61994

'98 JUL 10 P2:56

HOSPITAL LIEN

Vol M98 Page 24652

NOTICE IS HEREBY GIVEN, That **MERLE WEST MEDICAL CENTER** of KLAMATH FALLS, OREGON has rendered services in hospitalization for Maurice LarterClark a person who was injured on the 22nd day of June, 1998, in the City of Klamath Falls County of Klamath, State of Oregon and the said **MERLE WEST MEDICAL CENTER** hereby claims a lien upon any money due or owing or any claim from any responsible party be it any insurance or third party Payor in relation to this MVA and not limited to other MWMC claims in relation etal. alleged to have caused said injuries and/or any other person, corporation or association liable for said injury or obligated to compensate the said injured person on account of said injuries. The hospitalization was rendered to the said injured person between the 22nd day of, June, 1998, and the 6th day of July, 1998.

Mr. Maurice Larter Clark

		In Account with Claimant:	Dr.	Cr.
		ACCOUNT NO. Z0105832J7		
		Balance Due Claimant:	#20145.22	

That fifteen days have not elapsed since the time (the completion of said hospitalization); that the claimant's demands for said care and/or services is in the sum #20145.22 Dollars and that no part thereof has been paid, except ----------NONE---------- Dollars and that there is now due and owing and remaining unpaid thereof, after deducting credits and offsets the sum of #20145.22 Dollars, in which amount lien is hereby claimed.

If the injured person is covered by Medicare, this Hospital Lien Notice is not intended to claim or perfect a lien on any insurance proceeds from, or insurer's obligations under, the liability coverage of an insurance policy.

Barbara Hart for MWMC
Claimant

STATE OF OREGON

County of KLAMATH } ss.

I, Barbara Hart for MWMC, being first duly sworn on oath, say: That I am ONE AND THE SAME 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.

Barbara Hart for Merle West Medical Center

Subscribed and sworn to before me this 10th day of July, 19 98

OFFICIAL SEAL
JOAN C. LA BEAU
NOTARY PUBLIC-OREGON
COMMISSION NO. 060469
MY COMMISSION EXPIRES MAR. 22, 2001

Joan C La Beau
Notary Public for Oregon

My commission expires 3-22-2001

Hospital Lien

STATE OF OREGON, County of ____ ss.

I certify that the within instrument was received for record on the ____ day of ____, 19__, at ____ o'clock M., and recorded in book ____ on page ____ Record of ____ of said County.

Witness my hand and seal of County affixed.

County Clerk

Deputy

80-S 2707250 (REV. 2/92)

Z010583217 CLARK MAURICE LARTER

ACCT: Z010583217
CLARK,MAURICE LARTER
2750 HOPE ST
KLAMATH FALLS, OR 97603
541-884-8548 (H)

GUAR: 700-09-3982
CLARK,MAURICE LARTER
2750 HOPE ST ***
KLAMATH FALLS, OR 97603
541-884-8548 (H)

85 M
INP
UB

ADM/SER: 06/22/98
DISCHARGE: 07/06/98
LST STMT:

UR CHG: 20145.22 OTH.MVA
AR CHG: MEDICARE
BALANCE: 20145.22 KMSB
SP

PROCEDURE	DESCRIPTION	COUNT	AMOUNT
1.1004731	OXIMETER PROBE	1	79.90
1.1048	INCENT SPIROM TREATMENT	8	326.00
1.1070	DAILY OXYGEN USAGE	4	452.40
1.1115	OXIMETRY PULSE	15	357.75
1.31101	EKG	2	129.40
1.3600010	CANNULA	1	4.08
1.3600240	SPIROMETER VOLUME INCENTIVE	1	12.45
1.93010	EKG PRO FEE	2	31.50
4.1004720	RECOVERY ROOM SUPPLY CHARGE	2	32.16
4.20563	RECOVERY 1 HR W/OXIMETER	1	386.30
4.20565	RECOVERY 1 1/2 HOUR W/OXIMETER	1	566.25
9.1000179	AMBULARM USAGE	1	27.80
9.1004343	PUMP IV USAGE	10	278.00
9.1004475	KENDALL SCD PUMP	1	37.70
9.1405160	KENDALL SCD SLEEVE	1	125.20
11.15001	IV NEEDLE PLACEMENT	1	35.55
11.15006	IV RESTART	2	71.10
12.1	BLOOD COUNT COMPLETE	4	171.40
12.20	COMPREHENSIVE METABOLIC PANEL	3	149.40
12.4300	CROSSMATCH TEST-IMMEDIATE SPIN	4	123.60
12.659	VENIPUNCTURE	6	45.00
12.668	BASIC METABOLIC PANEL	2	75.05
12.719.2	TYPE & SCREEN #2	2	27.94
12.719.3	TYPE & SCREEN #3	2	27.94
12.719.4	TYPE & SCREEN #4	2	27.94
12.729.2	PT & PTT #2	1	23.83
12.729.3	PT & PTT #3	1	23.83
12.802	SURGICAL PATH GROSS & MIC	1	102.25
12.91.2	HEMOGLOBIN & HEMATOCRIT #2	4	48.20
12.91.3	HEMOGLOBIN & HEMATOCRIT #3	4	48.20
12.96	URINALYSIS, ROUTINE	1	20.95
13.71020	CHEST 2 VIEWS	1	96.57
13.73030	SHOULDER 2 VIEWS	1	100.37
28.00	GAIT TRAINING 15 MIN	27	950.40
28.1551	MEDICARE P-T EVAL 15 MIN	2	79.60
28.25	THERAPEUTIC EX 15 MIN	17	598.40
30.15	O-T TERX 15 MIN	16	563.20
52.1004720	DAILY SUPPLY CHARGE	14	727.02
52.1004730	IV SOLUTION	14	434.00
52.31499	MISC CHARGE	1	179.85
52.31702	DLY SVC/BASE SEMI-PVT	14	6188.00
90.0001000	ANESTHESIA - 1 MIN	188	342.16

90.0002000	ANESTHESIA EMERGENCY -- 1 HOUR	1	78.00
90.0003005	SURGERY 1 1/4 HOUR	1	1135.30
90.0003008	SURGERY 2 HOURS	1	1816.48
90.0004000	EMERGENCY SURGERY -- 1 HOUR	1	104.00
90.1000200	CIRCUIT ANESTHESIA ADULT	1	9.58
90.1001200	ASEPTOS/IRRI BULB SYRINGE	1	1.72
90.1002000	BLADE SIZE 10	4	3.12
90.1003400	BOVIE PAD	2	18.34
90.1009300	HOFF CLAMPS DISPOSABLE	2	5.92
90.1011100	DRAPE HALF SHEET	1	3.62
90.1013400	DRAPE IMPERVICUS SPLIT PLAST	1	11.01
90.1013600	DRESSING ABD COMBINE 8X10	2	1.18
90.1013800	DRESSING ADAPTIC 3X8	2	4.06
90.1014000	DRESSING XEROFORM 1X8	1	1.50
90.1014200	DURAPREP STAT SURGICAL	2	31.20
90.1018900	GAUZE SPONGES 4X4 16 PLY	1	1.93
90.1020002	GLOVE WHITE 7	1	1.09
90.1020003	GLOVE WHITE 7 1/2	1	1.09
90.1020005	GLOVE WHITE 8 1/2	1	1.09
90.1020010	GLOVE BROWN/NEUTRALON 6 1/2	2	10.54
90.1020011	GLOVE BROWN/NEUTRALON 7	1	5.27
90.1020012	GLOVE BROWN/NEUTRALON 7 1/2	1	5.27
90.1020013	GLOVE BROWN/NEUTRALON 8	1	5.27
90.1020014	GLOVE BROWN/NEUTRALON 8 1/2	1	5.27
90.1020030	GLOVE PERRY 7 1/2	1	1.06
90.1020042	GLOVE MAXXUS 8 1/2	3	12.06
90.1021200	GOWN X-LARGE REINFORCED	6	64.20
90.1024200	KERLIX ROLL 4 1/2 LG	1	3.28
90.1031600	POOLE SUCTION TIP	2	11.24
90.1031800	PREP TRAY PROVIDONE IODINE	1	11.86
90.1036600	SPONGE LAP	1	4.34
90.1040400	STAPLER SKIN 35W	1	29.64
90.1041400	STERI STRIPS 1/2 SUTURE STRIP	1	3.62
90.1043700	STRYKER BLADE 2296-3-125	1	78.00
90.1044800	STRYKER BLADE HIP 2108-160	1	78.00
90.1045500	SUCTION LINER 3000 CC MEDIVAC	3	16.74
90.1048000	TOWELS: BLUE OR STERILE	1	10.02
90.1051600	TUBING CONNECTING SUCTION 10F	1	3.40
90.1053400	YANKAUER SUCTION TIP	1	2.71
90.1055400	IMMOBILIZER SHOULDER XLG	1	24.68
90.1056200	CAST PADDING 4"	1	2.59
90.1057900	SOLUTION LACT RINGERS 1000ML	4	11.24
90.1062810	SOLUTION NACL 9% 1000 BTL	2	4.68
90.1062820	SOLUTION NACL 9% 500 BAG	1	2.03
90.2002200	BAIR HUGGER UPPER BODY	2	71.76
90.2006700	MASK ADULT ANESTHESIA	1	6.24
90.2007100	MASK OXYGEN MED CONCENTRATION	1	1.84
90.2012800	STETHOSCOPE/SOPHAGEAL TEMP 18F	1	8.70
90.2016000	TRAY SPINAL 25G WHITACRE	1	59.09
90.2023100	TUBING HORIZON PUMP-INJ SITES	1	5.68
90.2024000	TUBING PRIMARY IV SET 15 DROP	2	36.12
90.3000605	PACK DOUBLE BASIN SET	1	108.70
90.3001600	PACK ORTHO CUSTOM	1	192.31
90.3002000	PACK SHOULDER	1	187.56
90.3502300	SUTURE ETHIBOND 0 (MO6) CX45G	1	42.99
90.3503000	SUTURE ETHIBOND 2-0 (MO6)CX46	1	42.74
90.3510200	SUTURE SILK 2-0 (TIES) A 185H	1	4.43
90.3512700	SUTURE VICRYL 0 (CT-1) J 340H	1	6.05
90.3513800	SUTURE VICRYL 2-0 J 206G	1	7.14
90.3514100	SUTURE VICRYL 2-0 J 339H	2	11.92

90.6140110	BUMPS STERILE	2	9.36
90.6140500	FLUFFS 5 PK STERILE	2	10.98
90.7010180	COMMAND 2 POWER CENTER	1	93.60
90.7070040	BOVIE MACHINE-VALLEY LAB	2	44.26
90.8000200	ACE BANDAGE 4" STERILE	1	6.65
90.8015300	COBAN 4" STERILE	1	8.58
90.8069400	STOCKINETTE IMPERVIOUS MED 8	2	24.28
90.8136500	SPLINT 3X15 GREEN	1	52.54
3000045	PHA	14	60.90
3000386	PHA	2	53.82
3000399	PHA	14	0
3000425	PHA	13	38.09
3000578	PHA	1	26.24
3000675	PHA	41	124.64
3000678	PHA	26	87.88
3000778	PHA	28	84.56
3000866	PHA	30	96.00
3001544	PHA	70	26.60
3001829	PHA	1	3.93
3002047	PHA	13	48.36
3002107	PHA	15	63.00
3002343	PHA	2	47.18
3002369	PHA	49	186.69
3002392	PHA	1	21.62
3002488	PHA	1	23.10
3002503	PHA	3	69.60
3002594	PHA	1	15.00
3003044	PHA	2	55.64
3003051	PHA	2	49.92
3004009	PHA	1	24.27
3004080	PHA	1	47.58
3004278	PHA	1	81.00
			20145.22

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Merle West Medical Center the 10th day of July A.D., 19 98 at 2:56 o'clock P M., and duly recorded in Vol. M98, of Hospital Liens on Page 24652.

FEE $5.00

Bernetha G. Letsch, County Clerk

By Deputy