



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Check							
	12/02/2025	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	11/06/2025 11/06/2025	153330	\$352.19	805027719
	12/02/2025	8050003466	CentraLink LLC Medical	10/30/2025 10/30/2025	153330	\$123.75	805027720
	12/02/2025	Combined	Richard R Morgan Physician	06/10/2025 06/10/2025	153330	\$442.70	805027721
	12/02/2025	Combined	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	12/02/2025 12/02/2025	153330	\$10.00	805027722
	12/02/2025	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	11/06/2025 11/06/2025	153330	\$55.97	805027723
Total By - Method Desc: 5				Total for Method Desc:		\$984.61	\$984.61
Total Number of Checks: 5				Total Amount:		\$984.61	\$984.61

Payment Summary Current

Processed Date 12/2/2025 To 12/2/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	12/2/2025	Bill Review Fees	8050003466		16.01	805027723	RISING MEDICAL SOLUTIONS, LLC
		12/2/2025	Bill Review Fees	8050003451		19.98	805027723	RISING MEDICAL SOLUTIONS, LLC
		12/2/2025	Bill Review Fees	8050003451		19.98	805027723	RISING MEDICAL SOLUTIONS, LLC
		12/2/2025	Fees including PI, IOS, background	8050003466		2.00	805027722	Two Oaks Investments, LLC
		12/2/2025	Fees including PI, IOS, background	8050003471		2.00	805027722	Two Oaks Investments, LLC
		12/2/2025	Fees including PI, IOS, background	8050003469		2.00	805027722	Two Oaks Investments, LLC
		12/2/2025	Fees including PI, IOS, background	8050003470		2.00	805027722	Two Oaks Investments, LLC
		12/2/2025	Fees including PI, IOS, background	8050003437		2.00	805027722	Two Oaks Investments, LLC
		12/2/2025	Medical	8050003466		123.75	805027720	CentraLink LLC
		12/2/2025	Physician	8050003451		290.34	805027721	Richard R Morgan
		12/2/2025	Physician	8050003466		129.11	805027719	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		12/2/2025	Physician	8050003451		152.36	805027721	Richard R Morgan
		12/2/2025	Physician	8050003447		111.54	805027719	MCBRIDE ORTHOPEDIC HOSPITAL, LLC

Payment Summary Current

Processed Date 12/2/2025 To 12/2/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	12/2/2025	Physician	8050003447		111.54	805027719	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
Total Payment Method						984.61		
Total Insurer						984.61		
Grand Total						984.61		

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

DISTRICT 1

DISTRICT 2

DISTRICT 3

ATTEST:

COUNTY CLERK

	Claim Number	Department	Amount
A	8050003437	Juvenile	\$2.00
B	8050003447	Sheriff	\$223.08
C	8050003451	District 3	\$482.66
D	8050003466	Juvenile	\$270.87
E	8050003469	Sheriff	\$2.00
F	8050003470	District 3	\$2.00
G	8050003471	Juvenile	\$2.00
			\$984.61