Memorandum

To:	Jessica Clayton					
From:	From: Mariana Hernandez, Oklahoma County Treasurer's Office					
Re:						
	yee Benefit checks to be considered faissioners meeting on May 28th, 2025					
	INVOICE# 2888					
N	May $1^{ m st}$, 2025 through May $16^{ m th}$, 202	25				
Oklaho	oma County Prescription Claims	\$ 530,753.22				
Prefu	nded Payment	(250,000.00)				
	TOTAL CLAIMS	\$ 280,753.22				
	APPROVED on By the Board of County Commis	7-0-0				
ATTES	T:					
Oklaho	ma County Clerk					

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

2888 05/16/2025

TERMS DUE DATE

Net 3 05/19/2025

05/16/2025 05/16/2025		Oklahoma County Health Benefit Plan Apply Prefund Payment	1	530,753.22 -250,000.00	530,753.22
DATE	SERVICES	DESCRIPTION	QTY	RATE	AMOUNT

Pharmacy Cost for 5/1/25 - 5/16/25

BALANCE DUE

\$280,753.22

Please ACH your payment to:

PNC Bank ABA# 021052053 Account# 13903461 Page 1 of 1