

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 Daniel M. Clark, a person who was injured on the 1st day of Dec., 1973, in the city of \_\_\_\_\_, county of Eureka, on or about the 1st day of Dec., 1973; 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 1st day of Dec., 1973, and the 1st day of Dec., 1973. (Hospital Outpatient)

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 \$ 54.95; and that there is now due and owing and remaining unpaid of such sum, after deducting all credits and offsets, the sum of \$ 54.95, in which amount lien is hereby claimed.

William B. Ririe Hospital, Claimant.

By: Ethel Bayles Insurance Clerk  
Title

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

I, Ethel Bayles, 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 27<sup>th</sup> day of January, 1975

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

PATIENT NAME: Clark (Outpatient)  
 AGE: Mr. Daniel M. Clark  
 ADDRESS: 6109 Almond Avenue  
 Orangevale, Calif. 95662  
 CITY: STATE:

WRITTEN OFF  
 TO BAD DEBT

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

DAB

99-717

INSURANCE

POLICY NO.

ROOM NO.

ADMIT DATE

DOCTOR

5-31-74 DE 73-133

DISCHARGE DATE

DATE	REFERENCE NO.	NURSING HOME - ROOM - NURSERY - PEDIATRICS - ISOLATION - INTENSIVE CARE		PHARMACY	OPERATING - DELIVERY - LABOR - TREATMENT ROOM		CENTRAL SUPPLY		X-RAY		LABORATORY		MISCELLANEOUS		CREDITS		PREVIOUS BALANCE	BALANCE DUE
		AMOUNT	CODE		AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE		
	C 13 DANIEL		7	20	8.75	7			46.00									54.95

Patient: Daniel M. Clark  
 Dia: Whip Lash Injury of Neck  
 Above Acct outstanding-

Treated 12-1-73 by: W.B. Ririe, M.D.  
 1-24-75 Bill Submitted to:

Attorney Dennis Westenberg  
 901 H Street  
 Sacramento, California 95814

RECORDED AT THE REQUEST OF WILLIAM BEE RIRIE HOSPITAL  
 DE FEB 25 19 25 of 52 mins. past 10 A. M.  
 Book 51 of OFFICE RECORDS, page 5150 RECORDS OF  
 YUREKA COUNTY, NEVADA - *W. B. Ririe*  
 FILE NO. 59778  
 FILE NO. 59778

BOOK 51 PAGE 052

DEC 10 1973  
 FEB 13 1974  
 MEDICAL DIAGNOSIS  
 3-1-74 PAR  
 4-1-74 PDR

TOTAL AMOUNT DUE

I, the undersigned authorize the following:  
 1. Permission to release to the 5-1-74 kind notice  
 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.  
 DATE / / 19

No 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 12 per month after 30 days is added to prepaid accounts.  
 RETAIN THIS STATEMENT. NO OTHER STATEMENT WILL BE FURNISHED WITHOUT AN ADDITIONAL CHARGE.

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