CONSOLIDATED
BENEFITS RESOURCES, L.L.C.

Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Paper Transaction							
		8050003423	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	11/15/2024 11/15/2024	147942	$0.00	
		8050003306	Community Hospital LLC Physician	11/05/2024 11/14/2024	147942	$0.00	
	01/23/2025	8050003413	RISING MEDICAL SOLUTIONS, LLC Medical Refund Reimbursement	11/14/2024 11/14/2024	147942	($96.30)	53601
		Total By - Method Desc: 3			**Total for Method Desc:**	**($96.30)**	**($96.30)**

CONSOLIDATED
BENEFITS RESOURCES, L.L.C.

Check Register

Oklahoma County

Method Desc	Check Date	Claim # / Claimant Name	Payee / Payment Type	Service From / Service To	Run ID	Amount	Check #
Check							
	02/04/2025	8050003306	Claimant Temporary Total Disability	02/06/2025 02/12/2025	147941	$606.95	805027413
	02/04/2025	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	01/06/2025 01/06/2025	147942	$672.07	805027414
	02/04/2025	Combined	CentraLink LLC Medical	01/13/2025 01/13/2025	147942	$203.99	805027415
	02/04/2025	Combined	HPI PHYSICIANS LLC Physician	01/15/2025 01/15/2025	147942	$584.25	805027416
	02/04/2025	8050003306	HEALTHESYSTEMS Drug Coverage	01/30/2025 01/30/2025	147942	$44.88	805027417
	02/04/2025	8050003393	INFINITY INVESTIGATIONS AND PROTECTIVE SERVICES,LL Fees including PI, IOS, background checks, EDI fees	01/11/2025 01/11/2025	147942	$10.00	805027418
	02/04/2025	Combined	OSSO-NORTH LOCATION Physician	01/15/2025 01/15/2025	147942	$130.53	805027419
	02/04/2025	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	01/15/2025 01/15/2025	147942	$155.17	805027420

Total By - Method Desc:	**8**	**Total for Method Desc:**	**$2,407.84** **$2,407.84**
Total Number of Checks:	**11**	**Total Amount:**	**$2,311.54** **$2,311.54**

Payment Summary Current

Processed Date 2/4/2025 To 2/4/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
	Check							
		2/4/2025	Temporary Total Disability	8050003306		606.95	805027413	Claimant
		2/4/2025	Bill Review Fees	8050003432		16.35	805027420	RISING MEDICAL SOLUTIONS, LLC
		2/4/2025	Bill Review Fees	8050003424		29.88	805027420	RISING MEDICAL SOLUTIONS, LLC
		2/4/2025	Bill Review Fees	8050003424		11.73	805027420	RISING MEDICAL SOLUTIONS, LLC
		2/4/2025	Bill Review Fees	8050003424		17.30	805027420	RISING MEDICAL SOLUTIONS, LLC
		2/4/2025	Bill Review Fees	8050003424		56.41	805027420	RISING MEDICAL SOLUTIONS, LLC
		2/4/2025	Bill Review Fees	8050003399		23.50	805027420	RISING MEDICAL SOLUTIONS, LLC
		2/4/2025	Drug Coverage	8050003306		44.88	805027417	HEALTHESYSTEMS
		2/4/2025	Fees including PI, IOS, background	8050003393		10.00	805027418	INFINITY INVESTIGATIONS AND PROTECTIVE SERVICES,LL
		2/4/2025	Medical	8050003424		366.65	805027414	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		2/4/2025	Medical	8050003412		13.99	805027415	CentraLink LLC
		2/4/2025	Medical	8050003393		190.00	805027415	CentraLink LLC
		2/4/2025	Medical	8050003424		22.08	805027419	OSSO-NORTH LOCATION
		2/4/2025	Physician	8050003424		129.11	805027414	MCBRIDE ORTHOPEDIC HOSPITAL, LLC

Payment Summary Current

Processed Date 2/4/2025 To 2/4/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
	Check							
		2/4/2025	Physician	8050003424		155.85	805027416	HPI PHYSICIANS LLC
		2/4/2025	Physician	8050003432		176.31	805027414	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		2/4/2025	Physician	8050003405		15.94	805027416	HPI PHYSICIANS LLC
		2/4/2025	Physician	8050003405		412.46	805027416	HPI PHYSICIANS LLC
		2/4/2025	Physician	8050003399		108.45	805027419	OSSO-NORTH LOCATION
				Total Payment Method		**2,407.84**		
	Paper							
		2/4/2025	Medical Refund Reimbursement	8050003413		-96.30	53601	RISING MEDICAL SOLUTIONS, LLC
		2/4/2025	Physician	8050003423		0.00		MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		2/4/2025	Physician	8050003306		0.00		Community Hospital LLC
				Total Payment Method		**-96.30**		
				Total Insurer		**2,311.54**		
				Grand Total		**2,311.54**		

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	$651.83
B	8050003393	Juvenile	$200.00
C	8050003399	Sheriff	$131.95
D	8050003405	County Clerk	$428.40
E	8050003412	District 3	$13.99
F	8050003424	Sheriff	$789.01
G	8050003432	District 1	$192.66
			$2,407.84