



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Check	04/28/2026	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	03/30/2026 03/30/2026	156003	\$902.47	805027850
	04/28/2026	Combined	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA Physician	04/02/2026 04/02/2026	156003	\$623.97	805027851
	04/28/2026	8050003484	SAINTS MEDICAL GROUP, LLC Physician	03/11/2026 03/11/2026	156003	\$2,331.86	805027852
	04/28/2026	8050003491	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	04/23/2026 04/23/2026	156003	\$2.00	805027853
	04/28/2026	8050003306	Claimant Permanent Total Disability	04/24/2026 04/30/2026	156003	\$467.35	805027854
	04/28/2026	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	04/02/2026 04/02/2026	156003	\$253.02	805027855
	04/28/2026	8050003306	RBRS Legal Group, PLLC Permanent Total Disability	05/01/2026 05/07/2026	156003	\$121.39	805027856
Total for Method							
Total By - Method Desc: 7					Desc:	\$4,702.06	\$4,702.06
Total Number of Checks: 7					Total Amount:	\$4,702.06	\$4,702.06

Payment Summary Current

Processed Date 4/28/2026 To 4/28/2026

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		4/28/2026	Bill Review Fees	8050003485		19.10	805027855	RISING MEDICAL SOLUTIONS, LLC
		4/28/2026	Bill Review Fees	8050003487		16.29	805027855	RISING MEDICAL SOLUTIONS, LLC
		4/28/2026	Bill Review Fees	8050003486		31.51	805027855	RISING MEDICAL SOLUTIONS, LLC
		4/28/2026	Bill Review Fees	8050003490		22.01	805027855	RISING MEDICAL SOLUTIONS, LLC
		4/28/2026	Bill Review Fees	8050003489		22.33	805027855	RISING MEDICAL SOLUTIONS, LLC
		4/28/2026	Bill Review Fees	8050003486		18.33	805027855	RISING MEDICAL SOLUTIONS, LLC
		4/28/2026	Bill Review Fees	8050003487		36.26	805027855	RISING MEDICAL SOLUTIONS, LLC
		4/28/2026	Bill Review Fees	8050003484		87.19	805027855	RISING MEDICAL SOLUTIONS, LLC
		4/28/2026	Fees including PI, IOS, background	8050003491		2.00	805027853	Two Oaks Investments, LLC
		4/28/2026	Permanent Total Disability	8050003306		121.39	805027856	RBRS Legal Group, PLLC
		4/28/2026	Permanent Total Disability	8050003306		467.35	805027854	Claimant
		4/28/2026	Physician	8050003484		2,331.86	805027852	SAINTS MEDICAL GROUP, LLC
		4/28/2026	Physician	8050003486		167.50	805027850	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		4/28/2026	Physician	8050003487		232.55	805027850	MCBRIDE ORTHOPEDIC HOSPITAL, LLC

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Processed Date 4/28/2026 To 4/28/2026

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		4/28/2026	Physician	8050003489		338.05	805027851	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		4/28/2026	Physician	8050003490		285.92	805027851	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		4/28/2026	Physician	8050003486		191.30	805027850	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		4/28/2026	Physician	8050003487		129.11	805027850	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		4/28/2026	Physician	8050003485		182.01	805027850	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
Total Payment Method						4,702.06		
Total Insurer						4,702.06		
Grand Total						4,702.06		

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	8050003484	Assessor	\$2,419.05
C	8050003485	Juvenile	\$201.11
D	8050003486	District 1	\$408.64
E	8050003487	District 1	\$414.21
F	8050003489	Sheriff	\$360.38
G	8050003490	Election Board	\$307.93
H	8050003491	Facilities Management	\$2.00
			\$4,702.06