLC
		5/26/2026	Drug Coverage	8050003491		21.02	805027890	HEALTHESYSTEMS
		5/26/2026	Drug Coverage	8050003491		119.49	805027890	HEALTHESYSTEMS

Payment Summary Current

Processed Date 5/26/2026 To 5/26/2026

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		5/26/2026	Drug Coverage	8050003491		14.77	805027890	HEALTHESYSTEMS
		5/26/2026	Drug Coverage	8050003491		61.04	805027890	HEALTHESYSTEMS
		5/26/2026	Fees including PI, IOS, background	8050003469		2.00	805027893	Two Oaks Investments, LLC
		5/26/2026	Fees including PI, IOS, background	8050003484		2.00	805027893	Two Oaks Investments, LLC
		5/26/2026	Fees including PI, IOS, background	8050003501		2.00	805027893	Two Oaks Investments, LLC
		5/26/2026	Fees including PI, IOS, background	8050003491		2.00	805027893	Two Oaks Investments, LLC
		5/26/2026	Fees including PI, IOS, background	8050003469		2.00	805027893	Two Oaks Investments, LLC
		5/26/2026	Fees including PI, IOS, background	8050003484		2.00	805027893	Two Oaks Investments, LLC
		5/26/2026	Fees including PI, IOS, background	8050003491		47.64	805027893	Two Oaks Investments, LLC
		5/26/2026	Fees including PI, IOS, background	8050003477		47.64	805027893	Two Oaks Investments, LLC
		5/26/2026	Medical	8050003484		844.25	805027894	Heflin Medical Management, LLC
		5/26/2026	Permanent Total Disability	8050003306		121.39	805027898	RBRS Legal Group, PLLC
		5/26/2026	Permanent Total Disability	8050003306		467.35	805027895	Claimant
		5/26/2026	Physician	8050003500		321.20	805027891	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA

Payment Summary Current

Processed Date 5/26/2026 To 5/26/2026

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		5/26/2026	Physician	8050003498		321.20	805027891	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		5/26/2026	Physician	8050003498		168.32	805027891	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		5/26/2026	Physician	8050003498		168.32	805027891	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		5/26/2026	Physician	8050003497		168.32	805027891	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		5/26/2026	Physician	8050003497		168.32	805027891	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		5/26/2026	Physician	8050003497		168.32	805027891	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		5/26/2026	Physician	8050003498		148.85	805027891	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		5/26/2026	Physician	8050003498		168.32	805027891	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		5/26/2026	Physician	8050003493		148.85	805027891	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		5/26/2026	Physician	8050003498		168.32	805027891	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		5/26/2026	Physician	8050003492		410.41	805027892	Emergency Physicians of Mid-America, PC
		5/26/2026	RX - Letters	8050003477		75.00	805027890	HEALTHSYSTEMS
		5/26/2026	Temporary Total Disability	8050003484		476.04	805027897	Claimant
					Total Payment Method	4,969.35		

Payment Summary Current

Processed Date 5/26/2026 To 5/26/2026

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check # Payee
Oklahoma County	Paper	5/26/2026	Drug Recovery	8050003462		-19.73	HEALTHESYSTEMS
Total Payment Method						-19.73	
Total Insurer						4,949.62	
Grand Total						4,949.62	

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	\$4.00
C	8050003477	District 1	\$122.64
D	8050003484	Assessor	\$1,324.29
E	8050003491	Facilities Management	\$265.96
F	8050003492	County Clerk	\$426.35
G	8050003493	Sheriff	\$159.22
H	8050003497	Treasurer	\$536.43
I	8050003498	District 1	\$1,207.09
J	8050003500	Sheriff	\$332.63
K	8050003501	Juvenile	\$2.00
			\$4,969.35