

NO APN

DOUGLAS COUNTY, NV **2015-862403**
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CARDON OUTREACH
KAREN ELLISON, RECORDER

File & Return to:

Dena Urso
Cardon Outreach
890 Mill Street, Suite 405
Reno, NV 89502

HOSPITAL LIEN ON
SETTLEMENT, JUDGMENT AND COMPROMISE
REOWN MEDICAL CENTER
(NRS 108.590 THROUGH NRS 108.660)

NOTICE IS HEREBY GIVEN that RENOWN REGIONAL MEDICAL CENTER has rendered services in hospitalization for **JOHN DEWINDT**, a person who was injured on the **1ST day of the month of APRIL of the year 2015** in the city of UNINCORPORATED, county of DOUGLAS, and that RENOWN REGIONAL MEDICAL CENTER hereby claims a lien upon any money due or owing or any claim for compensation, damages, contribution, settlement or judgment from;

1. **NATIONWIDE; CLAIM #519008-GB; 1 NATIONWIDE GATEWAY DEPT 5576 DES MOINES IA 50391**
2. **REBECCA RODRIGUEZ; P O BOX 9185 S LAKE TAHOE CA 96158**

alleged to have caused the injuries, or any other person, corporation or association liable for the injury. The hospitalization was rendered to the injured person between the **1ST day of the month of APRIL of the year 2015 and the 3RD day of the month of APRIL of the year 2015.**

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient **JOHN DEWINDT**, in accordance with the itemized statement attached hereto as **Exhibit "A"** and by this reference made a part hereof.

That ninety (90) days have not elapsed since the termination of hospitalization; that the claimant's demands for such care or service is in the sum of **\$38,295.05** and that no part thereof has been paid except **\$0**; and that there is now due and owing and remaining unpaid of such sum, after deducting all credits and offsets, the sum of **\$38,295.05**, in which amount lien is hereby claimed.

RENOWN REGIONAL MEDICAL CENTER

EXHIBIT "A"

INVOICE

Guarantor:		PATRICIA DEWINDT FOR JOHN DEWINDT				
Street:		2572 HEYBOURNE RD				
City:		MINDEN				
State:		NV				
Zip:		89423				
Admit Date	Discharge Date	Patient's Name	Renown Health Account	Total Charges	Payments	Balance
4/1/2015	4/3/2015	JOHN DEWINDT	6044525	\$38,295.05	\$0	\$38,295.05
				\$	\$0	\$
				\$	\$0	\$
				\$	\$0	\$
				\$	\$0	\$

Renown Regional Medical Center
Business Office
PO Box 30006
Reno, NV 89520-3006