



# Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Paper Transaction							
		Combined	HEALTHSOUTH HOLDINGS INC Physician	07/21/2025 07/21/2025	152137	\$0.00	
Total By - Method Desc: 1				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							
	09/23/2025	8050003451	OSSO-NORTH LOCATION Physician	09/02/2025 09/02/2025	152137	\$192.72	805027650
	09/23/2025	Combined	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA Physician	09/04/2025 09/04/2025	152137	\$881.27	805027651
	09/23/2025	028050001551	OKLAHOMA TAX COMMISSION Taxes - Fatality	09/23/2025 09/23/2025	152137	\$577.58	805027652
	09/23/2025	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	09/04/2025 09/04/2025	152137	\$59.33	805027653
Total By - Method Desc: 4				Total for Method Desc:		\$1,710.90	\$1,710.90
Total Number of Checks: 5				Total Amount:		\$1,710.90	\$1,710.90

## Payment Summary Current

Processed Date 9/23/2025 To 9/23/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	9/23/2025	Bill Review Fees	8050003459		10.46	805027653	RISING MEDICAL SOLUTIONS, LLC
		9/23/2025	Bill Review Fees	8050003451		26.40	805027653	RISING MEDICAL SOLUTIONS, LLC
		9/23/2025	Bill Review Fees	8050003459		11.54	805027653	RISING MEDICAL SOLUTIONS, LLC
		9/23/2025	Bill Review Fees	8050003458		10.93	805027653	RISING MEDICAL SOLUTIONS, LLC
		9/23/2025	Physician	8050003451		192.72	805027650	OSSO-NORTH LOCATION
		9/23/2025	Physician	8050003458		285.92	805027651	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		9/23/2025	Physician	8050003459		385.50	805027651	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		9/23/2025	Physician	8050003459		209.85	805027651	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		9/23/2025	Taxes - Fatality	02805000155 1		577.58	805027652	OKLAHOMA TAX COMMISSION
			Total Payment Method			1,710.90		
	Paper	9/23/2025	Physician	8050003426		0.00		HEALTHSOUTH HOLDINGS INC
		9/23/2025	Physician	8050003426		0.00		HEALTHSOUTH HOLDINGS INC
		9/23/2025	Physician	8050003426		0.00		HEALTHSOUTH HOLDINGS INC

Payment Summary Current

Processed Date 9/23/2025 To 9/23/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Paper	9/23/2025	Physician	8050003426		0.00		HEALTHSOUTH HOLDINGS INC
Total Payment Method						0.00		
Total Insurer						1,710.90		
Grand Total						1,710.90		

APPROVED ON \_\_\_\_\_, 20\_\_\_\_  
BY THE BOARD OF COUNTY COMMISSIONERS

\_\_\_\_\_  
DISTRICT 1

\_\_\_\_\_  
DISTRICT 2

\_\_\_\_\_  
DISTRICT 3

ATTEST:

\_\_\_\_\_  
COUNTY CLERK

	Claim Number	Department	Amount
A	8050003459	Assessor	\$617.35
B	8050003451	District 3	\$219.12
C	8050003458	District 3	\$296.85
D	8050001551	District 3	\$577.58
			<b>\$1,710.90</b>