

✓ St. Mary's Regional Medical Center  
P.O. Box 6625  
Reno, NV. 89513

**HOSPITAL LIEN**

1  
2 Notice is hereby given that St. Mary's Regional Medical Center has rendered  
3 services in hospitalization for David M. Tyson, a person who was  
4 injured on the 20th day of January, 1993, near the city of Gardnerville, county  
5 of Douglas on or about the 20th day of January, 1993, and that St. Mary's  
6 Regional Medical Center hereby claims a lien upon any money due or owing or any  
7 claim for compensation, damages, contribution, settlement or judgement from  
8 Kim Tyson, alleged to have caused the injuries, or any other person,  
9 corporation or association liable for the injury. The hospitalization was  
10 rendered to the injured person between the 20th day of January, 1993, and the  
11 21st day of January, 1993.

12 Itemized statements are attached.

13 That 90 days have not elapsed since the termination of hospitalization;  
14 that the claimant's demands for such care or service is in the sum of  
15 \$5368.74 and that no part thereof has been paid except \$-0-, and that  
16 there is now due and owing and remaining unpaid of such sum, after deducting  
17 all credits and offsets, the sum of \$5368.74, in which amount lien is hereby  
18 claimed.

19 ST. MARY'S REGIONAL MEDICAL CENTER, CLAIMANT.

20 BY: Cynthia M. Gadsby  
21 Cynthia M. Gadsby, Collection Supervisor

22 State of Nevada )  
23 )s.  
24 County of Washoe)

25 I, Cynthia M. Gadsby, Collection Supervisor, being first duly sworn,  
26 on oath say; That I am the Collection Supervisor for the Hospital, named  
27 in the foregoing claim of lien; that I have read the same and know the contents  
28 thereof and believe the same to be true.

Cynthia M. Gadsby  
Cynthia M. Gadsby, Collection Supervisor

299385

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1 Subscribed and sworn to before me  
2 this 1<sup>st</sup> day of February, 1993.

3 Anna M. Taverer.  
4 NOTARY PUBLIC



5 ANNA M. TAVENER  
6 Notary Public - State of Nevada  
7 Appointment Recorded in Washoe County  
8 MY APPOINTMENT EXPIRES AUG. 3, 1994

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COOPY

ID # 88-0059665

Type of Bill: **FINAL**    Date of Bill: **1/24/93**    Date of Prev. Bill:

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

**KIM E. TYSON**  
 BK 825  
 GARONVILLE, NV 89410

**35896591**    **N**  
 Patient Number

**01/20/93**    **01/21/93**  
 Admission Date    Discharge Date

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Patient Name: **TYSON DAVID M**    Age: **60A**    DR: **#03178**    Amount of Payment: **\$**

Computer Coding Date	CPT Code	Service Code	RYS Code	Service Description	Quantity	Charge
				SINGLE 1 DAYS @ \$35.00/DAY		435.00
	090			DR SERVICES		4,321.59
	320			PHARMACY		163.30
	130			DRUGS/TAKE HOME		12.25
	140			MED-SUR SUPPLIES		361.35
	190			PATH LAB		11.10
	231			INHALATION SVC		16.00
	360			EMERGENCY ROOM		40.15
				SUMMARY OF CURRENT CHARGES		5,368.74
				BALANCE DUE		5,368.74

PAYMENTS REMITTED WITHIN THE PAST 10 DAYS MAY NOT APPEAR ON THIS BILL. THANK YOU!  
 PLEASE KEEP THIS BILL FOR YOUR INCOME TAX AND OTHER RECORDS. WE ARE UNABLE TO FURNISH ADDITIONAL COPIES.  
**NOTE FINANCIAL OBLIGATIONS ON BACK**

**SAINT MARY'S**  
 REGIONAL MEDICAL CENTER  
 235 West Sixth Street  
 Reno, Nevada 89520

REQUESTED BY  
*Saint Mary's*  
 IN OFFICIAL RECORDS OF  
 DOUGLAS COUNTY, NEVADA

93 FEB 11 AM 0:23

612 AM DEANE-FLAU  
 DEPUTY    **299385**  
 \$ 7.00 PAID K2 DEPUTY  
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