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 #
Paper Transaction								
			IDCOKC, PLLC	03/02/2024	143488		$0.00	
		Combined	Physician	03/02/2024				
						Total for Method Desc:	**$0.00**	**$0.00**
		Total By - Method Desc: 1						

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							
	07/02/2024	8050003306	Claimant Temporary Total Disability	07/04/2024 07/10/2024	143487	$606.95	805027168
	07/02/2024	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	06/18/2024 06/18/2024	143488	$3,648.26	805027169
	07/02/2024	8050003399	Oklahoma Emergency Services Physician	04/20/2024 04/20/2024	143488	$158.89	805027170
	07/02/2024	8050003397	HEALTHESYSTEMS Drug Coverage	06/24/2024 06/24/2024	143488	$6.65	805027171
	07/02/2024	8050003326	HPC Holdings, LLC Physician	02/16/2024 02/16/2024	143488	$86.02	805027172
	07/02/2024	Combined	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	07/02/2024 07/02/2024	143488	$4.00	805027173
	07/02/2024	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	06/18/2024 06/18/2024	143488	$892.25	805027174
	07/02/2024	Combined	IDCOKC, PLLC Physician	03/02/2024 03/02/2024	143488	$1,429.65	805027175

Total By - Method Desc:	**8**	**Total for Method Desc:**	**$6,832.67** **$6,832.67**
Total Number of Checks:	**9**	**Total Amount:**	**$6,832.67** **$6,832.67**

Payment Summary Current

Processed Date 7/2/2024 To 7/2/2024

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
	Check							
		7/2/2024	Temporary Total Disability	8050003306		606.95	805027168	Claimant
		7/2/2024	Bill Review Fees	8050003398		13.46	805027174	RISING MEDICAL SOLUTIONS, LLC
		7/2/2024	Bill Review Fees	8050003399		20.29	805027174	RISING MEDICAL SOLUTIONS, LLC
		7/2/2024	Bill Review Fees	8050003326		28.34	805027174	RISING MEDICAL SOLUTIONS, LLC
		7/2/2024	Bill Review Fees	8050003397		14.29	805027174	RISING MEDICAL SOLUTIONS, LLC
		7/2/2024	Bill Review Fees	8050003408		26.46	805027174	RISING MEDICAL SOLUTIONS, LLC
		7/2/2024	Bill Review Fees	8050003407		22.70	805027174	RISING MEDICAL SOLUTIONS, LLC
		7/2/2024	Bill Review Fees	8050003399		15.54	805027174	RISING MEDICAL SOLUTIONS, LLC
		7/2/2024	Bill Review Fees	8050003306		196.56	805027174	RISING MEDICAL SOLUTIONS, LLC
		7/2/2024	Bill Review Fees	8050003306		196.56	805027174	RISING MEDICAL SOLUTIONS, LLC
		7/2/2024	Bill Review Fees	8050003306		196.56	805027174	RISING MEDICAL SOLUTIONS, LLC
		7/2/2024	Bill Review Fees	8050003399		19.88	805027174	RISING MEDICAL SOLUTIONS, LLC
		7/2/2024	Bill Review Fees	8050003396		19.88	805027174	RISING MEDICAL SOLUTIONS, LLC
		7/2/2024	Bill Review Fees	8050003398		13.46	805027174	RISING MEDICAL SOLUTIONS, LLC

Payment Summary Current

Processed Date 7/2/2024 To 7/2/2024

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
	Check							
		7/2/2024	Bill Review Fees	8050003306		94.93	805027174	RISING MEDICAL SOLUTIONS, LLC
		7/2/2024	Bill Review Fees	8050003399		13.34	805027174	RISING MEDICAL SOLUTIONS, LLC
		7/2/2024	Drug Coverage	8050003397		6.65	805027171	HEALTHESYSTEMS
		7/2/2024	Fees including PI, IOS, background	8050003405		2.00	805027173	Two Oaks Investments, LLC
		7/2/2024	Fees including PI, IOS, background	8050003409		2.00	805027173	Two Oaks Investments, LLC
		7/2/2024	Physician	8050003399		95.67	805027169	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		7/2/2024	Physician	8050003326		86.02	805027172	HPC Holdings, LLC
		7/2/2024	Physician	8050003399		161.75	805027169	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		7/2/2024	Physician	8050003399		158.89	805027170	Oklahoma Emergency Services
		7/2/2024	Physician	8050003306		2,543.34	805027169	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		7/2/2024	Physician	8050003407		136.24	805027169	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		7/2/2024	Physician	8050003408		176.93	805027169	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		7/2/2024	Physician	8050003397		124.27	805027169	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		7/2/2024	Physician	8050003398		99.40	805027169	MCBRIDE ORTHOPEDIC HOSPITAL, LLC

Payment Summary Current

Processed Date 7/2/2024 To 7/2/2024

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
	Check							
		7/2/2024	Physician	8050003398		99.40	805027169	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		7/2/2024	Physician	8050003396		105.63	805027169	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		7/2/2024	Physician	8050003399		105.63	805027169	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		7/2/2024	Physician	8050003306		476.55	805027175	IDCOKC, PLLC
		7/2/2024	Physician	8050003306		476.55	805027175	IDCOKC, PLLC
		7/2/2024	Physician	8050003306		476.55	805027175	IDCOKC, PLLC
				Total Payment Method		**6,832.67**		
	Paper							
		7/2/2024	Physician	8050003306		0.00		IDCOKC, PLLC
		7/2/2024	Physician	8050003306		0.00		IDCOKC, PLLC
		7/2/2024	Physician	8050003306		0.00		IDCOKC, PLLC
				Total Payment Method		**0.00**		
				Total Insurer		**6,832.67**		
				Grand Total		**6,832.67**		

APPROVED ON_____, 20____
BY THE BOARD OF COUNTY COMMISSIONERS

_____
CARRIE BLUMERT

_____
BRIAN MAUGHAN

_____
MYLES DAVIDSON

ATTEST:

_____
COUNTY CLERK

	Claim Number	Department	Amount
A	8050003306	Sheriff	$5,264.55
B	8050003326	Juvenile	$114.36
C	8050003396	County Clerk	$125.51
D	8050003397	Facilities	$145.21
E	8050003398	Juvenile	$225.72
F	8050003399	Sheriff	$590.99
G	8050003405	County Clerk	$2.00
H	8050003407	Juvenile	$158.94
I	8050003408	District 3	$203.39
J	8050003409	Juvenile	$2.00
			$6,832.67