



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	Richard R Morgan Physician	11/21/2025 11/21/2025	154624	\$0.00	
	01/13/2026	Combined	CentraLink LLC Medical Refund Reimbursement	10/30/2025 10/30/2025	154624	(\$246.83)	41812
		Total By - Method Desc: 2			Total for Method Desc:	(\$246.83)	(\$246.83)



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Check	02/10/2026	8050003474	HEALTHSYSTEMS Drug Coverage	02/05/2026 02/05/2026	154624	\$21.01	805027770
	02/10/2026	Combined	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	02/10/2026 02/10/2026	154624	\$6.00	805027771
Total By - Method Desc: 2					Total for Method Desc:	\$27.01	\$27.01
Total Number of Checks: 4					Total Amount:	(\$219.82)	(\$219.82)

Payment Summary Current

Processed Date **2/10/2026** To **2/10/2026**

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee	
Oklahoma County	Check	2/10/2026	Drug Coverage	8050003474		21.01	805027770	HEALTHESYSTEMS	
		2/10/2026	Fees including PI, IOS, background	8050003476		2.00	805027771	Two Oaks Investments, LLC	
		2/10/2026	Fees including PI, IOS, background	8050003477		2.00	805027771	Two Oaks Investments, LLC	
		2/10/2026	Fees including PI, IOS, background	8050003478		2.00	805027771	Two Oaks Investments, LLC	
			Total Payment Method			27.01			
	Paper	2/10/2026	Medical Refund Reimbursement	8050003466		-123.75	41812	CentraLink LLC	
		2/10/2026	Medical Refund Reimbursement	8050003466		-57.60	41812	CentraLink LLC	
		2/10/2026	Medical Refund Reimbursement	8050003466		-65.48	41812	CentraLink LLC	
		2/10/2026	Physician	8050003465		0.00		Richard R Morgan	
		2/10/2026	Physician	8050003471		0.00		Richard R Morgan	
		2/10/2026	Physician	8050003465		0.00		Richard R Morgan	
			Total Payment Method			-246.83			
			Total Insurer			-219.82			
			Grand Total			-219.82			

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

DISTRICT 1

DISTRICT 2

DISTRICT 3

ATTEST:

COUNTY CLERK

	Claim Number	Department	Amount
A	8050003474	Juvenile	\$21.01
B	8050003476	Juvenile	\$2.00
C	8050003477	District 1	\$2.00
D	8050003478	Juvenile	\$2.00
			\$27.01