



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Paper Transaction		8050003400	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	04/18/2024 04/18/2024	145403	\$0.00	
Total By - Method Desc: 1					Total for Method Desc:	\$0.00	\$0.00



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Check	10/01/2024	8050003306	Claimant Temporary Total Disability	10/03/2024 10/09/2024	145402	\$606.95	805027281
	10/01/2024	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	08/23/2024 08/23/2024	145403	\$1,271.30	805027282
	10/01/2024	8050003306	INTEGRITY MEDICAL SOLUTIONS, INC Medical	04/01/2024 04/30/2024	145403	\$900.00	805027283
	10/01/2024	Combined	HEALTHESYSTEMS Drug Coverage	06/11/2024 06/11/2024	145403	\$834.04	805027284
	10/01/2024	8050003350	Integris Health Southwest Medical Center Hospital - Outpatient	07/24/2023 07/24/2023	145403	\$971.28	805027285
	10/01/2024	8050003399	DIAGNOSTIC LABORATORY OF OKLAHOMA Medical	08/23/2024 08/23/2024	145403	\$46.85	805027286
	10/01/2024	8050003366	OKLAHOMA TAX COMMISSION Taxes - PPD	09/11/2024 09/11/2024	145403	\$123.75	805027287
	10/01/2024	8050003366	MPack Reporting, Inc Court Reporter Fees	09/09/2024 09/09/2024	145403	\$60.00	805027288
	10/01/2024	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	08/23/2024 08/23/2024	145403	\$190.94	805027289
Total for Method							
Total By - Method Desc: 9					Desc:	\$5,005.11	\$5,005.11
Total Number of Checks: 10					Total Amount:	\$5,005.11	\$5,005.11

Payment Summary Current

Processed Date 10/1/2024 To 10/1/2024

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		10/1/2024	Temporary Total Disability	8050003306		606.95	805027281	Claimant
		10/1/2024	Bill Review Fees	8050003415		20.85	805027289	RISING MEDICAL SOLUTIONS, LLC
		10/1/2024	Bill Review Fees	8050003408		20.85	805027289	RISING MEDICAL SOLUTIONS, LLC
		10/1/2024	Bill Review Fees	8050003408		38.81	805027289	RISING MEDICAL SOLUTIONS, LLC
		10/1/2024	Bill Review Fees	8050003415		23.97	805027289	RISING MEDICAL SOLUTIONS, LLC
		10/1/2024	Bill Review Fees	8050003416		23.97	805027289	RISING MEDICAL SOLUTIONS, LLC
		10/1/2024	Bill Review Fees	8050003416		24.42	805027289	RISING MEDICAL SOLUTIONS, LLC
		10/1/2024	Bill Review Fees	8050003399		12.58	805027289	RISING MEDICAL SOLUTIONS, LLC
		10/1/2024	Bill Review Fees	8050003350		25.49	805027289	RISING MEDICAL SOLUTIONS, LLC
		10/1/2024	Court Reporter Fees	8050003366		60.00	805027288	MPack Reporting, Inc
		10/1/2024	Drug Coverage	8050003306		204.98	805027284	HEALTHESYSTEMS
		10/1/2024	Drug Coverage	8050003306		629.06	805027284	HEALTHESYSTEMS
		10/1/2024	Hospital - Outpatient	8050003416		428.16	805027282	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		10/1/2024	Hospital - Outpatient	8050003350		971.28	805027285	Integris Health Southwest Medical Center

Payment Summary Current

Processed Date 10/1/2024 To 10/1/2024

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	10/1/2024	Medical	8050003399		46.85	805027286	DIAGNOSTIC LABORATORY OF OKLAHOMA
		10/1/2024	Medical	8050003408		311.00	805027282	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		10/1/2024	Medical	8050003306		900.00	805027283	INTEGRITY MEDICAL SOLUTIONS, INC
		10/1/2024	Physician	8050003415		116.20	805027282	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		10/1/2024	Physician	8050003408		116.20	805027282	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		10/1/2024	Physician	8050003415		149.87	805027282	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		10/1/2024	Physician	8050003416		149.87	805027282	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		10/1/2024	Taxes - PPD		8050003366		123.75	805027287
					Total Payment Method	5,005.11		
	Paper	10/1/2024	Physician	8050003400		0.00		MCBRIDE ORTHOPEDIC HOSPITAL, LLC
						Total Payment Method	0.00	
					Total Insurer	5,005.11		
					Grand Total	5,005.11		

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	\$2,340.99
B	8050003350	County Clerk	\$996.77
C	8050003366	District 3	\$183.75
D	8050003399	Sheriff	\$59.43
E	8050003408	District 3	\$486.86
F	8050003415	Juvenile	\$310.89
G	8050003416	Juvenile	\$626.42
			\$5,005.11