

# **Check Register**

## **Oklahoma County**

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Am	ount	Check #
Paper Transaction								
		Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	07/09/2025 07/09/2025	151815	\$	\$0.00	
			Total for	Method				
		Total By - Method I	Desc: 1		Desc:	\$0.00 \$	0.00	

CBR\kbishop Page 1 of 2 9/2/2025 8:26:50 AM



# **Check Register**

## **Oklahoma County**

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID		Amount	Check #
Check								
	09/02/2025	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	07/09/2025 07/09/2025	151815		\$557.28	805027636
	09/02/2025	Combined	HEALTHSOUTH HOLDINGS INC Physician	08/04/2025 08/04/2025	151815		\$238.36	805027637
	09/02/2025	8050003451	OSSO-NORTH LOCATION Physician	08/05/2025 08/05/2025	151815		\$192.72	805027638
	09/02/2025	8050003435	Neuroscience Specialists, PC Physician	07/11/2025 07/11/2025	151815		\$253.62	805027639
	09/02/2025	Combined	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	09/02/2025 09/02/2025	151815		\$4.00	805027640
	09/02/2025	8050003399	Stooper Group PC Medical	08/19/2025 08/19/2025	151815		\$795.00	805027641
	09/02/2025	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	08/05/2025 08/05/2025	151815		\$140.10	805027642
		Total By - Method Desc:	7	Total for	Method Desc:	\$2,181.08	\$2,181.08	
	Te	otal Number of Checks:		Total A	mount:	\$2,181.08	\$2,181.08	

CBR\kbishop Page 2 of 2 9/2/2025 8:26:50 AM

## **Payment Summary Current**

## Processed Date 9/2/2025 To 9/2/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
	Check							
		9/2/2025	Bill Review Fees	8050003435		44.62	805027642	RISING MEDICAL SOLUTIONS, LLC
		9/2/2025	Bill Review Fees	8050003451		11.06	805027642	RISING MEDICAL SOLUTIONS, LLC
		9/2/2025	Bill Review Fees	8050003451		26.40	805027642	RISING MEDICAL SOLUTIONS, LLC
		9/2/2025	Bill Review Fees	8050003456		23.45	805027642	RISING MEDICAL SOLUTIONS, LLC
		9/2/2025	Bill Review Fees	8050003426		18.56	805027642	RISING MEDICAL SOLUTIONS, LLC
		9/2/2025	Bill Review Fees	8050003433		16.01	805027642	RISING MEDICAL SOLUTIONS, LLC
		9/2/2025	Fees including PI, IOS, background	8050003458		2.00	805027640	Two Oaks Investments, LLC
		9/2/2025	Fees including PI, IOS, background	8050003459		2.00	805027640	Two Oaks Investments, LLC
		9/2/2025	Hospital - Outpatient	8050003456		428.17	805027636	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		9/2/2025	Medical	8050003399		795.00	805027641	Stooper Group PC
		9/2/2025	Physician	8050003435		253.62	805027639	Neuroscience Specialists, PC
		9/2/2025	Physician	8050003451		119.18	805027637	HEALTHSOUTH HOLDINGS INC
		9/2/2025	Physician	8050003451		192.72	805027638	OSSO-NORTH LOCATION
		9/2/2025	Physician	8050003426		119.18	805027637	HEALTHSOUTH HOLDINGS INC

CBR\kbishop Page 1 of 2 9/2/2025 8:26:22 AM

## **Payment Summary Current**

#### **Processed Date** 9/2/2025 To 9/2/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check # Payee
Oklahoma County							
	Check						
		9/2/2025	Physician	8050003433		129.11	805027636 MCBRIDE ORTHOPEDIC HOSPITAL, LLC
				Total Payment	Method	2,181.08	
	Paper						
	<del>-</del>	9/2/2025	Hospital - Outpatient	8050003456		0.00	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		9/2/2025	Physician	8050003433		0.00	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
				Total Payment	: Method	0.00	
				Total Insurer		2,181.08	
				<b>Grand Total</b>	I	2,181.08	

CBR\kbishop Page 2 of 2 9/2/2025 8:26:22 AM

	APPROVED ON
	DISTRICT 1
	DISTRICT 2
ATTEST:	DISTRICT 3
COUNTY CLERK	

	Claim Number	Department	Amount
Α	8050003399	Sheriff	\$795.00
В	8050003426	Juvenile	\$137.74
С	8050003433	Sheriff	\$145.12
D	8050003435	Juvenile	\$298.24
E	8050003451	District 3	\$349.36
F	8050003456	Juvenile	\$451.62
G	8050003458	District 3	\$2.00
Н	8050003459	Assessor	\$2.00
			\$2,181.08