

NO APN

DOUGLAS COUNTY, NV      **2019-930041**  
Rec:\$35.00  
\$35.00      Pgs=3      06/07/2019 11:42 AM  
MED-DATA, INC  
KAREN ELLISON, RECORDER

File & Return to:

Morgan Clendenen  
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 **LANCE MEDICINECROW**, a person who was injured on the **7TH day of the month of FEBRUARY of the year 2019** in the city of GARDNERVILLE, 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. **FARMERS CLAIM# [REDACTED] 4551, PO BOX 268993, OKLAHOMA CITY OK 73126**
2. **ARVELIO LOPEZ, 1379 KIMMERLING RD, GARDNERVILLE NV 89460**


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 7TH day of the month of FEBRUARY of the year 2019 and the 15TH day of the month of MARCH of the year 2019.

**ITEMIZED STATEMENT**

Hospitalization and related medical services were rendered to the patient **LANCE MEDICINECROW**, 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 **\$285,273.50** and that no part thereof has been paid except **\$0.00**; and that there is now due and owing and remaining unpaid of such sum, after deducting all credits and offsets, the sum of **\$285,273.50**, in which amount lien is hereby claimed.

Renown Regional Medical Center, *Claimant*

By:   
Morgan Clendenen  
TPL Specialist, MedData  
Agent for Renown Regional Medical Center



**RENOWN REGIONAL MEDICAL CENTER**

EXHIBIT "A"

**INVOICE**

<b>Guarantor:</b>		<b>LANCE MEDICINECROW</b>				
<b>Street:</b>		<b>1566 ITMAHOWA</b>				
<b>City:</b>		<b>GARDNERVILLE</b>				
<b>State:</b>		<b>NV</b>				
<b>Zip:</b>		<b>89410</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>
02/07/2019	03/07/2019	LANCE MEDICINECROW	██████████	\$238,672.50	\$0.00	\$238,672.50
03/07/2019	03/15/2019	LANCE MEDICINECROW	██████████	\$46,601.00	\$0.00	\$46,601.00
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

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