

✓ St. Mary's Hospital
P. O. Box 6625
Reno, NV 89513-6625

HOSPITAL LIEN

1 Notice is hereby given that St. Mary's Hospital has rendered
2 services in hospitalization for Leah D. Matlack, a person who was
3 injured on or about the 8th day of September, 1987; in the city of
4 Minden, county of Douglas, and that St. Mary's Hospital hereby
5 claims a lien against Leah D. Matlack upon any money due or owing
6 or any claim for compensation, damages, contribution, settlement
7 or judgment from Leah D. Matlack, alleged to have caused the in-
8 juries, or any other person, corporation or association liable
9 for the injury. The hospitalization was rendered to the injured
10 person between the 8th day of September, 1987 and the 17th day of
11 September, 1987.

12 Itemized statements are attached.

13 Claimant's demand for such care of service is in the sum of
14 THIRTY ONE THOUSAND TWO HUNDRED TWENTY SIX DOLLARS AND EIGHTY TWO
15 CENTS (\$31,226.82) and that there is now due and owing and re-
16 maining unpaid of such sum, after deducting all credits and
17 offsets, the sum of THIRTY ONE THOUSAND TWO HUNDRED TWENTY TWO
18 DOLLARS AND EIGHTY TWO CENTS (\$31,226.82) in which amount lien
19 is hereby claimed.

20 ST. MARY'S HOSPITAL, CLAIMANT.

21
22 BY: Cindy Gadsby
23 Cindy Gadsby
Legal Collection Supervisor

24 STATE OF NEVADA)
25) ss.
26 COUNTY OF WASHOE)

27 I, Cindy Gadsby, being first duly sworn on oath say; That I
28 am the Legal Collection Supervisor named in the foregoing claim
29 of lien; that I have read the same and know the contents thereof
30 and believe the same to be true.

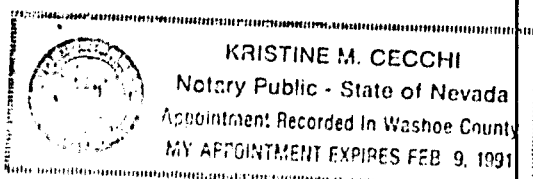
31 Subscribed and sworn to before me

32 this 27 day of January, 1988.

Kristine M. Cecchi
NOTARY PUBLIC

173970

388 PAGE 1094





SAINT MARY'S HOSPITAL

235 West Sixth Street
Reno, Nevada 89520

ID # 88-0059665

For questions concerning your bill, phone this number:

789-3072

Type of Bill	Date of Bill	Date of Prev. Bill
FINAL	9/24/87	

Please return this stub with payment, and when referring to this account, please use patient number.

LEAH D MATLACK
BX 662
MINTON DV 8 9-3

31928881
Patient Number

09/08/87 09/17/87
Admission Date Discharge Date

PAGE 17

Patient Name: MATLACK LEAH D Age: 023 DR. #1: 4799 DR. #2: 3566 Amount of Payment: \$

Computer Billing Date	CPT Code	Service Code	RVS Code	Service Description	Quantity	Charge
				INTENSIVE CARE 8 DAYS @ 665.00/DAY		5,320.00
				SINGLE 1 DAYS @ 286.00/DAY		286.00
	070			OR SERVICES		5,046.89
	120			PHARMACY		2,591.25
	140			W-D-SUR SUPPLIES		3,265.28
	179			DX X-RAY		1,480.00
	180			CT SCAN		951.00
	190			PATH LAB		45.00
	200			LAB		4,229.00
	230			RESPIRATORY SVC		5,294.00
	300			EKG/ECC		60.00
	310			BLOOD/STOR-PROC		398.00
	320			EEG		367.00
	350			AIR APPLANCE		817.40
	370			EMERGENCY ROOM		699.00
	620			EKG PC		11.00
	640			EEG PC		367.00
				SUMMARY OF CURRENT CHARGES:		31,226.82
				BALANCE DUE		31,226.82

SAINT MARY'S HOSPITAL
235 WEST SIXTH STREET • RENO, NEVADA 89520

PLEASE KEEP THIS BILL FOR YOUR INCOME TAX AND OTHER RECORDS. WE ARE UNABLE TO FURNISH ADDITIONAL COPIES.

NOTE FINANCIAL OBLIGATIONS ON BACK

REQUESTED BY
Saint Mary's Hospital
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'88 MAR -9 AIO:24

SUZANNE BEAUREAU 173970
RECORDER BOOK 388 PAGE 1095
Lo-Pair DEPUTY