



Check Register

Oklahoma County

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID	Amount	Check #
Paper Transaction		Traylor, Forrest 8050003287	MCBRIDE ORTHOPEDIC HOSPITAL, LLC Medical	08/03/2022 08/03/2022	126986	\$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							
	08/23/2022	Traylor, Forrest 8050003287	Traylor, Forrest Temporary Total Disability	08/20/2022 08/26/2022	126984	\$523.78	805026366
	08/23/2022	Webb, Amanda 8050003054	OKLAHOMA TAX COMMISSION Taxes - PPD	08/18/2022 08/18/2022	126985	\$701.25	805026367
	08/23/2022	Traylor, Forrest 8050003287	HEALTHESYSTEMS RX - Letters	08/16/2022 08/16/2022	126986	\$75.00	805026368
	08/23/2022	Webb, Amanda 8050003054	State of Oklahoma-Workers' Compensation Commission Filing Fees	08/18/2022 08/18/2022	126986	\$140.00	805026369
	08/23/2022	Traylor, Forrest 8050003287	Equian, LLC Bill Review Fees	08/03/2022 08/03/2022	126986	\$321.50	805026370
	08/23/2022	Traylor, Forrest 8050003287	Two Oaks Investments, LLC Fees including PI, IOS, background checks, EDI fees	08/19/2022 08/19/2022	126986	\$2.00	805026371
Total By - Method Desc: 6				Total for Method Desc:	\$1,763.53	\$1,763.53	
Total Number of Checks: 7				Total Amount:	\$1,763.53	\$1,763.53	

Payment Summary Current

Processed Date 8/23/2022 To 8/23/2022

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check #	Payee	
Oklahoma County	Check	8/23/2022	Temporary Total Disability	8050003287	Traylor, Forrest	523.78	805026366	Traylor, Forrest	
		8/23/2022	Taxes - PPD	8050003054	Webb, Amanda	701.25	805026367	OKLAHOMA TAX COMMISSION	
		8/23/2022	Bill Review Fees	8050003287	Traylor, Forrest	321.50	805026370	Equian, LLC	
		8/23/2022	Fees including PI, IOS, background checks, FBI fees	8050003287	Traylor, Forrest	2.00	805026371	Two Oaks Investments, LLC	
		8/23/2022	Filing Fees	8050003054	Webb, Amanda	140.00	805026369	State of Oklahoma-Workers' Compensation Commission	
		8/23/2022	RX - Letters	8050003287	Traylor, Forrest	75.00	805026368	HEALTHESYSTEMS	
			Total Payment Method				1,763.53		
	Paper	8/23/2022	Medical	8050003287	Traylor, Forrest	0.00		MCBRIDE ORTHOPEDIC HOSPITAL, LLC	
			Total Payment Method				0.00		
			Total Insurer				1,763.53		
		Grand Total				1,763.53			

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

CARRIE BLUMERT

BRIAN MAUGHAN

KEVIN CALVEY

ATTEST:

COUNTY CLERK

	Name	Dept	Amount
A.	Traylor, Forrest	District 3	\$922.28
B.	Webb, Amanda	Sheriff	\$841.25
		TOTAL	\$1,763.53