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								
		8050003438	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	03/05/2025 03/05/2025	149836		$0.00	
		8050003446	Oklahoma Emergency Services Physician	04/01/2025 04/01/2025	149836		$0.00	
		Total By - Method Desc: 2				**Total for Method Desc:**	**$0.00**	**$0.00**

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							
	05/13/2025	8050003306	Claimant Temporary Total Disability	05/15/2025 05/21/2025	149835	$606.95	805027528
	05/13/2025	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	04/03/2025 04/03/2025	149836	$614.91	805027529
	05/13/2025	8050003393	CentraLink LLC Medical	02/13/2025 02/13/2025	149836	$155.00	805027530
	05/13/2025	8050003306	HEALTHESYSTEMS Drug Coverage	05/07/2025 05/07/2025	149836	$53.46	805027531
	05/13/2025	Combined	OSSO-NORTH LOCATION Physician	04/24/2025 04/24/2025	149836	$511.02	805027532
	05/13/2025	8050003306	Neuroscience Specialists, PC Physician	04/14/2025 04/14/2025	149836	$141.10	805027533
	05/13/2025	8050003426	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	05/06/2025 05/06/2025	149836	$35.14	805027534
	05/13/2025	8050003405	Eaze Medical Solutions Medical	11/05/2024 11/05/2024	149836	$58.05	805027535
	05/13/2025	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	04/24/2025 04/24/2025	149836	$155.58	805027536
	05/13/2025	8050003393	Claimant Temporary Total Disability	04/18/2025 04/20/2025	149842	$7,899.02	805027537

Total By - Method Desc: 10

Total Number of Checks: 12

Total for Method Desc: $10,230.23 $10,230.23

Total Amount: $10,230.23 $10,230.23

Payment Summary Current

Processed Date 5/13/2025 To 5/13/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
	Check							
		5/13/2025	Temporary Total Disability	8050003306		606.95	805027528	Claimant
		5/13/2025	Bill Review Fees	8050003306		43.18	805027536	RISING MEDICAL SOLUTIONS, LLC
		5/13/2025	Bill Review Fees	8050003405		10.47	805027536	RISING MEDICAL SOLUTIONS, LLC
		5/13/2025	Bill Review Fees	8050003426		6.83	805027536	RISING MEDICAL SOLUTIONS, LLC
		5/13/2025	Bill Review Fees	8050003445		21.24	805027536	RISING MEDICAL SOLUTIONS, LLC
		5/13/2025	Bill Review Fees	8050003446		10.47	805027536	RISING MEDICAL SOLUTIONS, LLC
		5/13/2025	Bill Review Fees	8050003447		25.42	805027536	RISING MEDICAL SOLUTIONS, LLC
		5/13/2025	Bill Review Fees	8050003439		21.64	805027536	RISING MEDICAL SOLUTIONS, LLC
		5/13/2025	Bill Review Fees	8050003393		16.33	805027536	RISING MEDICAL SOLUTIONS, LLC
		5/13/2025	Drug Coverage	8050003306		53.46	805027531	HEALTHESYSTEMS
		5/13/2025	Fees including PI, IOS, background	8050003426		35.14	805027534	Two Oaks Investments, LLC
		5/13/2025	Medical	8050003393		155.00	805027530	CentraLink LLC
		5/13/2025	Medical	8050003405		58.05	805027535	Eaze Medical Solutions
		5/13/2025	Physician	8050003447		282.29	805027529	MCBRIDE ORTHOPEDIC HOSPITAL, LLC

Payment Summary Current

Processed Date 5/13/2025 To 5/13/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
	Check							
		5/13/2025	Physician	8050003445		203.51	805027529	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		5/13/2025	Physician	8050003306		141.10	805027533	Neuroscience Specialists, PC
		5/13/2025	Physician	8050003426		129.11	805027529	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		5/13/2025	Physician	8050003439		335.15	805027532	OSSO-NORTH LOCATION
		5/13/2025	Physician	8050003393		175.87	805027532	OSSO-NORTH LOCATION
		5/13/2025	Temporary Total Disability	8050003393		918.49	805027537	Claimant
		5/13/2025	Temporary Total Disability	8050003393		918.49	805027537	Claimant
		5/13/2025	Temporary Total Disability	8050003393		918.49	805027537	Claimant
		5/13/2025	Temporary Total Disability	8050003393		918.49	805027537	Claimant
		5/13/2025	Temporary Total Disability	8050003393		918.49	805027537	Claimant
		5/13/2025	Temporary Total Disability	8050003393		918.49	805027537	Claimant
		5/13/2025	Temporary Total Disability	8050003393		918.49	805027537	Claimant
		5/13/2025	Temporary Total Disability	8050003393		918.49	805027537	Claimant
		5/13/2025	Temporary Total Disability	8050003393		551.10	805027537	Claimant

Payment Summary Current

Processed Date 5/13/2025 To 5/13/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
				Total Payment Method		**10,230.23**		
	Paper							
		5/13/2025	Physician	8050003438		0.00		MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		5/13/2025	Physician	8050003446		0.00		Oklahoma Emergency Services
				Total Payment Method		**0.00**		
				Total Insurer		**10,230.23**		
				Grand Total		**10,230.23**		

APPROVED ON_____, 20____
BY THE BOARD OF COUNTY COMMISSIONERS

_____
DISTRICT 1

_____
DISTRICT 2

_____
DISTRICT 3

ATTEST:

_____
COUNTY CLERK

	Claim Number	Department	Amount
A	8050003306	Sheriff	$844.69
B	8050003393	Juvenile	$8,246.22
C	8050003405	County Clerk	$68.52
D	8050003426	Juvenile	$171.08
E	8050003439	Juvenile	$356.79
F	8050003445	Election Board	$224.75
G	8050003446	Sheriff	$10.47
H	8050003447	Sheriff	$307.71
			$10,230.23