



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Check							
	11/18/2025	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	07/01/2025 07/01/2025	153078	\$124.68	805027705
	11/18/2025	8050003451	CentraLink LLC Medical	06/02/2025 06/02/2025	153078	\$58.60	805027706
	11/18/2025	8050003435	Neuroscience Specialists, PC Physician	10/17/2025 10/17/2025	153078	\$200.00	805027707
	11/18/2025	8050003459	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA Physician	10/27/2025 10/27/2025	153078	\$148.85	805027708
	11/18/2025	Combined	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	11/18/2025 11/18/2025	153078	\$6.00	805027709
	11/18/2025	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	10/27/2025 10/27/2025	153078	\$29.66	805027710
	11/18/2025	8050003405	Claimant Mileage	11/04/2025 11/04/2025	153078	\$9.66	805027711
	11/18/2025	8050003448	Claimant Medical	11/12/2025 11/12/2025	153078	\$779.00	805027712
Total By - Method Desc: 8				Total for Method Desc:		\$1,356.45	\$1,356.45
Total Number of Checks: 8				Total Amount:		\$1,356.45	\$1,356.45

Payment Summary Current

Processed Date 11/18/2025 To 11/18/2025
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Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check							
		11/18/2025	Bill Review Fees	8050003454		10.39	805027710	RISING MEDICAL SOLUTIONS, LLC
		11/18/2025	Bill Review Fees	8050003459		10.09	805027710	RISING MEDICAL SOLUTIONS, LLC
		11/18/2025	Bill Review Fees	8050003435		9.18	805027710	RISING MEDICAL SOLUTIONS, LLC
		11/18/2025	Fees including PI, IOS, background	8050003448		2.00	805027709	Two Oaks Investments, LLC
		11/18/2025	Fees including PI, IOS, background	8050003467		2.00	805027709	Two Oaks Investments, LLC
		11/18/2025	Fees including PI, IOS, background	8050003468		2.00	805027709	Two Oaks Investments, LLC
		11/18/2025	Medical	8050003448		779.00	805027712	Claimant
		11/18/2025	Medical	8050003451		58.60	805027706	CentraLink LLC
		11/18/2025	Mileage	8050003405		9.66	805027711	Claimant
		11/18/2025	Physician	8050003459		148.85	805027708	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, PA
		11/18/2025	Physician	8050003437		111.54	805027705	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		11/18/2025	Physician	8050003435		200.00	805027707	Neuroscience Specialists, PC

Payment Summary Current

Processed Date 11/18/2025 To 11/18/2025
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Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	11/18/2025	Physician	8050003454		13.14	805027705	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
Total Payment Method						1,356.45		
Total Insurer						1,356.45		
Grand Total						1,356.45		

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

DISTRICT 1

DISTRICT 2

DISTRICT 3

ATTEST:

COUNTY CLERK

	Claim Number	Department	Amount
A	8050003405	County Clerk	\$9.66
B	8050003435	Juvenile	\$209.18
C	8050003437	Juvenile	\$111.54
D	8050003448	Sheriff	\$781.00
E	8050003451	District 3	\$58.60
F	8050003454	Juvenile	\$23.53
G	8050003459	Assessor	\$158.94
H	8050003467	Assessor	\$2.00
I	8050003468	Juvenile	\$2.00
			\$1,356.45