55893

WILLIAM BEE RIRIE
WHITE PINE GENERAL HOSPITAL

NOTICE OF HOSPITAL LIEN

Notice is hereby given that William Bee Ririe-White Pine General Hospital has rendered services in hospitalization for Donna Quandt, a person who was injured on the 18th day of June, 19 71, in the city of _____, county of Eureka, on or about the 18th day of June, 19 71; and that William Bee Ririe-White Pine Gen. Hospital hereby claims a lien upon any money due or owing or any claim for compensation, damages, contribution, settlement or judgment from Any or All Persons, 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 18th day of June, 19 71, and the 25th day of June, 19 71.

Itemized Statement

See Attached Statement

That 15 days have ~~not~~ elapsed since the termination of hospitalization; that the claimant's demands for such care or service is in the sum of $ 780.35; and that there is now due and owing and remaining unpaid of such sum, after deducting all credits and offsets, the sum of $ 724.27, in which amount lien is hereby claimed.

William Bee Ririe Hospital, Claimant.

By: Ethel Boyles — Insurance Clerk (Title)

State of Nevada)
County of White Pine County) SS.

I, Ethel Boyles, being first duly sworn, on oath say: That I am Representing Claimant, 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.

Subscribed and sworn to before me this 26th day of February, 1972

Avelina Hayes
Notary Public in and for the above-named County and State

AVELINA HAYES
Notary Public - State of Nevada
White Pine County
My Commission Expires April 3, 1973

NRS 108.620

BOOK 42 PAGE 174

PATIENT'S NAME QUANDT, Donna AGE 33 MEDICARE NO.

SEND BILL TO Donna Quandt
11561 Stead Facility Housing
ADDRESS Reno, Nevada 89501
CITY & STATE

INSURANCE Letter To Washoe County 6-18-71 POLICY NO

DOCTOR J. Hernandez, M.D.

STATEMENT
WILLIAM BEE RIRIE
WHITE PINE GENERAL HOSPITAL
P.O BOX 435
EAST ELY, NEVADA 89315

HOSPITAL NO. 71-AC-482 | PROVIDER NO.

ROOM NO 118-2

ADMIT DATE 6-18-71

DISCHARGE DATE 6-25-71

DATE	REFERENCE NO.	NURSING HOME · ROOM · NURSERY PEDIATRICS · ISOLATION INTENSIVE CARE AMOUNT	CODE	PHARMACY	OPERATING · DELIVERY · LABOR TREATMENT ROOM AMOUNT	CODE	CENTRAL SUPPLY AMOUNT	CODE	X-RAY AMOUNT	CODE	LABORATORY AMOUNT	CODE	MISCELLANEOUS AMOUNT	CODE	CREDITS AMOUNT	CODE	PREVIOUS BALANCE	BALANCE DUE
																	Bal. Brot. Fwd.	
JUN 24 '71	482	45.00	9	15.50			9.20				3.00	681						
											3.00	681					384.91	460.61
JUN 21 '71	482	45.00	9	7.70			3.50		14.00	1								
									5.00	476	6.00	722						
											6.00	721						
											6.00	709						
											6.00	650						
											6.00	643						
											6.00	745						
											7.00	664						
											4.00	936						
											3.00	681					460.61	585.81
JUN 22 '71	482	45.00	9	2.50			3.85										585.81	637.16
JUN 24 '71	482	45.00	9	2.00							4.00	936	6.27	3				
													2.42	3			637.16	696.85
JUN 23 '71	482	45.00	9	11.80							9.00	628						
											6.00	721						
											6.00	709						
											6.00	650						
											6.00	643						
JUN 25 '71	482		9														696.85	786.65
JUN 26 '71	482		9	6.70 ◇			.40										786.65	787.05
FEB 21 '72	466		9														787.05	780.35
																	780.35	724.27

1-18-72 Re: Billed Farmers Bank 2 times
2-15-72 Filed Hospital Lien (to Mahoney)
(also Eureka Co.)

TOTAL AMOUNT DUE →

FINAL DIAGNOSIS
#5 9/28/71

LESS MEDICARE ANTICIPATED INS.

AMOUNT DUE FROM PATIENT

LESS PAYMENT RECEIVED

BALANCE DUE FROM PATIENT

I the undersigned authorize the following
1. Permission to release to the _____ NAME OF INSURANCE COMPANY OR COMPANIES.
such information as may be necessary for completion of my hospital claims.
Assignment of hospital insurance benefits, payable to me, to William Bee Ririe White Pine General Hospital, but not to exceed the hospital's regular charges for this period of hospitalization. This assignment also includes the assignment of unemployment insurance benefits. I understand that I am financially responsible to the hospital for charges not covered by this assignment

SIGNED DATE / / 19

The Hospital requires that a deposit be made in advance to cover the estimated weekly charges Any balance in excess of charges will be refunded upon dismissal
A charge is made for the day of admission but no charge for the room is made for the day of dismissal providing the room is vacated by 1:00 p.m. If the patient occupies the room after 1:00 p.m. a charge for that day is made
Service charge of 1% per month after 30 days is added to unpaid accounts
RETAIN THIS STATEMENT NO OTHER STATEMENT WILL BE FURNISHED WITHOUT AN ADDITIONAL CHARGE

BARKER BUSINESS SYSTEMS-RENO

SEE REVERSE SIDE FOR EXPLANATION OF CODE - PLEASE RETAIN THIS STATEMENT FOR FEDERAL TAX PURPOSES

FORM 4000

BOOK 42 PAGE 175

PATIENT'S NAME: QUANOT ~~QUANT~~, DONNA AGE 33 MEDICARE NO

SEND BILL TO

ADDRESS 11561 Donna Quant
Stead Facility Housing
CITY & STATE Reno, Nevada 89501

INSURANCE ? letter to WASHOE County 6-18-71 POLICY NO

DOCTOR J. Hernandez, M.D.

STATEMENT
WILLIAM BEE RIRIE
WHITE PINE GENERAL HOSPITAL
P.O. BOX 435
EAST ELY, NEVADA 89315

HOSPITAL NO. 71-AC-482 PROVIDER NO.

ROOM NO 118-2

ADMIT DATE 6-18-71

DISCHARGE DATE

DATE	REFERENCE NO	NURSING HOME - ROOM - NURSERY PEDIATRICS - ISOLATION INTENSIVE CARE AMOUNT	CODE	PHARMACY AMOUNT	CODE	OPERATING - DELIVERY - LABOR TREATMENT ROOM AMOUNT	CODE	CENTRAL SUPPLY AMOUNT	CODE	X-RAY AMOUNT	CODE	LABORATORY AMOUNT	CODE	MISCELLANEOUS AMOUNT	CODE	CREDITS AMOUNT	CODE	PREVIOUS BALANCE	BALANCE DUE
JUN 18 71	482	45.00	9	3.80		11.00	7	4.50											
								2.20											
								5.80											
								2.50	6	35.00	26								
										14.00	217								
										14.00	204								
										21.00	100								
										7.50	82	3.00	681						
												7.50	739						
												20.00	742						
												3.00	82	5.56	3				
JUN 18 71	482	45.00	9	15.20				9.60											205.36
								4.75											
												6.00	722						
												6.00	721						
												6.00	709						
												6.00	650						
												6.00	643						
												6.00	641						
												6.00	704						
												6.00	745						
												6.00	747						
												6.00	652						
												7.00	664						
												9.00	628						
												4.00	936						
												5.00	675	20.00	16			205.36	384.91

TOTAL AMOUNT DUE → Bal. Fwd

FINAL DIAGNOSIS

Billed Washoe Co 8/4/71

I the undersigned authorize the following
1. Permission to release to the NAME OF INSURANCE COMPANY OR COMPANIES such information as may be necessary for completion of my hospital claims.
Assignment of hospital insurance benefits, payable to me, to William Bee Ririe White Pine General Hospital, but not to exceed the hospital's regular charges for this period of hospitalization. This assignment also includes the assignment of unemployment insurance benefits. I understand that I am financially responsible to the hospital for charges not covered by this assignment.

SIGNED Ms. Donna P. Quanot DATE 1 / 19

The Hospital requires that a deposit be made in advance to cover the estimated weekly charges. Any balance in excess of charges will be refunded upon dismissal.

A charge is made for the day of admission, but no charge for the room is made for the day of dismissal, providing the room is vacated by 1:00 p.m. If the patient occupies the room after 1:00 p.m. a charge for that day is made.

Service charge of 1% per month after 30 days is added to unpaid accounts.

RETAIN THIS STATEMENT NO OTHER STATEMENT WILL BE FURNISHED WITHOUT AN ADDITIONAL CHARGE

NOTE: PLEASE RETAIN THIS STATEMENT FOR FEDERAL TAX PURPOSES

LESS MEDICARE ANTICIPATED INS.	
AMOUNT DUE FROM PATIENT	
LESS PAYMENT RECEIVED	
BALANCE DUE FROM PATIENT	

RECORDED AT THE REQUEST OF William Bee Ririe Hospital
on March 27, 19 72 at 02 mins. past 8 A. M.
Book 42 of OFFICIAL RECORDS, page 174-176 RECORDS OF EUREKA COUNTY, NEVADA. Recorder
File No. 53893 Fee $ 5.00

BOOK 42 PAGE 176