

**DOC # 0224535**

07/01/2013

01:06 PM

**Official Record**

Recording requested By  
MEDICAL REIMBURSEMENTS OF AMERICA

**Eureka County - NV**

**Mike Rebaleati - Recorder**

Fee: \$17.00

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RPTT:

Recorded By: FES

Book- 550 Page- 0395



0224535

STATE OF NEVADA  
COUNTY OF Eureka

**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:

Shalynn Guthrie

426 Flora Dr

Spring Creek, NV 89815-5715

a person who was injured on the 1st day of the month of April of the year 2013 in the city of Eureka, county of Eureka, on or about the 1st day of the month of April of the year 2013; 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:

Geico / CA

One GEICO West

P.O. Box 509119

San Diego, CA 92150

Claim #: 0186488900101075

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 1st day of the month of April of the year 2013 and the 3rd day of the month of April of the year 2013 .

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

**Account #:** [REDACTED] & [REDACTED]

**Amount Due: \$ 750.15**

The claimant's demands for such care or services is in the sum of \$ 3,106.02 and that no part thereof has been paid except \$ 2,355.87; and that there is now due and owing and remaining unpaid of such sum, after deducting all credits and offsets, the sum of \$ 750.15, in which amount lien is hereby claimed.

**After Recording Return To** 

Cassie King

Medical Reimbursements of America, Inc.  
o/b/o Northeastern Nevada Regional Hospital  
(LifePoint)

7105 Moores Lane

Brentwood, TN 37027

(615) 963-3871

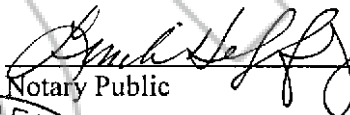
Hospital Lien  
Page 2 of 2  
Shalynn Guthrie

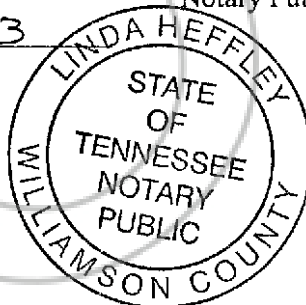
STATE of TENNESSEE  
County of WILLIAMSON

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 25th day of the month of June of the year 2013. 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 7192777545										3 PAT CHL #		4 TYPE OF BILL 131																																																																													
8 PATIENT NAME GUTHRIE SHALYNN										9 PATIENT ADDRESS 426 FLORA DR				10 STATE NV		11 ZIP 89815																																																																									
19 BIRTHDATE		21 SEX F		12 DATE		13 ADMISSION HR		14 TYPE 1 1		16 CDR		17 STAT 01		18 CONDITION CODES				19 ACCT STATE																																																																							
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE		35 OCCURRENCE CODE		36 OCCURRENCE DATE		37 OCCURRENCE CODE		38 OCCURRENCE DATE		39 OCCURRENCE CODE		40 OCCURRENCE DATE																																																																							
02		040113																																																																																							
42 REV CD										43 DESCRIPTION										44 PROC RATE HIPPS CODE										45 SERV DATE										46 SERV UNITS										47 TOTAL CHARGES										48 NON-COVERED CHARGES																													
0636										DRUG/DETAIL CODE										J1170										040313										1.000										14 50																																							
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0320										DX X-RAY										73610RT										040313										1.000										227 00																																							
0320										DX X-RAY										73630RT										040313										1.000										175 00																																							
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65 PAYER NAME										61 HEALTH PLAN ID										62 REL NO										63 CLASS NO										64 PRIOR PAYMENTS										65 EST AMOUNT DIF										66 NR																													
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68 OTHER																																																																																									
69 PRIV ID																																																																																									
70 INSURED'S NAME										71 REL										72 INSURER'S UNIQUE ID										73 GROUP NAME										74 INSURANCE GROUP NO.																																																	
75 TREATMENT AUTHORIZATION CODES										76 DOCUMENT CONTROL NUMBER										77 EMPLOYER NAME																																																																					
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89 PRINCIPAL PROCEDURE CODE										90 DATE										91 OTHER PROCEDURE CODE										92 DATE										93 OTHER PROCEDURE CODE										94 DATE										95 ATTEND-NO										96 NP: 1780694109										97 LOCAL									
98 LAST										CRUM										99 FIRST										DONALD																																																											
100 OTHER PROCEDURE CODE										101 DATE										102 OTHER PROCEDURE CODE										103 DATE										104 OTHER PROCEDURE CODE										105 DATE										106 OPERATING										107 NP:										108 LOCAL									
109 LAST																				110 FIRST																																																																					
111 REMARKS										112 RICE										113 B3 282NR1301X										114 OTHER										115 NP:										116 LOCAL																																							
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1 NORTHEASTERN NV REG HOSP 2001 ERRECART BLVD ELKO NV 89801 7192777545										28 PAT CNTL #		30 STATE OF BILL 131					
8 PATIENT NAME										9 PATIENT ADDRESS 426 FLORA DR		5. FED. TAX NO		6 STATEMENT COVERS PERIOD FROM 040113 THROUGH 040113		7	
10 GUTHRIE SHALYNN										11 SPRING CREEK		12 NV		13 89815			
14 BIRTH DATE		15 SEX		16 DATE		17 ADMISSION 13 HR 14 TYPE 15 SRC		18 STAT		19 CONDITION CODES						20 ACCT 130 STATE	
31 OCCURRENCE CODE DATE		32 OCCURRENCE CODE DATE		33 OCCURRENCE CODE DATE		34 OCCURRENCE CODE DATE		35 CODE		36 OCCURRENCE SPAN FROM THROUGH		37 OCCURRENCE SPAN FROM THROUGH					
02 040113																	
38										39 CODE 45		40 VALUE CODES AMOUNT 07		41 CODE		42 VALUE CODES AMOUNT	
43 REV CD		44 DESCRIPTION		45 HCD/STATE/PPR CODE		46 SERV DATE		47 SERV UNITS		48 TOTAL CHARGES		49 NON-COVERED CHARGES		50			
0270		MED-SUR SUPPLIES				040113		1.000		12 00							
0320		DX X-RAY		73550RT		040113		1.000		271 00							
0450		EMERG ROOM		9928325		040113		1.000		819 00							
0001		PAGE 1 OF 1		CREATION DATE		040813		TOTALS		1102:00							
51 PAYER NAME				52 HEALTH PLAN ID				53 PRIOR PAYMENTS		54 REST AMOUNT DUF		55 NP		56 NP			
57				OTHER				PRV ID									
58 INSURED'S NAME				59 PANEL				60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.					
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME									
66 CAN		924C0 1		E8161 1		E8495 1		E0008 1		34580 1		68					
69 ADMIT OX		70 PATIENT REASON UX		9596		71 PPS CODE		72 ECI		73							
74 PRINCIPAL PROCEDURE CODE DATE		75 OTHER PROCEDURE CODE DATE		76 OTHER PROCEDURE CODE DATE		77 OTHER PROCEDURE CODE DATE		78 ATTENDING NP: 1780694109		79 QUAL		80 LAST LAST CRUM		81 FIRST FIRST DONALD			
82 OTHER PROCEDURE CODE DATE		83 OTHER PROCEDURE CODE DATE		84 OTHER PROCEDURE CODE DATE		85 OTHER PROCEDURE CODE DATE		86 OPERATING NP:		87 QUAL		88 LAST LAST		89 FIRST FIRST			
80 REMARKS				81 MIC B3282NR1301X				82 OTHER NP:		83 QUAL		84 LAST LAST		85 FIRST FIRST			
								86 OTHER NP:		87 QUAL		88 LAST LAST		89 FIRST FIRST			

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