

# Memorandum

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**To:** Roberta Thomas  
**From:** Mariana Hernandez, Oklahoma County Treasurer's Office  
**Re:** Employee Benefits (AffirmedRX)

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Employee Benefit checks to be considered for approval at the Commissioners meeting on June 24<sup>th</sup>, 2026 are as follow:

INVOICE # 6821

May 25<sup>th</sup>, 2026 through May 31<sup>st</sup>, 2026

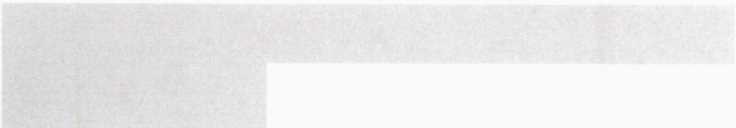
<b>Oklahoma County Pharmacy Services</b>	<b>\$ 250,259.31</b>
<b>Prefunded Payment</b>	<b>(125,000.00)</b>
<b>TOTAL CLAIMS</b>	<b>\$ 125,259.31</b>

APPROVED on \_\_\_\_\_, 2026  
By the Board of County Commissioners

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTEST:

\_\_\_\_\_  
Oklahoma County Clerk



**AffirmedRx**

10200 Forest Green Blvd Ste 112  
 Louisville, KY 40223  
 ar@affirmedrx.com



**AffirmedRx**  
 PUBLIC BENEFIT CORPORATION

**INVOICE**

BILL TO  
 Oklahoma County  
 320 Robert S Kerr Avenue  
 Oklahoma City, OK 73102

INVOICE 6821  
 DATE 06/01/2026  
 DUE DATE 06/04/2026

DATE	SERVICES	DESCRIPTION	QTY	RATE	AMOUNT
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-022	1	5,575.81	5,575.81
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-040	1	42,363.98	42,363.98
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-050	1	292.39	292.39
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-060	1	3,801.85	3,801.85
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-080	1	0.00	0.00
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-100	1	11,096.89	11,096.89
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-140	1	39,944.82	39,944.82
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-150	1	131.59	131.59
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-160	1	8,547.75	8,547.75
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-170	1	4,516.36	4,516.36
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-180	1	17,157.94	17,157.94
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-200	1	0.00	0.00
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-220	1	58.57	58.57
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-230	1	3,072.04	3,072.04

Please ACH your payment to:

Old National Bank  
 ABA # 086300012  
 Account # 118169534  
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06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-240	1	468.64	468.64
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-250	1	5,828.77	5,828.77
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-270	1	15.51	15.51
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-310	1	24.64	24.64
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-330	1	9,288.97	9,288.97
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-410	1	88.42	88.42
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-420	1	-11.40	-11.40
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-421	1	1,112.70	1,112.70
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-423	1	42,374.15	42,374.15
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-620	1	824.91	824.91
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-630	1	0.00	0.00
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-801	1	4,483.33	4,483.33
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-802	1	1,581.49	1,581.49
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-803	1	3,502.75	3,502.75
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-970	1	0.00	0.00
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-980	1	1,077.74	1,077.74
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-COC	1	0.00	0.00
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-RET	1	39,603.90	39,603.90
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-RETS	1	3,416.41	3,416.41
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-SUA	1	0.00	0.00
06/01/2026	Pharmacy Services	Oklahoma County Health Benefit Plan-	1	18.39	18.39

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06/01/2026	Pharmacy Services	Apply Prefund	1	-125,000.00	-125,000.00
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Please pay via ACH.  
Pharmacy Cost for 5/25/26 - 5/31/26

BALANCE DUE

**\$125,259.31**

Please ACH your payment to:

Old National Bank  
ABA # 086300012  
Account # 118169534  
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