



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Check	10/29/2024	8050003306	Claimant Temporary Total Disability	10/31/2024 11/06/2024	145974	\$606.95	805027310
	10/29/2024	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	10/10/2024 10/10/2024	145975	\$219.70	805027311
	10/29/2024	8050003306	Community Hospital LLC Physician	09/24/2024 09/24/2024	145975	\$63.59	805027312
	10/29/2024	Combined	HEALTHSYSTEMS Drug Coverage	10/23/2024 10/23/2024	145975	\$95.93	805027313
	10/29/2024	Combined	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	10/29/2024 10/29/2024	145975	\$4.00	805027314
	10/29/2024	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	10/10/2024 10/10/2024	145975	\$55.42	805027315
Total By - Method Desc: 6				Total for Method			
Total Number of Checks: 6				Desc:		\$1,045.59	\$1,045.59
				Total Amount:		\$1,045.59	\$1,045.59

Payment Summary Current

Processed Date 10/29/2024 To 10/29/2024
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Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		10/29/2024	Temporary Total Disability	8050003306		606.95	805027310	Claimant
		10/29/2024	Bill Review Fees	8050003306		13.52	805027315	RISING MEDICAL SOLUTIONS, LLC
		10/29/2024	Bill Review Fees	8050003399		12.89	805027315	RISING MEDICAL SOLUTIONS, LLC
		10/29/2024	Bill Review Fees	8050003399		12.39	805027315	RISING MEDICAL SOLUTIONS, LLC
		10/29/2024	Bill Review Fees	8050003399		16.62	805027315	RISING MEDICAL SOLUTIONS, LLC
		10/29/2024	Drug Coverage	8050003421		7.92	805027313	HEALTHESYSTEMS
		10/29/2024	Drug Coverage	8050003421		25.88	805027313	HEALTHESYSTEMS
		10/29/2024	Drug Coverage	8050003421		18.12	805027313	HEALTHESYSTEMS
		10/29/2024	Drug Coverage	8050003420		18.12	805027313	HEALTHESYSTEMS
		10/29/2024	Drug Coverage	8050003420		25.89	805027313	HEALTHESYSTEMS
		10/29/2024	Fees including PI, IOS, background	8050003405		2.00	805027314	Two Oaks Investments, LLC
		10/29/2024	Fees including PI, IOS, background	8050003422		2.00	805027314	Two Oaks Investments, LLC
		10/29/2024	Medical	8050003399		70.27	805027311	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		10/29/2024	Physician	8050003399		67.33	805027311	MCBRIDE ORTHOPEDIC HOSPITAL, LLC

Payment Summary Current

Processed Date 10/29/202 To 10/29/2024

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Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		10/29/2024	Physician	8050003399		82.10	805027311	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		10/29/2024	Physician	8050003306		63.59	805027312	Community Hospital LLC
					Total Payment Method	1,045.59		
					Total Insurer	1,045.59		
					Grand Total	1,045.59		

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	\$684.06
B	8050003399	Sheriff	\$261.60
C	8050003405	County Clerk	\$2.00
D	8050003420	Juvenile	\$44.01
E	8050003421	Juvenile	\$51.92
F	8050003422	Emergency Management	\$2.00
			\$1,045.59