Memorandum			
To: Miranda Fry From: Kindy Steve Re: Employee Be			asurer's Office
Employee Benefit of Commissioners me			
INVOICE	E# 2091		
Oklahoma County	Prescription Cl	aims	\$ 20,839.00
TC	OTAL CLAIMS		\$ 20,839.00
APPROVED on _ By the Board of Co		, 2025 oners	
ATTEST:			
Oklahoma County Cle	erk		

AffirmedRx

10200 Forest Green Blvd Ste 112 Louisville, KY 40223 ar@affirmedrx.com



INVOICE

BILL TO

Oklahoma County 320 Robert S Kerr Avenue Oklahoma City, OK 73102 INVOICE DATE

2091 02/03/2025 Net 30

TERMS DUE DATE

03/05/2025

DATE	SERVICES	DESCRIPTION	QTY	RATE	AMOUNT
02/03/2025	Pharmacy Administrative Services	Oklahoma County Health Benefit Plan	2,977	7.00	20,839.00

Please pay via ACH/Wire.

BALANCE DUE

\$20,839.00

Thank you for your business. Admin Fee for 1/1/25 - 1/31/25