



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	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	07/01/2025 07/01/2025	152024	\$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	09/16/2025	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	04/07/2025 04/07/2025	152024	\$464.82	805027647
	09/16/2025	Combined	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA Physician	08/28/2025 08/28/2025	152024	\$297.70	805027648
	09/16/2025	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	08/28/2025 08/28/2025	152024	\$228.63	805027649
Total for Method Desc:						\$991.15	\$991.15
Total Number of Checks: 4						\$991.15	\$991.15

Payment Summary Current

Processed Date 9/16/2025 To 9/16/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee	
Oklahoma County	Check	9/16/2025	Bill Review Fees	8050003429		81.51	805027649	RISING MEDICAL SOLUTIONS, LLC	
		9/16/2025	Bill Review Fees	8050003433		41.51	805027649	RISING MEDICAL SOLUTIONS, LLC	
		9/16/2025	Bill Review Fees	8050003458		10.09	805027649	RISING MEDICAL SOLUTIONS, LLC	
		9/16/2025	Bill Review Fees	8050003437		85.43	805027649	RISING MEDICAL SOLUTIONS, LLC	
		9/16/2025	Bill Review Fees	8050003459		10.09	805027649	RISING MEDICAL SOLUTIONS, LLC	
		9/16/2025	Physician	8050003459		148.85	805027648	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA	
		9/16/2025	Physician	8050003437		68.97	805027647	MCBRIDE ORTHOPEDIC HOSPITAL, LLC	
		9/16/2025	Physician	8050003429		34.55	805027647	MCBRIDE ORTHOPEDIC HOSPITAL, LLC	
		9/16/2025	Physician	8050003433		361.30	805027647	MCBRIDE ORTHOPEDIC HOSPITAL, LLC	
		9/16/2025	Physician	8050003458		148.85	805027648	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA	
			Total Payment Method			991.15			
	Paper	9/16/2025	Physician	8050003429		0.00		MCBRIDE ORTHOPEDIC HOSPITAL, LLC	
		9/16/2025	Physician	8050003453		0.00		MCBRIDE ORTHOPEDIC HOSPITAL, LLC	

Payment Summary Current

Processed Date 9/16/2025 To 9/16/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Paper	9/16/2025	Physician	8050003437		0.00		MCBRIDE ORTHOPEDIC HOSPITAL, LLC
					Total Payment Method	0.00		
					Total Insurer	991.15		
					Grand Total	991.15		

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

DISTRICT 1

DISTRICT 2

DISTRICT 3

ATTEST:

COUNTY CLERK

	Claim Number	Department	Amount
A	8050003429	Sheriff	\$116.06
B	8050003433	Sheriff	\$402.81
C	8050003437	Juvenile	\$154.40
D	8050003458	District 3	\$158.94
E	8050003459	Assessor	\$158.94
			\$991.15