

NO APN

DOUGLAS COUNTY, NV

2018-917785

Rec:\$35.00

\$35.00 Pgs=3

08/07/2018 02:37 PM

MED-DATA, INC

KAREN ELLISON, RECORDER

File & Return to:

Dena Urso  
MedData  
890 Mill Street, Suite 405  
Reno, NV 89502

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

**NOTICE IS HEREBY GIVEN** that RENOWN REGIONAL MEDICAL CENTER has rendered services in hospitalization for **GAYLE CULLEN**, a person who was injured on the **14<sup>TH</sup> day of the month of MAY of the year 2018** in the city of GENOA, 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. **ALLSTATE; CLM #0502079956; 222 S MILL AVE STE 521 TEMPE AZ 85281**
2. **JANET ANN CASPER; 1496 McPHERSON ST SANTA CLARA CA 95051**

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 14<sup>TH</sup> day of the month of MAY of the year 2018 and the 14<sup>TH</sup> day of the month of MAY of the year 2018.

**ITEMIZED STATEMENT**

Hospitalization and related medical services were rendered to the patient **GAYLE CULLEN**, 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 **\$17,457.00** and that no part thereof has been paid except **\$4,645.73**; and that there is now due and owing and remaining unpaid of such sum, after deducting all credits and offsets, the sum of **\$12,811.27**, in which amount lien is hereby claimed.

**Renown Regional Medical Center, Claimant.**

By: *Dena Urso*

Dena Urso

TPL Specialist, MedData

Agent for Renown Regional Medical Center

VERIFICATION


State of Nevada }

} ss:

County of Washoe }

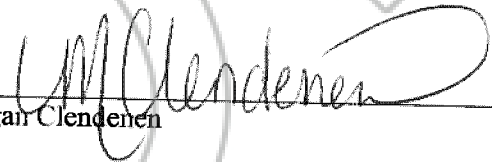
I, Dena Urso being first duly sworn, on oath say:

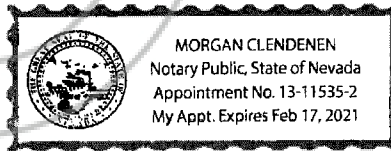
That RENOWN REGIONAL MEDICAL CENTER is the claimant herein named in the foregoing claim of lien, that I have read the same and know the contents thereof and believe the same to be true.

  
Dena Urso

On this 7<sup>th</sup> day of **AUGUST 2018**, personally appeared before me, a Notary Public, Dena Urso, known to me to be the person described n and who executed the foregoing instrument on behalf of RENOWN REGIONAL MEDICAL CENTER.

Subscribed and sworn to before me this 7<sup>th</sup> day of the month of **AUGUST** of the year 2018.

  
Morgan Clendenen



**RENOWN REGIONAL MEDICAL CENTER**

EXHIBIT "A"

**INVOICE**

<b>Guarantor:</b>		<b>GAYLE CULLEN</b>				
<b>Street:</b>		<b>1976 STANLEY AVE</b>				
<b>City:</b>		<b>SANTA CLARA</b>				
<b>State:</b>		<b>CA</b>				
<b>Zip:</b>		<b>95050</b>				
<b>Admit Date</b>	<b>Discharge Date</b>	<b>Patient's Name</b>	<b>Renown Health Account</b>	<b>Total Charges</b>	<b>Payments</b>	<b>Balance</b>
05/14/2018	05/14/2018	GAYLE CULLEN	14690499	\$17,457.00	\$4,645.73	\$12,811.27
				\$	\$0	\$
				\$	\$0	\$
				\$	\$0	\$
				\$	\$0	\$

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