99582

89 APR 27

Vol. mg9 Page 7278

NOTICE OF AMBULANCE SERVICES LIEN

Notice is hereby given that Buck Medical Services, Inc., has provided ambulance services, as defined in ORS 87.603(2), to Mary E. 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 provid-ing 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 bargin by reference. Fifteen days have not elansed since the date on which Mary E. Matson , who resides at HO 62 Box 65 herein by reference. Fifteen days have not elapsed since the date on which nerein 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 307.10, 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 307.10, 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 <u>April 14</u>, 19.89. BUCK MEDICAL SERVICES, INC. STATE OF OREGON SS COUNTY OF Klamath Christina Kay Ι, , being first duly sworn on oath, say: that I am <u>MVA Clerk</u> 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. SUBSCRIBED and sworn to before me this 25 day of April 19 89. ANINE **O**I IÍNN Notary Public for Oregon NOTARY FUBLIC- OREGON My commission expires: My Commission Fupires 16/14/41 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

IM?ORTANT! Complete and sign the top portion and return it to Buck Medical Services. Inc. INSURANCE COMPANY 7279 INSURANCE COMPANY ADDRESS HIS AREA SUBSCRIBER GROUP, MEMBER OR MEDICARE NO. AUTO or OTHER INSURANCE CO. and ADDRESS SUBSCIMBED **TENT COMPLETE** PATIENT'S NAN'E GROUP NO. MEMBER NO. DATE OF ONCET OF ACCIDENT FATIENT'S RELATIONSHIP TO INSURED NAME of DOCTOR IF HOSPITALIZED, WHERE SELF SPOUSE CHILD OTHER PATIENT'S SEX I certify that the services listed below have been received. I authorize the release of any medical information DATE OF ADMITTANCE necessary to process this claim. I authorize payment to be made directly to Buck Medical Services, Inc. 2 PREGNANCY VES NO INSURED SIGNATURE DATE Mary E. Matson HO 62 Box 65 Malin, OR 97632 PLEASE REMIT TO: BUCK MEDICAL SERVICES, INC. P.O. Box 15339 Business Office: Portland, Oregon 97215-0339 503-239-0389 Oregon Toll-Free: 1-800-228-7601 Washington: 019167730 4/14/89 CHARGES OR CREDITS (CR) FROM/NW Eastman Parkway and NW Burnside Road TO /Mount Hood Medical Center 4/14/89 1 Ease Rate/BLS 2 Mileage/6.50 @ mile 185.00 1 Night Rate 13.00 1 Oxygen 40.00 1 Exam Gloves, Pr. 30.00 1 Tape 2.00 1 Orthopedic Care 2.10 25.00 Recording Fee \$10.00 Total Balance Due \$307.10 STATE OF OREGON, County of Klamath SS. Filed for record at request of: Buck Medical Services 27th day of April A.D., 19 89 on this at ____2:12 o'clock P.M. and duly recorded and Sales in Vol. ______M89 Docket Co. Lien Page 7278 Evelyn Biehn County Clerk By Qauline Mullendow 297.10 Fee, \$10.00 Deputy. CHARGES