

**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



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 .

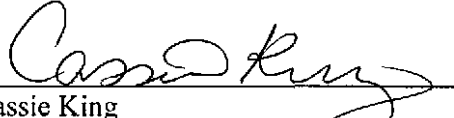
A summary statement of the amount claimed is attached and listed below:

**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

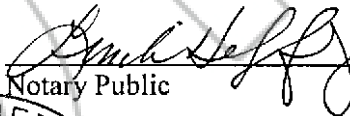
Hospital Lien  
Page 2 of 2  
Shalynn Guthrie

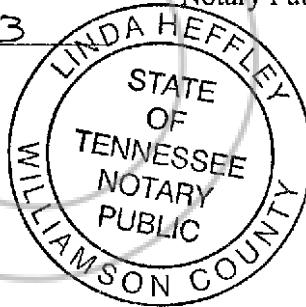
STATE of TENNESSEE  
County of WILLIAMSON

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		2		3 PAT CHL #		4 TYPE OF BILL	
2001 ERRECART BLVD		NV 89801		5 MED REG #		131	
ELKO		7192777545		5 FED. TAX NO		6 STATEMENT COVERS PERIOD FROM	
8 PATIENT NAME		9 PATIENT ADDRESS		040313		040313	
10 GUTHRIE SHALYNN		11 SPRING CREEK		12 NV		13 89815	
14 BIRTHDATE		15 SEX		16 DATE		17 ADMISSION	
F				1		1	
18 STAT		19 COND CODES		20		21	
01							
22 OCCURRENCE DATE		23 OCCURRENCE CODE		24 OCCURRENCE DATE		25 OCCURRENCE DATE	
02 040113							
26		27		28		29	
45		07					
30		31		32		33	
42 REV. CD		43 DESCRIPTION		44 PROC/RATE/PPS CODE		45 SERV DATE	
0636		DRUG/DETAIL CODE		J1170		040313	
0636		DRUG/DETAIL CODE		J2405		040313	
0320		EX X-RAY		73564RT		040313	
0320		DX X-RAY		73590RT		040313	
0320		DX X-RAY		73610RT		040313	
0320		DX X-RAY		73630RT		040313	
0450		EMERG ROOM		96372		040313	
0450		EMERG ROOM		9928325		040313	
46		47		48		49	
0001		PAGE 1 OF 1		CREATION DATE 040913		TOTALS 2004.02	
50 PAYER NAME		51 HEALTH PLAN ID		52 REL NO		53 CLASS	
54 PRIOR PAYMENTS		55 EST AMOUNT DIF		56 NR		57	
58 OTHER		59 PRV ID		60		61	
62 INSURED'S NAME		63 REL		64 INSURER'S UNIQUE ID		65 GROUP NAME	
66		67		68		69	
70 ADMIT DX		71 PATIENT REASON UN		72		73	
		9597					
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 OTHER PROCEDURE CODE		77 ATTEND-NO	
						NP: 1780694109	
78		79		80		81	
LAST CRUM		FIRST DONALD		LAST		FIRST	
77 OPERATING		NP:		LAST		FIRST	
80 REMARKS		81 RICH		82		83	
		B3		282NR1301X			
84		85		86		87	
88		89		90		91	
92		93		94		95	

UB-14 CMB-1430



1 NORTHEASTERN NV REG HOSP 2001 ERRECART BLVD ELKO NV 89801 7192777545		3 PATIENT ID 4 MED. REC. # 5. FED. TAX NO 6 STATEMENT COVERS PERIOD FROM 040113 THROUGH 040113		7 TYPE OF BILL 131	
8 PATIENT NAME 9 GUTHRIE SHALYNN		10 PATIENT ADDRESS 11 426 FLORA DR 12 SPRING CREEK NV 89815			
13 BIRTH DATE 14 SEX 15 DATE		16 ADMISSION 17 HRT 18 TYPE 19 SRC 20 DRG		21 STAT 22 18 23 15 24 20 25 21 26 22 27 23 28 24 29 25 30 26 31 27 32 28 33 29 34 30 35 31	
36 OCCURRENCE DATE 37 02 040113		38 OCCURRENCE DATE 39 01 01		40 OCCURRENCE DATE 41 01	
42 REV. CD 43 DESCRIPTION 44 MODERATE/PPR CODE 45 SERV. DATE 46 SERV. UNITS 47 TOTAL CHARGES 48 NON-COVERED CHARGES		49 ADJUSTED STATE			
0270 MED-SUR SUPPLIES 0320 DX X-RAY 0450 EMERG ROOM		73550RT 9928325		040113 1.000 12.00 040113 1.000 271.00 040113 1.000 819.00	
0001 PAGE 1 OF 1		CREATION DATE 040813		TOTALS 1102.00	
50 PAYER NAME		51 HEALTH PLAN ID		52 REG. PPO	
53 INSURED'S NAME		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE	
56 TREATMENT AUTHORIZATION CODES		57 DOCUMENT CONTROL NUMBER		58 EMPLOYER NAME	
60 CA 924C0 1 E8161 1 E8495 1 E0008 1 34580 1		61 PMSL		62 INSURED'S UNIQUE ID	
63 ADMIT. REASON UIC 9596		64 PPS CODE		65 ECI	
66 PRINCIPAL PROCEDURE CODE DATE		67 OTHER PROCEDURE CODE DATE		68 ATTENDING NP: 1780694109	
69 OTHER PROCEDURE CODE DATE		70 OTHER PROCEDURE CODE DATE		71 OPERATING NP:	
72 REMARKS		73 ICD-9		74 OTHER NP:	
B3 282NR1301X				75 LAST CRUM	
				76 FIRST DONALD	
				77 LAST	
				78 FIRST	
				79 OTHER NP:	
				80 LAST	
				81 FIRST	