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							
	07/21/2026	8050003306	Claimant Permanent Total Disability	08/07/2026 09/05/2026	157374	$1,869.40	805027985
	07/21/2026	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	06/15/2026 06/15/2026	157375	$303.22	805027986
	07/21/2026	8050003501	Community Hospital LLC Hospital - Outpatient	06/15/2026 06/15/2026	157375	$2,406.05	805027987
	07/21/2026	Combined	HPI PHYSICIANS LLC Physician	06/15/2026 06/15/2026	157375	$1,148.76	805027988
	07/21/2026	Combined	SELECT PHYSICAL THERAPY HOLDINGS, INC Physician	06/17/2026 06/17/2026	157375	$460.49	805027989
	07/21/2026	8050003491	RADIOLOGY CONSULTANTS PC Medical	06/08/2026 06/08/2026	157375	$13.78	805027990
	07/21/2026	8050003504	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA Physician	06/22/2026 06/22/2026	157375	$330.19	805027991
	07/21/2026	Combined	PTMS 3.0, LLC Physician	06/16/2026 06/16/2026	157375	$168.92	805027992
	07/21/2026	Combined	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	07/21/2026 07/21/2026	157375	$4.00	805027993
	07/21/2026	8050003484	Integris Ambulatory Care Corporation -Integris Medical Group Physician	06/15/2026 06/15/2026	157375	$125.24	805027994

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								
	07/21/2026	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	06/22/2026 06/22/2026	157375		$388.49	805027995
						Total for Method Desc:	$7,218.54	$7,218.54
		Total By - Method Desc: 11						
		Total Number of Checks: 11				**Total Amount:**	**$7,218.54**	**$7,218.54**

Payment Summary Current

Processed Date 7/21/2026 To 7/21/2026

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
	Check							
		7/21/2026	Permanent Total Disability	8050003306		1,869.40	805027985	Claimant
		7/21/2026	Bill Review Fees	8050003484		19.36	805027995	RISING MEDICAL SOLUTIONS, LLC
		7/21/2026	Bill Review Fees	8050003477		32.33	805027995	RISING MEDICAL SOLUTIONS, LLC
		7/21/2026	Bill Review Fees	8050003484		19.43	805027995	RISING MEDICAL SOLUTIONS, LLC
		7/21/2026	Bill Review Fees	8050003484		19.37	805027995	RISING MEDICAL SOLUTIONS, LLC
		7/21/2026	Bill Review Fees	8050003469		14.02	805027995	RISING MEDICAL SOLUTIONS, LLC
		7/21/2026	Bill Review Fees	8050003477		41.93	805027995	RISING MEDICAL SOLUTIONS, LLC
		7/21/2026	Bill Review Fees	8050003501		17.93	805027995	RISING MEDICAL SOLUTIONS, LLC
		7/21/2026	Bill Review Fees	8050003503		18.27	805027995	RISING MEDICAL SOLUTIONS, LLC
		7/21/2026	Bill Review Fees	8050003484		17.45	805027995	RISING MEDICAL SOLUTIONS, LLC
		7/21/2026	Bill Review Fees	8050003501		39.28	805027995	RISING MEDICAL SOLUTIONS, LLC
		7/21/2026	Bill Review Fees	8050003491		10.50	805027995	RISING MEDICAL SOLUTIONS, LLC
		7/21/2026	Bill Review Fees	8050003504		48.96	805027995	RISING MEDICAL SOLUTIONS, LLC
		7/21/2026	Bill Review Fees	8050003501		89.66	805027995	RISING MEDICAL SOLUTIONS, LLC

Payment Summary Current

Processed Date 7/21/2026 To 7/21/2026

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
	Check							
		7/21/2026	Fees including PI, IOS, background	8050003508		2.00	805027993	Two Oaks Investments, LLC
		7/21/2026	Fees including PI, IOS, background	8050003507		2.00	805027993	Two Oaks Investments, LLC
		7/21/2026	Hospital - Outpatient	8050003501		2,406.05	805027987	Community Hospital LLC
		7/21/2026	Medical	8050003491		13.78	805027990	RADIOLOGY CONSULTANTS PC
		7/21/2026	Physician	8050003504		330.19	805027991	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		7/21/2026	Physician	8050003501		894.60	805027988	HPI PHYSICIANS LLC
		7/21/2026	Physician	8050003484		125.24	805027994	Integris Ambulatory Care Corporation -Integris Medical Group
		7/21/2026	Physician	8050003503		166.52	805027986	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		7/21/2026	Physician	8050003501		254.16	805027988	HPI PHYSICIANS LLC
		7/21/2026	Physician	8050003477		84.46	805027992	PTMS 3.0, LLC
		7/21/2026	Physician	8050003469		136.70	805027986	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		7/21/2026	Physician	8050003484		152.43	805027989	SELECT PHYSICAL THERAPY HOLDINGS, INC
		7/21/2026	Physician	8050003484		156.20	805027989	SELECT PHYSICAL THERAPY HOLDINGS, INC
		7/21/2026	Physician	8050003477		84.46	805027992	PTMS 3.0, LLC

Payment Summary Current

Processed Date 7/21/2026 To 7/21/2026

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
	Check							
		7/21/2026	Physician	8050003484		151.86	805027989	SELECT PHYSICAL THERAPY HOLDINGS, INC
				Total Payment Method		**7,218.54**		
				Total Insurer		**7,218.54**		
				Grand Total		**7,218.54**		

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	$1,869.40
B	8050003469	Sheriff	$150.72
C	8050003477	District 1	$243.18
D	8050003484	Assessor	$661.34
E	8050003491	Facilities Management	$24.28
F	8050003501	Juvenile	$3,701.68
G	8050003503	Election Board	$184.79
H	8050003504	Sheriff	$379.15
I	8050003507	Sheriff	$2.00
J	8050003508	Juvenile	$2.00
			$7,218.54