

Notice is hereby given that Buck Medical Services, Inc., has provided ambulance services, as defined in ORS 87.603(2), to Arthur Matson, who resides at HO 62 Box 65, in the City of Malin, County of Klamath, State of Oregon, on or about the 14 day of April, 19 89, and hereby claims a lien upon the amount payable under any contract providing for indemnity or compensation of said individual for the sum incurred for those ambulance services or any portion thereof. An itemized statement of the ambulance services provided is attached as Exhibit A and incorporated herein by reference. Fifteen days have not elapsed since the date on which said ambulance services were provided. The sum incurred by the individual named above for said ambulance services is \$ 302.10, no part of which has been paid, except \$ 0, and there is now due and owing and remaining unpaid thereof, after deducting all credits and offsets, the sum of \$ 302.10, in which amount lien is hereby claimed. The amount so claimed is a true and bona fide existing debt as of the date of filing of this notice of lien. Payment for the ambulance services described herein is due April 14, 19 89.

BUCK MEDICAL SERVICES, INC.

By Christina Kay

STATE OF OREGON)
COUNTY OF Klamath) SS

I, Christina Kay, being first duly sworn on oath, say: that I am MVA Clerk of the claimant named in the foregoing notice of lien; that I have read the same and know the contents thereof and believe the same to be true.

Christina Kay

SUBSCRIBED and sworn to before me this 25 day of April, 1989.

Annette L. Quinn
ANNETTE L. QUINN
Notary Public Oregon
My commission expires: 10/14/91

The undersigned claimant hereby certifies that the foregoing is a true and correct copy of the notice of lien filed with the recording officer of the county in which the individual who received the ambulance services described above resides.

BUCK MEDICAL SERVICES, INC.

By _____

After recording, please return to the claimant at
1240 S.E. Twelfth Avenue
P.O. Box 15339
Portland, Oregon 97215-0339

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7277

1240 S.E. 12th Avenue
P.O. Box 15339
Portland, Oregon 97215-0339

INVOICE

Arthur Matson
HO 62 Box 65
Malin, OR 97632

AMOUNT ENCLOSED
\$

PLEASE DETACH AND RETURN WITH YOUR PAYMENT.

PLEASE PRINT ADDRESS CHANGE.

PLEASE REMIT TO:

BUCK MEDICAL SERVICES, INC.
P.O. Box 15339
Portland, Oregon 97215-0339

Business Office: 503-239-0389
Oregon Toll-Free: 1-800-228-7601
Washington: 206-256-8484

INVOICE NO.	PATIENT ID. NO.	DATE
019167590		4/14/89
DESCRIPTION		CHARGE OR CREDITS (CR)
FROM/NW Eastman Parkway and NW Burnside Road TO /Mount Hood Medical Center		
4/14/89	1 Base Rate/BLS	185.00
	2 Mileage/6.50 @ mile	13.00
	1 Night Rate	40.00
	1 Exam Gloves, Pr.	2.00
	1 Extrication Collar	25.00
	1 Tape	2.10
	1 Orthopedic Care	25.00
Recording Fee \$10.00		
Total Balance Due \$302.10		
STATE OF OREGON, ss.		
County of Klamath		
Filed for record at request of:		
Buck Medical Services		
on this 27th day of April A.D., 19 89		
at 2:12 o'clock P.M. and duly recorded		
in Vol. M89 of Co. Lien Page 7276		
Docket County Clerk		
Evelyn Biehn		
By [Signature] Deputy.		
and Sales		
		292.10
		TOTAL DUE

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IR:

Fee, \$10.00