



# Check Register

## Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Check	11/05/2024	8050003306	Claimant Temporary Total Disability	11/07/2024 11/13/2024	146119	\$606.95	805027316
	11/05/2024	8050003399	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	10/15/2024 10/15/2024	146120	\$67.33	805027317
	11/05/2024	Combined	HEALTHSYSTEMS RX - Letters	10/29/2024 10/29/2024	146120	\$113.62	805027318
	11/05/2024	8050003306	Neuroscience Specialists, PC Physician	10/03/2024 10/03/2024	146120	\$141.10	805027319
	11/05/2024	8050003423	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	10/31/2024 10/31/2024	146120	\$2.00	805027320
	11/05/2024	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	10/15/2024 10/15/2024	146120	\$36.01	805027321
		<b>Total By - Method Desc: 6</b>					
		<b>Total Number of Checks: 6</b>					
					<b>Total for Method Desc:</b>	<b>\$967.01</b>	<b>\$967.01</b>
					<b>Total Amount:</b>	<b>\$967.01</b>	<b>\$967.01</b>

## Payment Summary Current

Processed Date **11/5/2024** To **11/5/2024**

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		11/5/2024	Temporary Total Disability	8050003306		606.95	805027316	Claimant
		11/5/2024	Bill Review Fees	8050003306		23.62	805027321	RISING MEDICAL SOLUTIONS, LLC
		11/5/2024	Bill Review Fees	8050003399		12.39	805027321	RISING MEDICAL SOLUTIONS, LLC
		11/5/2024	Drug Coverage	8050003420		38.62	805027318	HEALTHESYSTEMS
		11/5/2024	Fees including PI, IOS, background	8050003423		2.00	805027320	Two Oaks Investments, LLC
		11/5/2024	Physician	8050003399		67.33	805027317	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		11/5/2024	Physician	8050003306		141.10	805027319	Neuroscience Specialists, PC
		11/5/2024	RX - Letters	8050003399		75.00	805027318	HEALTHESYSTEMS
					<b>Total Payment Method</b>	<b>967.01</b>		
					<b>Total Insurer</b>	<b>967.01</b>		
					<b>Grand Total</b>	<b>967.01</b>		

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

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

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

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

ATTEST:

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

	<b>Claim Number</b>	<b>Department</b>	<b>Amount</b>
A	8050003306	Sheriff	\$771.67
B	8050003399	Sheriff	\$154.72
C	8050003420	Juvenile	\$38.62
D	8050003423	Juvenile	\$2.00
			<b>\$967.01</b>