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							
		Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	03/24/2025 03/24/2025	149446	$0.00	
		8050003444	Oklahoma Emergency Services Physician	03/18/2025 03/18/2025	149446	$0.00	
		8050003420	HEALTHESYSTEMS Drug Recovery	12/09/2024 12/09/2024	149446	($25.93)	
		8050003439	SSM HEALTHCARE OF OK INC DBA ST ANTHONY PHYSICAL THERAPY SOUTH Medical	03/27/2025 03/27/2025	149446	$0.00	
	03/20/2025	Combined	RISING MEDICAL SOLUTIONS, LLC Medical Refund Reimbursement	01/30/2025 01/30/2025	149446	($128.54)	53800
		Total By - Method Desc: 5			**Total for Method Desc:**	**($154.47)**	**($154.47)**

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 #
Void							
	04/08/2025	8050003393	Claimant Temporary Total Disability	03/31/2025 04/06/2025	149445	($546.00)	805027488
	04/15/2025	8050003393	Claimant Temporary Total Disability	04/07/2025 04/13/2025	149445	($3,822.00)	805027499
		Total By - Method Desc: 2			**Total for Method Desc:**	**($4,368.00)**	**($4,368.00)**

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							
	04/22/2025	8050003306	Claimant Temporary Total Disability	04/24/2025 04/30/2025	149445	$606.95	805027505
	04/22/2025	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	03/18/2025 03/18/2025	149446	$2,610.23	805027506
	04/22/2025	Combined	CentraLink LLC Medical	02/07/2025 02/07/2025	149446	$221.65	805027507
	04/22/2025	8050003426	HPI PHYSICIANS LLC Physician	02/28/2025 02/28/2025	149446	$227.50	805027508
	04/22/2025	8050003436	Oklahoma Emergency Services Physician	02/14/2025 02/14/2025	149446	$157.72	805027509
	04/22/2025	Combined	Richard R Morgan Physician	03/20/2025 03/20/2025	149446	$838.15	805027510
	04/22/2025	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	03/27/2025 03/27/2025	149446	$505.03	805027511
	04/22/2025	8050003405	Claimant Mileage	08/24/2024 12/04/2024	149446	$138.69	805027512

Total By - Method Desc: 8 — **Total for Method Desc: $5,305.92** — **$5,305.92**

Total Number of Checks: 15 — **Total Amount: $783.45** — **$783.45**

Payment Summary Current

Processed Date 4/22/2025 To 4/22/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
	Check							
		4/22/2025	Temporary Total Disability	8050003306		606.95	805027505	Claimant
		4/22/2025	Bill Review Fees	8050003439		21.27	805027511	RISING MEDICAL SOLUTIONS, LLC
		4/22/2025	Bill Review Fees	8050003444		28.27	805027511	RISING MEDICAL SOLUTIONS, LLC
		4/22/2025	Bill Review Fees	8050003441		21.27	805027511	RISING MEDICAL SOLUTIONS, LLC
		4/22/2025	Bill Review Fees	8050003439		21.27	805027511	RISING MEDICAL SOLUTIONS, LLC
		4/22/2025	Bill Review Fees	8050003426		10.47	805027511	RISING MEDICAL SOLUTIONS, LLC
		4/22/2025	Bill Review Fees	8050003426		23.41	805027511	RISING MEDICAL SOLUTIONS, LLC
		4/22/2025	Bill Review Fees	8050003398		15.98	805027511	RISING MEDICAL SOLUTIONS, LLC
		4/22/2025	Bill Review Fees	8050003375		20.20	805027511	RISING MEDICAL SOLUTIONS, LLC
		4/22/2025	Bill Review Fees	8050003426		29.75	805027511	RISING MEDICAL SOLUTIONS, LLC
		4/22/2025	Bill Review Fees	8050003363		83.90	805027511	RISING MEDICAL SOLUTIONS, LLC
		4/22/2025	Bill Review Fees	8050003375		23.42	805027511	RISING MEDICAL SOLUTIONS, LLC
		4/22/2025	Bill Review Fees	8050003436		54.25	805027511	RISING MEDICAL SOLUTIONS, LLC
		4/22/2025	Bill Review Fees	8050003442		23.25	805027511	RISING MEDICAL SOLUTIONS, LLC

Payment Summary Current

Processed Date 4/22/2025 To 4/22/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
	Check							
		4/22/2025	Bill Review Fees	8050003441		23.25	805027511	RISING MEDICAL SOLUTIONS, LLC
		4/22/2025	Bill Review Fees	8050003438		24.74	805027511	RISING MEDICAL SOLUTIONS, LLC
		4/22/2025	Bill Review Fees	8050003436		38.12	805027511	RISING MEDICAL SOLUTIONS, LLC
		4/22/2025	Bill Review Fees	8050003444		10.47	805027511	RISING MEDICAL SOLUTIONS, LLC
		4/22/2025	Bill Review Fees	8050003439		10.47	805027511	RISING MEDICAL SOLUTIONS, LLC
		4/22/2025	Bill Review Fees	8050003442		21.27	805027511	RISING MEDICAL SOLUTIONS, LLC
		4/22/2025	Hospital - Outpatient	8050003436		829.63	805027506	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		4/22/2025	Hospital - Outpatient	8050003438		428.17	805027506	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		4/22/2025	Hospital - Outpatient	8050003444		533.88	805027506	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		4/22/2025	Medical	8050003426		388.21	805027506	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		4/22/2025	Medical	8050003397		160.17	805027507	CentraLink LLC
		4/22/2025	Medical	8050003426		61.48	805027507	CentraLink LLC
		4/22/2025	Mileage	8050003405		138.69	805027512	Claimant
		4/22/2025	Physician	8050003442		176.97	805027510	Richard R Morgan

Payment Summary Current

Processed Date 4/22/2025 To 4/22/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
	Check							
		4/22/2025	Physician	8050003441		306.47	805027510	Richard R Morgan
		4/22/2025	Physician	8050003439		98.60	805027510	Richard R Morgan
		4/22/2025	Physician	8050003442		58.91	805027510	Richard R Morgan
		4/22/2025	Physician	8050003375		105.63	805027506	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		4/22/2025	Physician	8050003436		157.72	805027509	Oklahoma Emergency Services
		4/22/2025	Physician	8050003375		127.56	805027506	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		4/22/2025	Physician	8050003363		31.74	805027506	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		4/22/2025	Physician	8050003426		227.50	805027508	HPI PHYSICIANS LLC
		4/22/2025	Physician	8050003439		98.60	805027510	Richard R Morgan
		4/22/2025	Physician	8050003398		165.41	805027506	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		4/22/2025	Physician	8050003441		98.60	805027510	Richard R Morgan
				Total Payment Method		**5,305.92**		
	Paper							
		4/22/2025	Drug Recovery	8050003420		-25.93		HEALTHESYSTEMS
		4/22/2025	Medical	8050003439		0.00		SSM HEALTHCARE OF OK INC DBA ST ANTHONY PHYSICAL THERAPY SOUTH

Payment Summary Current

Processed Date 4/22/2025 To 4/22/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
	Paper							
		4/22/2025	Medical Refund Reimbursement	8050003405		-123.75	53800	RISING MEDICAL SOLUTIONS, LLC
		4/22/2025	Medical Refund Reimbursement	8050003405		-4.79	53800	RISING MEDICAL SOLUTIONS, LLC
		4/22/2025	Physician	8050003440		0.00		MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		4/22/2025	Physician	8050003444		0.00		MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		4/22/2025	Physician	8050003444		0.00		Oklahoma Emergency Services
				Total Payment Method		**-154.47**		
	Void							
		4/22/2025	Temporary Total Disability	8050003393		-546.00	805027499	Claimant
		4/22/2025	Temporary Total Disability	8050003393		-546.00	805027499	Claimant
		4/22/2025	Temporary Total Disability	8050003393		-546.00	805027499	Claimant
		4/22/2025	Temporary Total Disability	8050003393		-546.00	805027499	Claimant
		4/22/2025	Temporary Total Disability	8050003393		-546.00	805027499	Claimant
		4/22/2025	Temporary Total Disability	8050003393		-546.00	805027499	Claimant
		4/22/2025	Temporary Total Disability	8050003393		-546.00	805027499	Claimant

Payment Summary Current

Processed Date 4/22/2025 To 4/22/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
	Void							
		4/22/2025	Temporary Total Disability	8050003393		-546.00	805027488	Claimant
				Total Payment Method		**-4,368.00**		
				Total Insurer		**783.45**		
				Grand Total		**783.45**		

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	$606.95
B	8050003363	Juvenile	$115.64
C	8050003375	Facilities Management	$276.81
D	8050003397	Facilities Management	$160.17
E	8050003398	Juvenile	$181.39
F	8050003405	County Clerk	$138.69
G	8050003426	Juvenile	$740.82
H	8050003436	Sheriff	$1,079.72
I	8050003438	Juvenile	$452.91
J	8050003439	Juvenile	$250.21
K	8050003441	Sheriff	$449.59
L	8050003442	Sheriff	$280.40
M	8050003444	Sheriff	$572.62
			$5,305.92