Memorandum

To: Miranda Fryer	
From: Mariana Hernandez, Oklahoma Count	y Treasurer's Office
Re: Employee Benefits (AffirmedRX)	
Employee Benefit checks to be considered for Commissioners meeting on March 12th, 2025	
INVOICE# 2317	
February 16th, 2025 through Februar	ry 28 th , 2025
Oklahoma County Prescription Claims	\$ 427,930.28
Prefunded Payment	(250,000.00)
TOTAL CLAIMS	\$ 177,930.28
APPROVED on	,2025
By the Board of County Commis	sioners
ATTEST:	
Oklahoma 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 2317 03/03/2025

DUE DATE

Net 3 03/06/2025

DATE	SERVICES	DESCRIPTION	QTY	RATE	AMOUNT
03/03/2025	Pharmacy Services	Oklahoma County Health Benefit Plan	1	427,930.28	427,930.28
03/03/2025	Pharmacy Services	Apply Prefund Payment	1	-250,000.00	-250,000.00

Pharmacy Cost for 2/16/25 - 2/28/25

BALANCE DUE

\$177,930.28

Please ACH your payment to:

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