Memorandum

То:	Charlotte Swindle	e						
From:	n: Mariana Hernandez, Oklahoma County Treasurer's Office							
Re:	Employee Benefits (AffirmedRX)							
Comm	issioners meeting		re as follow:					
March 16th, 2025 through March 31st, 2025								
Oklahoma County Prescription Claims \$ 437,754.04								
Prefu	nded Payment		(250,000.00)					
	TOTA	AL CLAIMS	\$ 187,754.04					
		on l of County Commiss						
ATTES	ST: oma County Clerk							

AffirmedRx

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



INVOICE

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

INVOICE DATE TERMS

DUE DATE

2558 03/31/2025 Net 3 04/04/2025

DATE	SERVICES	DESCRIPTION	QTY	RATE	AMOUNT
03/31/2025	Pharmacy Services	Oklahoma County Health Benefit Plan	1	437,754.04	437,754.04
03/31/2025	Pharmacy Services	Apply Prefund Payment	1	-250,000.00	-250,000.00

Pharmacy Cost for 3/16/25 - 3/31/25

BALANCE DUE

\$187,754.04

Please ACH your payment to:

PNC Bank ABA# 021052053 Account# 13903461 Page 1 of 1