CONSOLIDATED
BENEFITS RESOURCES, L.L.C.

# Check Register

## Oklahoma County

| Method Desc | Check Date | Claim # / Claimant Name | Payee / Payment Type | Service From / Service To | Run ID | Amount | Check # |
|---|---|---|---|---|---|---|---|
| Check | | | | | | | |
| | 02/18/2025 | 8050003306 | Claimant<br>Temporary Total Disability | 02/20/2025<br>02/26/2025 | 148213 | $606.95 | 805027432 |
| | 02/18/2025 | 8050003393 | Eagle Partners, PLLC<br>Medical | 12/19/2024<br>12/19/2024 | 148214 | $85.98 | 805027433 |
| | 02/18/2025 | Combined | MCBRIDE ORTHOPEDIC HOSPITAL, LLC<br>Physician | 01/24/2025<br>01/24/2025 | 148214 | $830.94 | 805027434 |
| | 02/18/2025 | Combined | Community Hospital LLC<br>Physician | 12/19/2024<br>12/31/2024 | 148214 | $536.70 | 805027435 |
| | 02/18/2025 | 8050003430 | Oklahoma Emergency Services<br>Physician | 12/28/2024<br>12/28/2024 | 148214 | $190.47 | 805027436 |
| | 02/18/2025 | Combined | Two Oaks Investments, LLC<br>Fees including PI, IOS, background checks, EDI fees | 02/18/2025<br>02/18/2025 | 148214 | $8.00 | 805027437 |
| | 02/18/2025 | Combined | RISING MEDICAL SOLUTIONS, LLC<br>Bill Review Fees | 01/24/2025<br>01/24/2025 | 148214 | $186.13 | 805027438 |
| | 02/18/2025 | 8050003326 | WALKER FERGUSON & FERGUSON<br>Legal | 01/21/2025<br>01/24/2025 | 148214 | $266.00 | 805027439 |
| | 02/18/2025 | 8050003399 | WALKER FERGUSON & FERGUSON<br>Legal | 11/11/2024<br>01/13/2025 | 148214 | $182.00 | 805027440 |

**Total By - Method Desc: 9**

**Total Number of Checks: 9**

**Total for Method Desc: $2,893.17 $2,893.17**

**Total Amount: $2,893.17 $2,893.17**

# Payment Summary Current

## Processed Date 2/18/2025 To 2/18/2025

| Insurer | Method | Processed | Payment Type | Claim # | Claimant | Amount | Check # | Payee |
|---|---|---|---|---|---|---|---|---|
| Oklahoma County | | | | | | | | |
| | Check | | | | | | | |
| | | 2/18/2025 | Temporary Total Disability | 8050003306 | | 606.95 | 805027432 | Claimant |
| | | 2/18/2025 | Bill Review Fees | 8050003393 | | 13.34 | 805027438 | RISING MEDICAL SOLUTIONS, LLC |
| | | 2/18/2025 | Bill Review Fees | 8050003306 | | 56.06 | 805027438 | RISING MEDICAL SOLUTIONS, LLC |
| | | 2/18/2025 | Bill Review Fees | 8050003430 | | 15.03 | 805027438 | RISING MEDICAL SOLUTIONS, LLC |
| | | 2/18/2025 | Bill Review Fees | 8050003430 | | 15.53 | 805027438 | RISING MEDICAL SOLUTIONS, LLC |
| | | 2/18/2025 | Bill Review Fees | 8050003430 | | 24.29 | 805027438 | RISING MEDICAL SOLUTIONS, LLC |
| | | 2/18/2025 | Bill Review Fees | 8050003430 | | 24.74 | 805027438 | RISING MEDICAL SOLUTIONS, LLC |
| | | 2/18/2025 | Bill Review Fees | 8050003393 | | 15.97 | 805027438 | RISING MEDICAL SOLUTIONS, LLC |
| | | 2/18/2025 | Bill Review Fees | 8050003306 | | 21.17 | 805027438 | RISING MEDICAL SOLUTIONS, LLC |
| | | 2/18/2025 | Fees including PI, IOS, background | 8050003424 | | 2.00 | 805027437 | Two Oaks Investments, LLC |
| | | 2/18/2025 | Fees including PI, IOS, background | 8050003393 | | 2.00 | 805027437 | Two Oaks Investments, LLC |
| | | 2/18/2025 | Fees including PI, IOS, background | 8050003311 | | 2.00 | 805027437 | Two Oaks Investments, LLC |
| | | 2/18/2025 | Fees including PI, IOS, background | 8050003393 | | 2.00 | 805027437 | Two Oaks Investments, LLC |
| | | 2/18/2025 | Hospital - Outpatient | 8050003430 | | 428.17 | 805027434 | MCBRIDE ORTHOPEDIC HOSPITAL, LLC |

# Payment Summary Current

## Processed Date 2/18/2025 To 2/18/2025

| Insurer | Method | Processed | Payment Type | Claim # | Claimant | Amount | Check # | Payee |
|---|---|---|---|---|---|---|---|---|
| Oklahoma County | | | | | | | | |
| | Check | | | | | | | |
| | | 2/18/2025 | Legal | 8050003326 | | 266.00 | 805027439 | WALKER FERGUSON & FERGUSON |
| | | 2/18/2025 | Legal | 8050003399 | | 182.00 | 805027440 | WALKER FERGUSON & FERGUSON |
| | | 2/18/2025 | Medical | 8050003393 | | 85.98 | 805027433 | Eagle Partners, PLLC |
| | | 2/18/2025 | Medical | 8050003393 | | 164.98 | 805027435 | Community Hospital LLC |
| | | 2/18/2025 | Physician | 8050003430 | | 149.87 | 805027434 | MCBRIDE ORTHOPEDIC HOSPITAL, LLC |
| | | 2/18/2025 | Physician | 8050003430 | | 136.70 | 805027434 | MCBRIDE ORTHOPEDIC HOSPITAL, LLC |
| | | 2/18/2025 | Physician | 8050003430 | | 190.47 | 805027436 | Oklahoma Emergency Services |
| | | 2/18/2025 | Physician | 8050003306 | | 116.20 | 805027434 | MCBRIDE ORTHOPEDIC HOSPITAL, LLC |
| | | 2/18/2025 | Physician | 8050003306 | | 371.72 | 805027435 | Community Hospital LLC |
| | | | | **Total Payment Method** | | **2,893.17** | | |
| | | | | **Total Insurer** | | **2,893.17** | | |
| | | | | **Grand Total** | | **2,893.17** | | |

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 | $1,172.10 |
| B | 8050003311 | Juvenile | $2.00 |
| C | 8050003326 | Juvenile | $266.00 |
| D | 8050003393 | Juvenile | $284.27 |
| E | 8050003399 | Sheriff | $182.00 |
| F | 8050003424 | Sheriff | $2.00 |
| G | 8050003430 | Juvenile | $984.80 |
| | | | **$2,893.17** |