



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Paper Transaction							
		8050003423	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	11/15/2024 11/15/2024	147255	\$0.00	
		8050003306	Community Hospital LLC Physician	10/01/2024 10/31/2024	147255	\$0.00	
		8050003421	Neuroscience Specialists, PC Physician	11/06/2024 11/06/2024	147255	\$0.00	
		Total By - Method Desc: 3			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	12/31/2024	8050003306	Claimant Temporary Total Disability	01/02/2025 01/08/2025	147253	\$606.95	805027378
	12/31/2024	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	11/25/2024 11/25/2024	147255	\$2,064.04	805027379
	12/31/2024	8050003393	CentraLink LLC Medical	11/07/2024 11/07/2024	147255	\$52.50	805027380
	12/31/2024	Combined	HEALTHESYSTEMS Drug Coverage	12/26/2024 12/26/2024	147255	\$41.14	805027381
	12/31/2024	8050003393	OSSO-NORTH LOCATION Physician	12/03/2024 12/03/2024	147255	\$301.75	805027382
	12/31/2024	8050003421	Neuroscience Specialists, PC Physician	11/06/2024 11/06/2024	147255	\$443.20	805027383
	12/31/2024	8050003421	PTMS 3.0, LLC Physician	12/02/2024 12/02/2024	147255	\$153.24	805027384
	12/31/2024	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	12/03/2024 12/03/2024	147255	\$332.86	805027385
Total By - Method Desc: 8				Total for Method			
Total Number of Checks: 11				Desc:		\$3,995.68	\$3,995.68
				Total Amount:		\$3,995.68	\$3,995.68

Payment Summary Current

Processed Date 12/31/2024 To 12/31/2024
4

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	12/31/2024	Temporary Total Disability	8050003306		606.95	805027378	Claimant
		12/31/2024	Bill Review Fees	8050003427		16.35	805027385	RISING MEDICAL SOLUTIONS, LLC
		12/31/2024	Bill Review Fees	8050003423		13.98	805027385	RISING MEDICAL SOLUTIONS, LLC
		12/31/2024	Bill Review Fees	8050003423		11.64	805027385	RISING MEDICAL SOLUTIONS, LLC
		12/31/2024	Bill Review Fees	8050003423		14.97	805027385	RISING MEDICAL SOLUTIONS, LLC
		12/31/2024	Bill Review Fees	8050003423		10.47	805027385	RISING MEDICAL SOLUTIONS, LLC
		12/31/2024	Bill Review Fees	8050003423		13.98	805027385	RISING MEDICAL SOLUTIONS, LLC
		12/31/2024	Bill Review Fees	8050003423		15.03	805027385	RISING MEDICAL SOLUTIONS, LLC
		12/31/2024	Bill Review Fees	8050003423		15.03	805027385	RISING MEDICAL SOLUTIONS, LLC
		12/31/2024	Bill Review Fees	8050003421		44.44	805027385	RISING MEDICAL SOLUTIONS, LLC
		12/31/2024	Bill Review Fees	8050003423		15.15	805027385	RISING MEDICAL SOLUTIONS, LLC
		12/31/2024	Bill Review Fees	8050003421		16.72	805027385	RISING MEDICAL SOLUTIONS, LLC
		12/31/2024	Bill Review Fees	8050003426		15.03	805027385	RISING MEDICAL SOLUTIONS, LLC
		12/31/2024	Bill Review Fees	8050003393		20.53	805027385	RISING MEDICAL SOLUTIONS, LLC

Payment Summary Current

Processed Date 12/31/2024 To 12/31/2024
4

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	12/31/2024	Bill Review Fees	8050003421		59.92	805027385	RISING MEDICAL SOLUTIONS, LLC
		12/31/2024	Bill Review Fees	8050003421		16.89	805027385	RISING MEDICAL SOLUTIONS, LLC
		12/31/2024	Bill Review Fees	8050003420		15.03	805027385	RISING MEDICAL SOLUTIONS, LLC
		12/31/2024	Bill Review Fees	8050003426		17.70	805027385	RISING MEDICAL SOLUTIONS, LLC
		12/31/2024	Drug Coverage	8050003420		15.21	805027381	HEALTHESYSTEMS
		12/31/2024	Drug Coverage	8050003420		25.93	805027381	HEALTHESYSTEMS
		12/31/2024	Medical	8050003393		52.50	805027380	CentraLink LLC
		12/31/2024	Physician	8050003420		136.70	805027379	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		12/31/2024	Physician	8050003426		216.96	805027379	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		12/31/2024	Physician	8050003421		192.72	805027379	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		12/31/2024	Physician	8050003421		153.24	805027384	PTMS 3.0, LLC
		12/31/2024	Physician	8050003393		301.75	805027382	OSSO-NORTH LOCATION
		12/31/2024	Physician	8050003426		136.70	805027379	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		12/31/2024	Physician	8050003421		187.44	805027379	MCBRIDE ORTHOPEDIC HOSPITAL, LLC

Payment Summary Current

Processed Date **12/31/2024** To **12/31/2024**
4

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	12/31/2024	Physician	8050003421		443.20	805027383	Neuroscience Specialists, PC
		12/31/2024	Physician	8050003423		136.70	805027379	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		12/31/2024	Physician	8050003423		105.21	805027379	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		12/31/2024	Physician	8050003423		241.13	805027379	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		12/31/2024	Physician	8050003423		105.21	805027379	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		12/31/2024	Physician	8050003423		116.91	805027379	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		12/31/2024	Physician	8050003423		140.28	805027379	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		12/31/2024	Physician	8050003423		35.07	805027379	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		12/31/2024	Physician	8050003423		136.70	805027379	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		12/31/2024	Physician	8050003427		176.31	805027379	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		Total Payment Method						3,995.68
	Paper	12/31/2024	Physician	8050003423		0.00		MCBRIDE ORTHOPEDIC HOSPITAL, LLC
12/31/2024		Physician	8050003421		0.00		Neuroscience Specialists, PC	

Payment Summary Current

Processed Date **12/31/2024** To **12/31/2024**
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Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Paper	12/31/2024	Physician	8050003306		0.00		Community Hospital LLC
Total Payment Method						0.00		
Total Insurer						3,995.68		
Grand Total						3,995.68		

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

DISTRICT 1

DISTRICT 2

DISTRICT 3

ATTEST:

COUNTY CLERK

	Claim Number	Department	Amount
A	8050003306	Sheriff	\$606.95
B	8050003393	Juvenile	\$374.78
C	8050003420	Juvenile	\$192.87
D	8050003421	Juvenile	\$1,114.57
E	8050003423	Juvenile	\$1,127.46
F	8050003426	Juvenile	\$386.39
G	8050003427	Juvenile	\$192.66
			\$3,995.68