



# Check Register

## Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Paper Transaction		8050003306	DIAGNOSTIC LABORATORY OF OKLAHOMA Medical	03/05/2024 03/05/2024	142897	\$0.00	
	05/23/2024	8050003363	RISING MEDICAL SOLUTIONS, LLC Medical Refund Reimbursement	03/22/2024 03/22/2024	142897	(\$97.54)	52750
		<b>Total By - Method Desc: 2</b>			<b>Total for Method Desc:</b>	<b>(\$97.54)</b>	<b>(\$97.54)</b>



# Check Register

## Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Check	06/04/2024	8050003306	Claimant Temporary Total Disability	06/06/2024 06/12/2024	142896	\$606.95	805027132
	06/04/2024	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	05/01/2024 05/01/2024	142897	\$1,330.79	805027133
	06/04/2024	Combined	HEALTHSYSTEMS Drug Coverage	04/30/2024 04/30/2024	142897	\$834.04	805027134
	06/04/2024	8050003306	CENTRAL ANESTHESIA ASSOCIATES, LLC Physician	04/30/2024 04/30/2024	142897	\$943.48	805027135
	06/04/2024	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	05/01/2024 05/01/2024	142897	\$186.34	805027136
	06/04/2024	8050003401	Claimant Medical	05/28/2024 05/28/2024	142897	\$515.00	805027137
	06/04/2024	8050003048	McCaffrey & Associates, PLLC Settlement - Joint Petition-All Issues	05/27/2024 05/27/2024	142897	\$28,432.88	805027138
<b>Total By - Method Desc: 7</b>					<b>Total for Method</b>		
<b>Total Number of Checks: 9</b>					<b>Desc:</b>	<b>\$32,849.48</b>	<b>\$32,849.48</b>
					<b>Total Amount:</b>	<b>\$32,751.94</b>	<b>\$32,751.94</b>

## Payment Summary Current

**Processed Date 6/4/2024 To 6/4/2024**

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	6/4/2024	Temporary Total Disability	8050003306		606.95	805027132	Claimant
		6/4/2024	Bill Review Fees	8050003306		10.15	805027136	RISING MEDICAL SOLUTIONS, LLC
		6/4/2024	Bill Review Fees	8050003400		22.56	805027136	RISING MEDICAL SOLUTIONS, LLC
		6/4/2024	Bill Review Fees	8050003395		14.04	805027136	RISING MEDICAL SOLUTIONS, LLC
		6/4/2024	Bill Review Fees	8050003383		83.85	805027136	RISING MEDICAL SOLUTIONS, LLC
		6/4/2024	Bill Review Fees	8050003402		17.19	805027136	RISING MEDICAL SOLUTIONS, LLC
		6/4/2024	Bill Review Fees	8050003397		15.99	805027136	RISING MEDICAL SOLUTIONS, LLC
		6/4/2024	Bill Review Fees	8050003399		22.56	805027136	RISING MEDICAL SOLUTIONS, LLC
		6/4/2024	Drug Coverage	8050003306		629.06	805027134	HEALTHESYSTEMS
		6/4/2024	Drug Coverage	8050003306		204.98	805027134	HEALTHESYSTEMS
		6/4/2024	Hospital - Outpatient	8050003395		116.68	805027133	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/4/2024	Hospital - Outpatient	8050003399		372.25	805027133	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/4/2024	Hospital - Outpatient	8050003402		211.28	805027133	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/4/2024	Hospital - Outpatient	8050003400		372.25	805027133	MCBRIDE ORTHOPEDIC HOSPITAL, LLC

## Payment Summary Current

**Processed Date 6/4/2024 To 6/4/2024**

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	6/4/2024	Medical	8050003397		175.12	805027133	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/4/2024	Medical	8050003401		515.00	805027137	Claimant
		6/4/2024	Physician	8050003306		943.48	805027135	CENTRAL ANESTHESIA ASSOCIATES, LLC
		6/4/2024	Physician	8050003383		83.21	805027133	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/4/2024	Settlement - Joint Petition-All Issues	8050003048		28,432.88	805027138	McCaffrey & Associates, PLLC
			<b>Total Payment Method</b>			<b>32,849.48</b>		
	Paper	6/4/2024	Medical	8050003306		0.00		DIAGNOSTIC LABORATORY OF OKLAHOMA
		6/4/2024	Medical Refund Reimbursement	8050003363		-97.54	52750	RISING MEDICAL SOLUTIONS, LLC
			<b>Total Payment Method</b>			<b>-97.54</b>		
			<b>Total Insurer</b>			<b>32,751.94</b>		
			<b>Grand Total</b>			<b>32,751.94</b>		

APPROVED ON \_\_\_\_\_, 20 \_\_\_\_  
BY THE BOARD OF COUNTY COMMISSIONERS

\_\_\_\_\_  
CARRIE BLUMERT

\_\_\_\_\_  
BRIAN MAUGHAN

\_\_\_\_\_  
MYLES DAVIDSON

ATTEST:

\_\_\_\_\_  
COUNTY CLERK

	<b>Claim Number</b>	<b>Department</b>	<b>Amount</b>
A	8050003306	Sheriff	\$2,394.62
B	8050003400	Juvenile	\$394.81
C	8050003395	Sheriff	\$130.72
D	8050003383	Juvenile	\$167.06
E	8050003402	Juvenile	\$228.47
F	8050003397	Facilities Management	\$191.11
G	8050003399	Sheriff	\$394.81
H	8050003401	Juvenile	\$515.00
I	8050003048	Sheriff	\$28,432.88
		<b>Total</b>	<b>\$32,849.48</b>