



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Paper Transaction		8050003398	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	05/24/2024 05/24/2024	143341	\$0.00	
		8050003405	HealthCare Express, LLP Physician	05/22/2024 05/22/2024	143341	\$0.00	
		Total By - Method Desc: 2			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	06/25/2024	8050003306	Claimant Temporary Total Disability	06/27/2024 07/03/2024	143340	\$606.95	805027158
	06/25/2024	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	06/05/2024 06/05/2024	143341	\$1,154.59	805027159
	06/25/2024	8050003306	INTEGRITY MEDICAL SOLUTIONS, INC Medical	07/04/2023 07/31/2023	143341	\$1,097.06	805027160
	06/25/2024	8050003378	Oklahoma Emergency Services Physician	01/04/2024 01/04/2024	143341	\$90.34	805027161
	06/25/2024	8050003306	HEALTHSYSTEMS Drug Coverage	06/19/2024 06/19/2024	143341	\$25.62	805027162
	06/25/2024	Combined	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	06/25/2024 06/25/2024	143341	\$4.00	805027163
	06/25/2024	8050003306	OU Health Partners, Inc Physician	11/02/2023 11/02/2023	143341	\$255.79	805027164
	06/25/2024	8050003287	MPack Reporting, Inc Court Reporter Fees	04/17/2024 04/17/2024	143341	\$55.00	805027165
	06/25/2024	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	06/05/2024 06/05/2024	143341	\$412.70	805027166
	06/25/2024	8050003306	IDCOKC, PLLC Physician	03/06/2024 03/06/2024	143341	\$476.55	805027167
Total By - Method Desc: 10				Total for Method			
Total Number of Checks: 12				Desc:		\$4,178.60	\$4,178.60
				Total Amount:		\$4,178.60	\$4,178.60

Payment Summary Current

Processed Date 6/25/2024 To 6/25/2024

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		6/25/2024	Temporary Total Disability	8050003306		606.95	805027158	Claimant
		6/25/2024	Bill Review Fees	8050003396		14.44	805027166	RISING MEDICAL SOLUTIONS, LLC
		6/25/2024	Bill Review Fees	8050003378		15.92	805027166	RISING MEDICAL SOLUTIONS, LLC
		6/25/2024	Bill Review Fees	8050003406		22.70	805027166	RISING MEDICAL SOLUTIONS, LLC
		6/25/2024	Bill Review Fees	8050003399		40.45	805027166	RISING MEDICAL SOLUTIONS, LLC
		6/25/2024	Bill Review Fees	8050003306		18.68	805027166	RISING MEDICAL SOLUTIONS, LLC
		6/25/2024	Bill Review Fees	8050003404		19.88	805027166	RISING MEDICAL SOLUTIONS, LLC
		6/25/2024	Bill Review Fees	8050003405		10.15	805027166	RISING MEDICAL SOLUTIONS, LLC
		6/25/2024	Bill Review Fees	8050003306		196.56	805027166	RISING MEDICAL SOLUTIONS, LLC
		6/25/2024	Bill Review Fees	8050003398		13.34	805027166	RISING MEDICAL SOLUTIONS, LLC
		6/25/2024	Bill Review Fees	8050003398		13.34	805027166	RISING MEDICAL SOLUTIONS, LLC
		6/25/2024	Bill Review Fees	8050003404		22.70	805027166	RISING MEDICAL SOLUTIONS, LLC
		6/25/2024	Bill Review Fees	8050003398		12.27	805027166	RISING MEDICAL SOLUTIONS, LLC
		6/25/2024	Bill Review Fees	8050003398		12.27	805027166	RISING MEDICAL SOLUTIONS, LLC

Payment Summary Current

Processed Date 6/25/2024 To 6/25/2024

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	6/25/2024	Court Reporter Fees	8050003287		55.00	805027165	MPack Reporting, Inc
		6/25/2024	Drug Coverage	8050003306		25.62	805027162	HEALTHESYSTEMS
		6/25/2024	Fees including PI, IOS, background	8050003407		2.00	805027163	Two Oaks Investments, LLC
		6/25/2024	Fees including PI, IOS, background	8050003408		2.00	805027163	Two Oaks Investments, LLC
		6/25/2024	Medical	8050003306		1,097.06	805027160	INTEGRITY MEDICAL SOLUTIONS, INC
		6/25/2024	Medical	8050003399		328.81	805027159	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/25/2024	Physician	8050003406		136.24	805027159	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/25/2024	Physician	8050003378		90.34	805027161	Oklahoma Emergency Services
		6/25/2024	Physician	8050003396		128.77	805027159	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/25/2024	Physician	8050003306		255.79	805027164	OU Health Partners, Inc
		6/25/2024	Physician	8050003306		476.55	805027167	IDCOKC, PLLC
		6/25/2024	Physician	8050003398		95.67	805027159	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/25/2024	Physician	8050003398		95.67	805027159	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/25/2024	Physician	8050003404		105.63	805027159	MCBRIDE ORTHOPEDIC HOSPITAL, LLC

Payment Summary Current

Processed Date 6/25/2024 To 6/25/2024

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee	
Oklahoma County	Check	6/25/2024	Physician	8050003398		63.78	805027159	MCBRIDE ORTHOPEDIC HOSPITAL, LLC	
		6/25/2024	Physician	8050003398		63.78	805027159	MCBRIDE ORTHOPEDIC HOSPITAL, LLC	
		6/25/2024	Physician	8050003404		136.24	805027159	MCBRIDE ORTHOPEDIC HOSPITAL, LLC	
						Total Payment Method	4,178.60		
	Paper		6/25/2024	Physician	8050003398		0.00		MCBRIDE ORTHOPEDIC HOSPITAL, LLC
			6/25/2024	Physician	8050003405		0.00		HealthCare Express, LLP
						Total Payment Method	0.00		
						Total Insurer	4,178.60		
						Grand Total	4,178.60		

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

CARRIE BLUMERT

BRIAN MAUGHAN

MYLES DAVIDSON

ATTEST:

COUNTY CLERK

	Claim Number	Department	Amount
A	8050003306	Sheriff	\$2,677.21
B	8050003396	County Clerk	\$143.21
C	8050003378	Assessor	\$106.26
D	8050003406	District 3	\$158.94
E	8050003399	Sheriff	\$369.26
F	8050003404	Juvenile	\$284.45
G	8050003405	County Clerk	\$10.15
H	8050003398	Juvenile	\$370.12
I	8050003287	District 3	\$55.00
J	8050003407	Juvenile	\$2.00
K	8050003408	District 3	\$2.00
			\$4,178.60