

Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID		Amount	Check #
Paper Transaction								
		8050003447	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	04/03/2025 04/03/2025	150641		\$0.00	
		Combined	Valir Outpatient Clinics Managment and Development Physician	05/31/2023 05/31/2023	150641		\$0.00	
		8050003441	Richard R Morgan Physician	04/16/2025 04/16/2025	150641		\$0.00	
	05/16/2025	8050003306	RISING MEDICAL SOLUTIONS, LLC Medical Refund Reimbursement	04/18/2025 04/18/2025	150641		(\$11.56)	54033
		Total By - Method Desc	: 4	Total for	Method Desc:	(\$11.56)	(\$11.56)	

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Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Check							
	06/24/2025	8050003326	OKLAHOMA TAX COMMISSION Taxes - PPD	06/20/2025 06/20/2025	150640	\$1,150.00	805027569
	06/24/2025	8050003326	Dawkins & Gowens Law Firm Settlement - Joint Petition-With Appendix	06/20/2025 06/20/2025	150640	\$19,400.00	805027570
	06/24/2025	8050003447	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	05/15/2025 05/15/2025	150641	\$31.10	805027571
	06/24/2025	8050003441	HEALTHSOUTH HOLDINGS INC Physician	05/30/2025 05/30/2025	150641	\$184.03	805027572
	06/24/2025	8050003393	OSSO-NORTH LOCATION Physician	06/02/2025 06/02/2025	150641	\$175.87	805027573
	06/24/2025	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	06/02/2025 06/02/2025	150641	\$127.85	805027574
				Total for I	Method		

Total for Method

Desc: \$21,068.85 \$21,068.85

Total Number of Checks: 10 Total Amount: \$21,057.29 \$21,057.29

Total By - Method Desc: 6

Payment Summary Current

Processed Date 6/24/2025 To 6/24/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
	Check							
		6/24/2025	Settlement - Joint Petition-With	8050003326		19,400.00	805027570	Dawkins & Gowens Law Firm
		6/24/2025	Taxes - PPD	8050003326		1,150.00	805027569	OKLAHOMA TAX COMMISSION
		6/24/2025	Bill Review Fees	8050003447		85.94	805027574	RISING MEDICAL SOLUTIONS, LLC
		6/24/2025	Bill Review Fees	8050003441		25.58	805027574	RISING MEDICAL SOLUTIONS, LLC
		6/24/2025	Bill Review Fees	8050003393		16.33	805027574	RISING MEDICAL SOLUTIONS, LLC
		6/24/2025	Physician	8050003393		175.87	805027573	OSSO-NORTH LOCATION
		6/24/2025	Physician	8050003441		184.03	805027572	HEALTHSOUTH HOLDINGS INC
		6/24/2025	Physician	8050003447		31.10	805027571	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
				Total Paymen	t Method	21,068.85		
	Paper							
		6/24/2025	Medical Refund Reimbursement	8050003306		-11.56	54033	RISING MEDICAL SOLUTIONS, LLC
		6/24/2025	Physician	8050003441		0.00		Richard R Morgan
		6/24/2025	Physician	8050003447		0.00		MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/24/2025	Physician	8050003215		0.00		Valir Outpatient Clinics Managment and Development
		6/24/2025	Physician	8050003215		0.00		Valir Outpatient Clinics Managment and Development

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Payment Summary Current

Processed Date 6/24/2025 To 6/24/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check # Payee
Oklahoma County							
	Paper						
		6/24/2025	Physician	8050003215		0.00	Valir Outpatient Clinics Managment and Development
		6/24/2025	Physician	8050003215		0.00	Valir Outpatient Clinics Managment and Development
				Total Paymen	t Method	-11.56	
				Total Insurer	r	21,057.29	
				Grand Tota	I	21,057.29	

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	APPROVED ON
	DISTRICT 1
	DISTRICT 2
ATTEST:	DISTRICT 3
COUNTY CLERK	

	Claim Number	Department	Amount
Α	8050003326	Juvenile	\$20,550.00
В	8050003393	Juvenile	\$192.20
С	8050003441	Sheriff	\$209.61
D	8050003447	Sheriff	\$117.04
			\$21,068.85