



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Check							
	09/09/2025	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	07/28/2025 07/28/2025	151918	\$369.81	805027643
	09/09/2025	Combined	HEALTHSOUTH HOLDINGS INC Physician	07/21/2025 07/21/2025	151918	\$334.43	805027644
	09/09/2025	8050003457	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA Physician	08/15/2025 08/15/2025	151918	\$285.92	805027645
	09/09/2025	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	08/15/2025 08/15/2025	151918	\$190.52	805027646
Total By - Method Desc: 4				Total for Method			
Total Number of Checks: 4				Desc:	\$1,180.68	\$1,180.68	
				Total Amount:	\$1,180.68	\$1,180.68	

Payment Summary Current

Processed Date 9/9/2025 To 9/9/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		9/9/2025	Bill Review Fees	8050003426		50.46	805027646	RISING MEDICAL SOLUTIONS, LLC
		9/9/2025	Bill Review Fees	8050003426		18.20	805027646	RISING MEDICAL SOLUTIONS, LLC
		9/9/2025	Bill Review Fees	8050003456		16.01	805027646	RISING MEDICAL SOLUTIONS, LLC
		9/9/2025	Bill Review Fees	8050003426		18.56	805027646	RISING MEDICAL SOLUTIONS, LLC
		9/9/2025	Bill Review Fees	8050003456		17.99	805027646	RISING MEDICAL SOLUTIONS, LLC
		9/9/2025	Bill Review Fees	8050003435		47.57	805027646	RISING MEDICAL SOLUTIONS, LLC
		9/9/2025	Bill Review Fees	8050003457		21.73	805027646	RISING MEDICAL SOLUTIONS, LLC
		9/9/2025	Physician	8050003426		119.18	805027644	HEALTHSOUTH HOLDINGS INC
		9/9/2025	Physician	8050003457		285.92	805027645	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		9/9/2025	Physician	8050003435		74.18	805027643	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		9/9/2025	Physician	8050003456		166.52	805027643	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		9/9/2025	Physician	8050003426		119.18	805027644	HEALTHSOUTH HOLDINGS INC
		9/9/2025	Physician	8050003456		129.11	805027643	MCBRIDE ORTHOPEDIC HOSPITAL, LLC

Payment Summary Current

Processed Date 9/9/2025 To 9/9/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	9/9/2025	Physician	8050003426		96.07	805027644	HEALTHSOUTH HOLDINGS INC
Total Payment Method						1,180.68		
Total Insurer						1,180.68		
Grand Total						1,180.68		

APPROVED ON _____, 20____
BY THE BOARD OF COUNTY COMMISSIONERS

DISTRICT 1

DISTRICT 2

DISTRICT 3

ATTEST:

COUNTY CLERK

	Claim Number	Department	Amount
A	8050003426	Juvenile	\$421.65
B	8050003435	Juvenile	\$121.75
C	8050003456	Juvenile	\$329.63
D	8050003457	District 1	\$307.65
			\$1,180.68