



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Check	02/25/2025	8050003306	Claimant Temporary Total Disability	02/27/2025 03/05/2025	148367	\$606.95	805027441
	02/25/2025	8050003393	Claimant Temporary Total Disability	02/14/2025 02/16/2025	148367	\$546.00	805027442
	02/25/2025	8050003429	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	01/31/2025 01/31/2025	148368	\$48.94	805027443
	02/25/2025	8050003306	Community Hospital LLC Physician	01/23/2025 01/23/2025	148368	\$67.33	805027444
	02/25/2025	Combined	INTEGRITY MEDICAL SOLUTIONS, INC Medical	10/03/2024 10/31/2024	148368	\$1,027.50	805027445
	02/25/2025	8050003393	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	02/20/2025 02/20/2025	148368	\$2.00	805027446
	02/25/2025	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	01/31/2025 01/31/2025	148368	\$27.69	805027447
Total By - Method Desc: 7				Total for Method			
Total Number of Checks: 7				Desc:		\$2,326.41	\$2,326.41
				Total Amount:		\$2,326.41	\$2,326.41

Payment Summary Current

Processed Date **2/25/2025** To **2/25/2025**

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		2/25/2025	Temporary Total Disability	8050003393		546.00	805027442	Claimant
		2/25/2025	Temporary Total Disability	8050003306		606.95	805027441	Claimant
		2/25/2025	Bill Review Fees	8050003306		12.71	805027447	RISING MEDICAL SOLUTIONS, LLC
		2/25/2025	Bill Review Fees	8050003429		14.98	805027447	RISING MEDICAL SOLUTIONS, LLC
		2/25/2025	Fees including PI, IOS, background	8050003393		2.00	805027446	Two Oaks Investments, LLC
		2/25/2025	Medical	8050003306		645.00	805027445	INTEGRITY MEDICAL SOLUTIONS, INC
		2/25/2025	Medical	8050003306		382.50	805027445	INTEGRITY MEDICAL SOLUTIONS, INC
		2/25/2025	Physician	8050003429		48.94	805027443	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		2/25/2025	Physician	8050003306		67.33	805027444	Community Hospital LLC
					Total Payment Method	2,326.41		
					Total Insurer	2,326.41		
					Grand Total	2,326.41		

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

DISTRICT 1

DISTRICT 2

DISTRICT 3

ATTEST:

COUNTY CLERK

	Claim Number	Department	Amount
A	8050003393	Juvenile	\$548.00
B	8050003306	Sheriff	\$1,714.49
C	8050003429	Sheriff	\$63.92
			\$2,326.41