

11/14/2011

09:25 AM

Official Record

Recording requested By
NORTHEASTERN NV REGIONAL HOSPITAL

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$18.00

Page 1 of 5

RPTT:

Recorded By: FES

Book- 525 Page- 0190

Ref # 216888



0218888

NOTICE OF AMENDED HOSPITAL

(Amending lien filed on 3/23/2011 with Document # 0218888)

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 19th 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 21377
P.O. Box 52282
Phoenix, AZ 85072
Claim #: 283408537

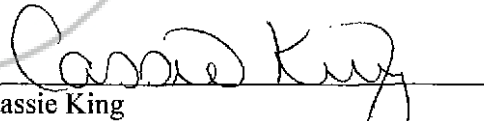
alleged to have caused the injuries, or any other person, corporation or association liable for the injury. The hospitalization rendered to the injured person between the 19th day of the month of December of the year 2010 and the 24th day of the month of January of the year 2011.

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

Account #: [REDACTED] & [REDACTED]

Amount Due: \$ 17,547.00

The claimant's demands for such care or services is in the sum of \$ 19,710.00 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 \$ 17,547.00, 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

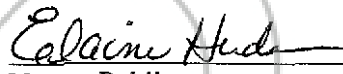
After Recording Return To 

Hospital Lien
Page 2 of 2
Paul C. Winkler

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 3rd day of the month of November of the year 2011. Notary Public in and for the above-named county and state.


Notary Public

My Commission Expires: 1-27-2015



0218888

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UB-04 CMS-1650

1 NORTHEASTERN NV REG HOSP 2001 ERRECART BLVD ELKO NV 89801 7757385151 7757482065										2										3 4 TYPE OF BILL 131									
5 PATIENT NAME WINKLER PAUL C										6 PATIENT ADDRESS 1001 SO MEADOWS PK RENO NV 89521										7									
8 BIRTHDATE 02/12/1910										9 SEX M										10 DATE 012411									
11 ADMISION 13 HR 14 TYPE 15 SRC 16 DHR 17 STAT 18 19 20 21 22 23 24 25 26 27 28 29 30										12										13									
14 OCCURRENCE CODE 02										15 OCCURRENCE DATE 121910										16									
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0001 PAGE 1 OF 1 CREATION DATE 020111 TOTALS 191.00

50 PAYER NAME 51 HEALTH PLAN ID 52 PRIOR PAYMENTS 53 EST. AMOUNT DUE 54 NPI 1770674350

55 INSURER'S NAME 56 P. REL. 57 INSURER'S UNIQUE ID 58 GROUP NAME 59 INSURANCE GROUP NO.

60 TREATMENT AUTHORIZATION CODES 61 DOCUMENT CONTROL NUMBER 62 EMPLOYER NAME

63 920 E8129 E8499 64 920 65 76 66 77 67 78 68 79 69 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

69 REMARKS 70 B3 282NR1301X 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

UB-04 CMS-1450



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