



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Paper Transaction		8050003425	Oklahoma Emergency Services Physician	11/08/2024 11/08/2024	147140	\$0.00	
		Total By - Method Desc: 1			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	12/23/2024	8050003306	Claimant Temporary Total Disability	12/26/2024 01/01/2025	147139	\$606.95	805027366
	12/23/2024	Combined	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Physician	11/25/2024 11/25/2024	147140	\$535.31	805027367
	12/23/2024	Combined	Community Hospital LLC Physician	10/01/2024 10/31/2024	147140	\$798.85	805027368
	12/23/2024	Combined	CentraLink LLC Medical	11/15/2024 11/15/2024	147140	\$500.63	805027369
	12/23/2024	8050003425	Oklahoma Emergency Services Physician	11/08/2024 11/08/2024	147140	\$161.90	805027370
	12/23/2024	8050003393	HEALTHESYSTEMS RX - Letters	12/17/2024 12/17/2024	147140	\$75.00	805027371
	12/23/2024	8050003399	OSSO-NORTH LOCATION Physician	11/14/2024 11/14/2024	147140	\$308.00	805027372
	12/23/2024	Combined	PTMS 3.0, LLC Physician	11/25/2024 11/25/2024	147140	\$362.88	805027373
	12/23/2024	Combined	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	12/19/2024 12/19/2024	147140	\$6.00	805027374
	12/23/2024	8050003418	Integrus Ambulatory Care Corporation -Integrus Medical Group Physician	10/23/2024 10/23/2024	147140	\$204.90	805027375
	12/23/2024	8050003418	Athletico, LTD Physician	11/21/2024 11/21/2024	147140	\$146.51	805027376



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Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Check	12/23/2024	Combined	RISING MEDICAL SOLUTIONS, LLC Bill Review Fees	11/25/2024 11/25/2024	147140	\$368.28	805027377
Total By - Method Desc:					Total for Method		
					Desc:	\$4,075.21	\$4,075.21
Total Number of Checks: 13					Total Amount:	\$4,075.21	\$4,075.21

Payment Summary Current

Processed Date 12/23/2024 To 12/23/2024
4

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	12/23/2024	Temporary Total Disability	8050003306		606.95	805027366	Claimant
		12/23/2024	Bill Review Fees	8050003420		14.38	805027377	RISING MEDICAL SOLUTIONS, LLC
		12/23/2024	Bill Review Fees	8050003393		13.98	805027377	RISING MEDICAL SOLUTIONS, LLC
		12/23/2024	Bill Review Fees	8050003393		14.12	805027377	RISING MEDICAL SOLUTIONS, LLC
		12/23/2024	Bill Review Fees	8050003421		13.61	805027377	RISING MEDICAL SOLUTIONS, LLC
		12/23/2024	Bill Review Fees	8050003418		21.32	805027377	RISING MEDICAL SOLUTIONS, LLC
		12/23/2024	Bill Review Fees	8050003399		35.16	805027377	RISING MEDICAL SOLUTIONS, LLC
		12/23/2024	Bill Review Fees	8050003306		37.82	805027377	RISING MEDICAL SOLUTIONS, LLC
		12/23/2024	Bill Review Fees	8050003306		60.48	805027377	RISING MEDICAL SOLUTIONS, LLC
		12/23/2024	Bill Review Fees	8050003418		29.92	805027377	RISING MEDICAL SOLUTIONS, LLC
		12/23/2024	Bill Review Fees	8050003393		14.12	805027377	RISING MEDICAL SOLUTIONS, LLC
		12/23/2024	Bill Review Fees	8050003421		40.28	805027377	RISING MEDICAL SOLUTIONS, LLC
		12/23/2024	Bill Review Fees	8050003421		48.98	805027377	RISING MEDICAL SOLUTIONS, LLC
		12/23/2024	Bill Review Fees	8050003425		24.11	805027377	RISING MEDICAL SOLUTIONS, LLC

Payment Summary Current

Processed Date 12/23/2024 To 12/23/2024
4

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	12/23/2024	Fees including PI, IOS, background	8050003366		2.00	805027374	Two Oaks Investments, LLC
		12/23/2024	Fees including PI, IOS, background	8050003424		2.00	805027374	Two Oaks Investments, LLC
		12/23/2024	Fees including PI, IOS, background	8050003429		2.00	805027374	Two Oaks Investments, LLC
		12/23/2024	Medical	8050003421		94.27	805027367	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		12/23/2024	Medical	8050003426		235.17	805027369	CentraLink LLC
		12/23/2024	Medical	8050003393		265.46	805027369	CentraLink LLC
		12/23/2024	Physician	8050003306		516.69	805027368	Community Hospital LLC
		12/23/2024	Physician	8050003306		282.16	805027368	Community Hospital LLC
		12/23/2024	Physician	8050003393		105.21	805027367	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		12/23/2024	Physician	8050003421		146.77	805027373	PTMS 3.0, LLC
		12/23/2024	Physician	8050003421		216.11	805027373	PTMS 3.0, LLC
		12/23/2024	Physician	8050003393		109.33	805027367	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		12/23/2024	Physician	8050003420		117.17	805027367	MCBRIDE ORTHOPEDIC HOSPITAL, LLC
		12/23/2024	Physician	8050003393		109.33	805027367	MCBRIDE ORTHOPEDIC HOSPITAL, LLC

Payment Summary Current

Processed Date 12/23/2024 To 12/23/2024
4

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee
Oklahoma County	Check	12/23/2024	Physician	8050003418		146.51	805027376	Athletico, LTD
		12/23/2024	Physician	8050003425		161.90	805027370	Oklahoma Emergency Services
		12/23/2024	Physician	8050003399		308.00	805027372	OSSO-NORTH LOCATION
		12/23/2024	Physician	8050003418		204.90	805027375	Integrus Ambulatory Care Corporation -Integrus Medical Group
		12/23/2024	RX - Letters	8050003393		75.00	805027371	HEALTHESYSTEMS
			Total Payment Method			4,075.21		
	Paper	12/23/2024	Physician	8050003425		0.00		Oklahoma Emergency Services
			Total Payment Method			0.00		
			Total Insurer			4,075.21		
			Grand Total			4,075.21		

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	\$1,504.10
B	8050003366	District 3	\$2.00
C	8050003393	Juvenile	\$706.55
D	8050003399	Sheriff	\$343.16
E	8050003418	Juvenile	\$402.65
F	8050003420	Juvenile	\$131.55
G	8050003421	Juvenile	\$560.02
H	8050003424	Sheriff	\$2.00
I	8050003425	Juvenile	\$186.01
J	8050003426	Juvenile	\$235.17
K	8050003429	Sheriff	\$2.00
			\$4,075.21