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 Page 1 of 4
RPTT: Recorded By: FES
Book- 550 Page- 0395

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.

Cassie King

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

COPY

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.

Notary Public

My Commission Expires: 11/10/2013

LINDA HEFFLEY
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

COPY

1 NORTHEASTERN NV REG HOSP
2001 ERRECART BLVD
ELKO NV 89801
7192777545

2

3a PAT CNTL # [redacted]
b MED REC # [redacted]
4 TYPE OF BILL 131
5 FED. TAX NO [redacted]
6 STATEMENT COVERS PERIOD FROM 040313 THROUGH 040313
7

8 PATIENT NAME a
b GUTHRIE SHALYNN
9 PATIENT ADDRESS a 426 FLORA DR
b SPRING CREEK c NV d 89815 e

10 BIRTHDATE | 11 SEX F | 12 DATE | ADMISSION 13 HR | 14 TYPE 1 | 15 SRC 1 | 16 CHR | 17 STAT 01 | CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28 | 29 ACDT STATE | 30

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 02	040113													a
b														b

38

39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a 45	07				
b					
c					
d					

	42 REV.CD	43 DESCRIPTION	44 HCPCS/RATE/HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0636	DRUG/DETAIL CODE	J1170	040313	1.000	14 50		1
2	0636	DRUG/DETAIL CODE	J2405	040313	4.000	12 52		2
3	0320	DX X-RAY	73564RT	040313	1.000	279 00		3
4	0320	DX X-RAY	73590RT	040313	1.000	248 00		4
5	0320	DX X-RAY	73610RT	040313	1.000	227 00		5
6	0320	DX X-RAY	73630RT	040313	1.000	175 00		6
7	0450	EMERG ROOM	96372	040313	1.000	229 00		7
8	0450	EMERG ROOM	9928325	040313	1.000	819 00		8
9								9
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19								19
20								20
21								21
22								22
23	0001	PAGE 1 OF 1	CREATION DATE	040913	TOTALS	2004 02		23

50 PAYER NAME | 51 HEALTH PLAN ID | 52 REL INFO | 53 ASG BEN | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56 NPI [redacted]
A 57
B OTHER
C PRV ID

56 INSURED'S NAME | 59 P.REL | 60 INSURED'S UNIQUE ID | 61 GROUP NAME | 62 INSURANCE GROUP NO.
A
B
C

63 TREATMENT AUTHORIZATION CODES | 64 DOCUMENT CONTROL NUMBER | 65 EMPLOYER NAME
A
B
C

66 DX: 92410 1 | E8120 1 | E8495 1 | 68

69 ADMIT DX | 70 PATIENT REASON DX 9597 | 71 PPS CODE | 72 ECI | 73

74 PRINCIPAL PROCEDURE CODE DATE | a OTHER PROCEDURE CODE DATE | b OTHER PROCEDURE CODE DATE | 75
c OTHER PROCEDURE CODE DATE | d OTHER PROCEDURE CODE DATE | e OTHER PROCEDURE CODE DATE

76 ATTENDING NPI 1780694109 QUAL LAST CRUM FIRST DONALD
77 OPERATING NPI QUAL LAST FIRST
78 OTHER NPI QUAL LAST FIRST
79 OTHER NPI QUAL LAST FIRST

80 REMARKS | 81CC a B3 282NR1301X
b
c
d

UB-04 OMB-1456

1 NORTHEASTERN NV REG HOSP
2001 ERRECART BLVD
ELKO NV 89801
7192777545

2

3a PAT CNTL #: [redacted]
b MED REC #: [redacted]
4 TYPE OF BILL: 131
5 FED. TAX NO: [redacted]
6 STATEMENT COVERS PERIOD FROM 040113 THROUGH 040113
7

8 PATIENT NAME
a
b GUTHRIE SHALYNN
9 PATIENT ADDRESS
a 426 FLORA DR
b SPRING CREEK
c NV
d 89815
e

10 BIRTH DATE
11 SEX: F
12 DATE
13 HR
14 TYPE: 1
15 SRC: 1
16 DHR
17 STAT: 01
CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28
29 ACDT STATE
30

31 OCCURRENCE CODE DATE: a 02 040113
32 OCCURRENCE CODE DATE
33 OCCURRENCE CODE DATE
34 OCCURRENCE CODE DATE
35 OCCURRENCE SPAN CODE FROM THROUGH
36 OCCURRENCE SPAN CODE FROM THROUGH
37

38

39 VALUE CODES CODE AMOUNT: a 45 07
40 VALUE CODES CODE AMOUNT
41 VALUE CODES CODE AMOUNT

	42 REV.CD	43 DESCRIPTION	44 HCPCS/RATE/HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0270	MED-SUR SUPPLIES		040113	1.000	12 00		
2	0320	DX X-RAY	73550RT	040113	1.000	271 00		
3	0450	EMERG ROOM	9928325	040113	1.000	819 00		
23	0001	PAGE 1 OF 1	CREATION DATE	040813	TOTALS	1102 00		

50 PAYER NAME
51 HEALTH PLAN ID
52 REL. INFO
53 ASSIGN. BEN.
54 PRIOR PAYMENTS
55 EST. AMOUNT DUE
56 NPI [redacted]
57 OTHER PRV ID

58 INSURED'S NAME
59 P.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 DX: 92400 1 | E8161 1 | E8495 1 | E0008 1 | 34580 1
68

69 ADMIT DX
70 PATIENT REASON DX: 9596
71 PPS CODE
72 ECI
73

74 PRINCIPAL PROCEDURE CODE DATE
a OTHER PROCEDURE CODE DATE
b OTHER PROCEDURE CODE DATE
75
c OTHER PROCEDURE CODE DATE
d OTHER PROCEDURE CODE DATE
e OTHER PROCEDURE CODE DATE

76 ATTENDING NPI 1780694109 QUAL LAST CRUM FIRST DONALD
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80 REMARKS
ICD a B3 282NR1301X
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c
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UB-04 CMS-1450