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							
	06/17/2025	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	05/21/2025 05/21/2025	150514	$563.52	805027561
	06/17/2025	8050003439	CentraLink LLC Medical	04/24/2025 04/24/2025	150514	$271.71	805027562
	06/17/2025	8050003446	Oklahoma Emergency Services Physician	04/01/2025 04/01/2025	150514	$179.89	805027563
	06/17/2025	8050003441	Richard R Morgan Physician	05/12/2025 05/12/2025	150514	$98.60	805027564
	06/17/2025	Combined	HEALTHSOUTH HOLDINGS INC Physician	05/23/2025 05/23/2025	150514	$1,525.32	805027565
	06/17/2025	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	05/23/2025 05/23/2025	150514	$357.22	805027566
	06/17/2025	8050003452	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	06/11/2025 06/11/2025	150515	$2.00	805027567
	06/17/2025	8050003393	Delta Associated Investigations, Inc Fees including PI, IOS, background checks, EDI fees	04/02/2025 04/12/2025	150515	$1,474.30	805027568

Total By - Method Desc: 8

Total for Method Desc: $4,472.56 $4,472.56

Total Number of Checks: 8

Total Amount: $4,472.56 $4,472.56

Payment Summary Current

Processed Date 6/17/2025 To 6/17/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
	Check							
		6/17/2025	Bill Review Fees	8050003435		14.47	805027566	RISING MEDICAL SOLUTIONS, LLC
		6/17/2025	Bill Review Fees	8050003441		25.10	805027566	RISING MEDICAL SOLUTIONS, LLC
		6/17/2025	Bill Review Fees	8050003441		24.45	805027566	RISING MEDICAL SOLUTIONS, LLC
		6/17/2025	Bill Review Fees	8050003399		14.12	805027566	RISING MEDICAL SOLUTIONS, LLC
		6/17/2025	Bill Review Fees	8050003441		21.27	805027566	RISING MEDICAL SOLUTIONS, LLC
		6/17/2025	Bill Review Fees	8050003441		14.04	805027566	RISING MEDICAL SOLUTIONS, LLC
		6/17/2025	Bill Review Fees	8050003441		25.09	805027566	RISING MEDICAL SOLUTIONS, LLC
		6/17/2025	Bill Review Fees	8050003441		25.68	805027566	RISING MEDICAL SOLUTIONS, LLC
		6/17/2025	Bill Review Fees	8050003441		30.03	805027566	RISING MEDICAL SOLUTIONS, LLC
		6/17/2025	Bill Review Fees	8050003441		25.09	805027566	RISING MEDICAL SOLUTIONS, LLC
		6/17/2025	Bill Review Fees	8050003441		25.09	805027566	RISING MEDICAL SOLUTIONS, LLC
		6/17/2025	Bill Review Fees	8050003441		24.52	805027566	RISING MEDICAL SOLUTIONS, LLC
		6/17/2025	Bill Review Fees	8050003441		25.09	805027566	RISING MEDICAL SOLUTIONS, LLC
		6/17/2025	Bill Review Fees	8050003448		22.01	805027566	RISING MEDICAL SOLUTIONS, LLC

Payment Summary Current

Processed Date 6/17/2025 To 6/17/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
	Check							
		6/17/2025	Bill Review Fees	8050003446		20.00	805027566	RISING MEDICAL SOLUTIONS, LLC
		6/17/2025	Bill Review Fees	8050003306		21.17	805027566	RISING MEDICAL SOLUTIONS, LLC
		6/17/2025	Medical	8050003439		271.71	805027562	CentraLink LLC
		6/17/2025	Physician	8050003306		116.20	805027561	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/17/2025	Physician	8050003446		179.89	805027563	Oklahoma Emergency Services
		6/17/2025	Physician	8050003448		218.01	805027561	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/17/2025	Physician	8050003441		153.23	805027565	HEALTHSOUTH HOLDINGS INC
		6/17/2025	Physician	8050003441		116.95	805027565	HEALTHSOUTH HOLDINGS INC
		6/17/2025	Physician	8050003441		153.23	805027565	HEALTHSOUTH HOLDINGS INC
		6/17/2025	Physician	8050003441		153.23	805027565	HEALTHSOUTH HOLDINGS INC
		6/17/2025	Physician	8050003441		112.43	805027565	HEALTHSOUTH HOLDINGS INC
		6/17/2025	Physician	8050003441		190.60	805027565	HEALTHSOUTH HOLDINGS INC
		6/17/2025	Physician	8050003441		153.23	805027565	HEALTHSOUTH HOLDINGS INC
		6/17/2025	Physician	8050003435		119.98	805027561	MCBRIDE ORTHOPEDIC HOSPITAL, LLC

Payment Summary Current

Processed Date 6/17/2025 To 6/17/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County								
	Check							
		6/17/2025	Physician	8050003441		226.19	805027565	HEALTHSOUTH HOLDINGS INC
		6/17/2025	Physician	8050003441		98.60	805027564	Richard R Morgan
		6/17/2025	Physician	8050003399		109.33	805027561	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		6/17/2025	Physician	8050003441		112.43	805027565	HEALTHSOUTH HOLDINGS INC
		6/17/2025	Physician	8050003441		153.80	805027565	HEALTHSOUTH HOLDINGS INC
		6/17/2025	Fees including PI, IOS, background	8050003452		2.00	805027567	Two Oaks Investments, LLC
		6/17/2025	Fees including PI, IOS, background	8050003393		1,474.30	805027568	Delta Associated Investigations, Inc
				Total Payment Method		**4,472.56**		
				Total Insurer		**4,472.56**		
				Grand Total		**4,472.56**		

APPROVED ON_____, 20____
BY THE BOARD OF COUNTY COMMISSIONERS

_____
DISTRICT 1

_____
DISTRICT 2

_____
DISTRICT 3

ATTEST:

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COUNTY CLERK

	Claim Number	Department	Amount
A	8050003306	Sheriff	137.37
B	8050003393	Juvenile	1,474.30
C	8050003399	Sheriff	123.45
D	8050003435	Juvenile	134.45
E	8050003439	Juvenile	271.71
F	8050003441	Sheriff	1,889.37
G	8050003446	Sheriff	199.89
H	8050003448	Sheriff	240.02
I	8050003452	Facilities	2.00
			$4,472.56