

**Official Record**

Recording requested By  
MEDICAL REIMBURSEMENTS OF AMERICA

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$17.00

Page 1 of 4

RPTT:

Recorded By: FES

Book- 513 Page- 0125



0216888

**NOTICE OF HOSPITAL LIEN**

Notice is hereby given by Northeastern Nevada Regional Hospital (LifePoint) located at 2001 Errecart Blvd., Elko, NV 89801, that Northeastern Nevada Regional Hospital (LifePoint) has rendered services in hospitalization for:

Paul C. Winkler  
1001 So Meadows Pkwy 195  
Reno, NV 89521

a person who was injured on the 19 day of the month of December of the year 2010 in the city of Eureka, county of Eureka, on or about the 19th day of the month of December of the year 2010; and that Northeastern Nevada Regional Hospital (LifePoint) hereby claims a lien upon any money due or owing or any claim for compensation, damages, contribution, settlement or judgment from:

Farmers  
PO Box 268994  
Oklahoma City, OK 73126  
Claim #: 1017543270

State Farm  
Team 6H  
P.O. Box 22105  
Tempe, AZ 85285  
Claim # 283408537

alleged to have caused the injuries, or any other person, corporation or association liable for the injury. The hospitalization rendered to the injured person between the 19th day of the month of December of the year 2010 and the 24th day of the month of January of the year 2011 .

A summary statement of the amount claimed is attached and listed below:

**Account #:3543796 & 3548751**

**Amount Due:\$ 14,707.00**

The claimant's demands for such care or services is in the sum of \$ 16,870.00 and that no part thereof has been paid except \$2,163.00; and that there is now due and owing and remaining unpaid of such sum, after deducting all credits and offsets, the sum of \$ 14,707.00, in which amount lien is hereby claimed.

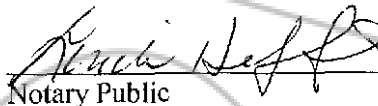
Cassie King  
Medical Reimbursements of America, LLC  
o/b/o Northeastern Nevada Regional Hospital  
(LifePoint)  
7105 Moores Lane  
Brentwood, TN 37027  
(615) 963-3871

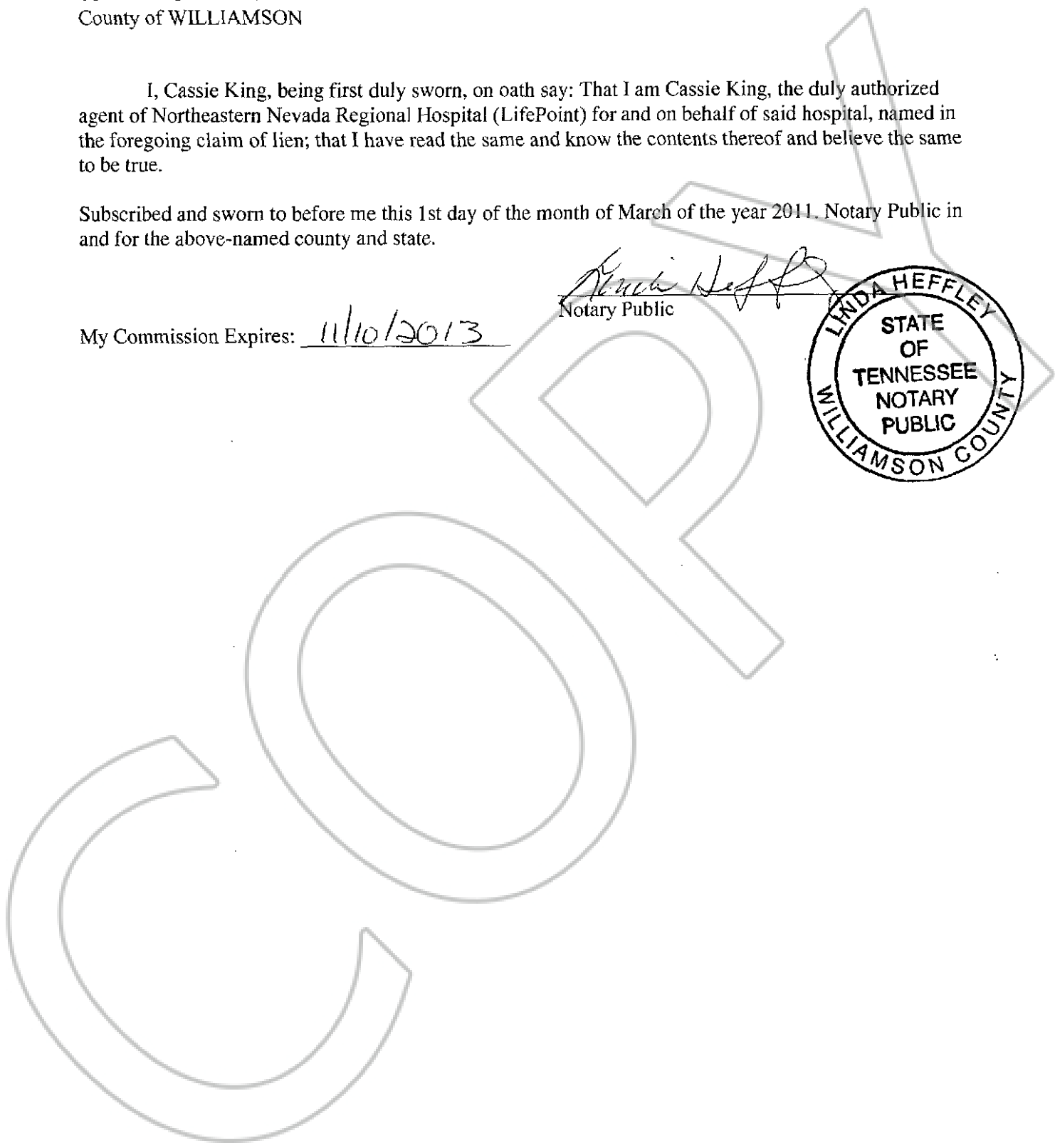
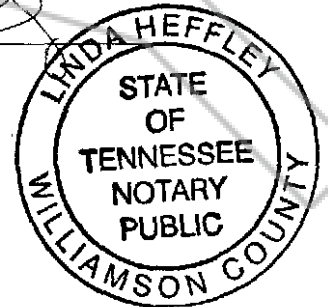
STATE of TENNESSEE  
County of WILLIAMSON

I, Cassie King, being first duly sworn, on oath say: That I am Cassie King, the duly authorized agent of Northeastern Nevada Regional Hospital (LifePoint) for and on behalf of said hospital, 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 1st day of the month of March of the year 2011. Notary Public in and for the above-named county and state.

My Commission Expires: 11/10/2013

  
Notary Public



**1** NORTHEASTERN NV REG HOSP  
**2001 ERRECART BLVD**  
**ELKO NV 89801**  
**7757385151 7757482065**

**2** PAT. CNTL. # **354379601**  
**3** MED. REC. # **000117936** **0131**  
**4** FED. TAX NO. **62-1740235** **5** STATEMENT COVERS PERIOD FROM **121910** THROUGH **121910**

**6** PATIENT NAME **WINKLER, PAUL C.** **7** PATIENT ADDRESS **1001 SO MEADOWS PKWY 195**  
**8** CITY **RENO** **9** STATE **NV** **10** ZIP **89521**

**11** BIRTHDATE **121910** **12** SEX **M** **13** ADMISSION HR **15** **14** TYPE **1** **15** SRC **1** **16** DHR **01**

**17** OCCURRENCE CODE **01** **18** DATE **121910** **19** OCCURRENCE CODE **01** **20** DATE **121910**

**21** VALUE CODES AMOUNT **45** **13 00** **22** VALUE CODES AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / ICDPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0250	PHARMACY		121910	2	10 00		
0255	DRUGS/INCIDENT RAD	Q9967	121910	75	37 50		
0300	LABORATORY OR LAB	36415	121910	1	31 00		
0300	LABORATORY OR LAB	30053	121910	1	141 00		
0300	LABORATORY OR LAB	85007	121910	1	18 50		
0300	LABORATORY OR LAB	85027	121910	1	66 00		
0300	LABORATORY OR LAB	86850	121910	1	121 50		
0300	LABORATORY OR LAB	86900	121910	1	54 50		
0300	LABORATORY OR LAB	86901	121910	1	54 50		
0320	DX X-RAY	73130 RT	121910	1	198 00		
0320	DX X-RAY	73610 RT	121910	1	198 00		
0320	DX X-RAY	73630 RT	121910	1	153 50		
0351	CT SCAN/HEAD	70450	121910	1	1628 50		
0352	CT SCAN/BODY	71260	121910	1	2104 50		
0352	CT SCAN/BODY	72125	121910	1	2219 50		
0352	CT SCAN/BODY	72128	121910	1	2219 50		
0352	CT SCAN/BODY	72131	121910	1	2219 50		
0352	CT SCAN/BODY	72193	121910	1	2104 50		
0352	CT SCAN/BODY	74160	121910	1	2104 50		
0450	EMERG ROOM	99284 25	121910	1	977 00		
0630			121910	1	17 50		

**0001** PAGE 001 OF 001 **CREATION DATE** 122310 **TOTALS** 16679 00

**50** PAYER NAME **51** HEALTH PLAN ID **52** REL. SPO. **53** MAR. STA. **54** PRIOR PAYMENTS **55** EST. AMOUNT DUE **56** NPI **1770674350**  
**57** OTHER PRIV ID **1770674350**

**58** INSURED'S NAME **59** GEN. REL. **60** INSURED'S UNIQUE ID **61** GROUP NAME **62** INSURANCE GROUP NO.

**63** TREATMENT AUTHORIZATION CODES **64** DOCUMENT CONTROL NUMBER **65** EMPLOYER NAME

**66** CCI **9221** **9222** **E8121** **E8495** **68**

**69** ADMIT. DX **9221** **70** PATIENT REASON DX **V714** **71** PPS CODE **72** ECT **73**

**74** PRINCIPAL PROCEDURE CODE **75** OTHER PROCEDURE CODE **76** ATTENDING NPI **1609810316** **QUAL** **1GG16902**  
**77** OPERATING NPI **78** OTHER NPI **79** LAST **JONES** **FIRST** **DANIEL**

**80** REMARKS **MRA AUTO LIABILITY** **425 DUKE DRIVESUITE 475** **FRANKLIN TN 37067** **81CG** **B3282NR1301X** **82** **B2U**

1 NORTHEASTERN NV REG HOSP 2001 ERRECART BLVD ELKO NV 89801										30 PA 31 MED REC # 000117936		4 DISC OF REL 131																													
6 PATIENT NAME WINKLER PAUL C					5 PATIENT ADDRESS 1001 SO MEADOWS PK					7 STATEMENT COVERS PERIOD FROM 012411 THROUGH 012411		8 STATEMENT COVERS PERIOD FROM 012411 THROUGH 012411																													
10 BIRTHDATE		11 SEX M		12 DATE 012411		13 HR 10		14 TYPE 1		15 SRC 1		16 DHR 01		17 STAT 01		18		19		20		21		22		23		24		25		26		27		28		29		32 STATE	
34 OCCURRENCE CODE DATE 02 121910		35 OCCURRENCE CODE DATE		36 OCCURRENCE CODE DATE		37 OCCURRENCE CODE DATE		38 OCCURRENCE CODE DATE		39 CODE		40 OCCURRENCE SPAN FROM THROUGH		41 CODE		42 OCCURRENCE SPAN FROM THROUGH		43 CODE		44 OCCURRENCE SPAN FROM THROUGH		45 CODE		46 VALUE CODES CODE AMOUNT 45 12		47 CODE		48 VALUE CODES CODE AMOUNT		49 CODE		50 VALUE CODES CODE AMOUNT									
42 REV. CD 0450		43 DESCRIPTION EMERG ROOM				44 HCPCS/STATE/NIPPX CODE 99281				45 SERV. DATE 012411		46 SERV. UNITS 1		47 TOTAL CHARGES 191.00		48 NON-CUR/SERV CHARGES		49																							
0001 PAGE 1 OF 1										CREATION DATE: 020111				TOTALS		191.00																									
56 PAYER NAME				51 HEALTH PLAN ID				54 PRIORITY PAYMENTS		55 EST. AMOUNT DUE		58 NPI 1770674350		57 OTHER 1770674350		59 PRIV ID																									
58 INSURED'S NAME				59 REL.				58 INSURED'S UNIQUE ID				61 GROUP NAME		62 INSURANCE GROUP NO.																											
61 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME																																	
66 ICD-9-CM 920		67 ICD-9-CM E8129		68 ICD-9-CM E8499		69 ICD-9-CM		70 ICD-9-CM		71 ICD-9-CM		72 ICD-9-CM		73 ICD-9-CM																											
74 PRINCIPAL PROCEDURE CODE DATE		75 OTHER PROCEDURE CODE DATE		76 OTHER PROCEDURE CODE DATE		77 OTHER PROCEDURE CODE DATE		78 ATTENDING NPI 1780694109		79 QUAL IG F13115		80 LAST CRUM		81 FIRST DONALD																											
77 OPERATING CODE DATE		78 OTHER CODE DATE		79 OTHER CODE DATE		80 OTHER CODE DATE		81 OPERATING NPI		82 QUAL		83 LAST		84 FIRST																											
85 OTHER CODE DATE		86 OTHER CODE DATE		87 OTHER CODE DATE		88 OTHER CODE DATE		89 OTHER NPI		90 QUAL		91 LAST		92 FIRST																											
89 OTHER CODE DATE		90 OTHER CODE DATE		91 OTHER CODE DATE		92 OTHER CODE DATE		93 OTHER NPI		94 QUAL		95 LAST		96 FIRST																											
89 REMARKS				E3 282NR1301X																																					

UB-94 CMS-1450