

62334

'98 JUL 14 P2:46

HOSPITAL LIEN

Vol. 1198 Page 25260

NOTICE IS HEREBY GIVEN, That **MERLE WEST MEDICAL CENTER** of **KLAMATH FALLS, OREGON** has rendered services in hospitalization for Ryan Scott Sechrist a person who was injured on the 3rd day of July, 1998, in the City of \_\_\_\_\_ 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 MUA and not limited to other MWMC claims in relation et al. 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 3rd day of July, 1998, and the 5th day of July, 1998.

Mr. Ryan Scott Sechrist

In Account with Claimant:

Dr.

Cr.

ACCOUNT NO 2010582996

Balance Due Claimant:

\$ 6999.90

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 \$ 6999.90 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 \$ 6999.90 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

KLAMATH

ss.

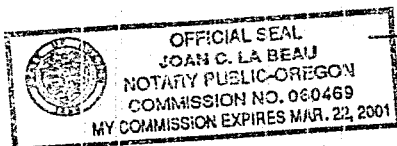
County of

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 14th day of July, 1998



Joan C La Beau  
Notary Public for Oregon

My commission expires 3-22-2001

# Hospital Lien

Return:

Merle West Medical Center  
2865 Daggett Ave.  
Klamath Falls, Or. 97601

STATE OF OREGON,

County of \_\_\_\_\_ ss.

I certify that the within instrument was

received for record on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_ PM, and recorded in book \_\_\_\_\_ on page \_\_\_\_\_ Record of \_\_\_\_\_ of said County.

Witness my hand and seal of County \_\_\_\_\_ affixed.

County Clerk

Deputy

2010587996 SECHRIST, RYAN SCOTT

ACCT: 2010587996  
 SECHRIST, RYAN SCOTT  
 1511 CARLYLE ST  
 KLAMATH FALLS, OR 97601  
 541-884-5407/541-882-9410

GUAR: 562-19-5247  
 MAYNARD, KEVIN LEE  
 1511 CARLYLE ST  
 KLAMATH FALLS, OR 97601  
 541-884-5407 (H)

18 M ADM/SER: 07/03/98 UF CHG: 6999.90 OTH.MYA  
 INF DISCHARGE: 07/05/98 AR CHG: SP  
 UB LST SMT: BALANCE: 6999.90

PROCEDURE	DESCRIPTION	COUNT	AMOUNT
1.1004731	OXIMETER PROBE	1	79.90
1.1115	OXIMETRY PULSE	2	47.70
4.1004720	RECOVERY ROOM SUPPLY CHARGE	1	16.08
4.20563	RECOVERY 1 HR W/OXIMETER	1	386.30
4.22556	AFTER HOUR CARE	1	26.00
6.1004730	IV SOLUTION	1	31.00
6.3200040	IV STARTER KIT	1	3.45
6.3200080	IV CATHETER (NEEDLE) ALL SIZES	1	2.40
6.3200215	IV TUBING, PRIMARY	1	8.70
6.3200350	IV PORT	1	3.45
6.99285	EMERGENCY SVC COMPREHENSIVE	1	364.80
9.1004342	PUMP PCA USAGE	1	43.95
9.1004343	PUMP IV USAGE	1	27.80
9.1004635	BARD PUMP MINI INFUSER	1	26.35
12.1	BLOOD COUNT COMPLETE	1	42.85
12.102	BLOOD ALCOHOL	1	52.00
12.659	VENIPUNCTURE	1	7.50
12.96	URINALYSIS, ROUTINE	1	20.95
13.71020	CHEST 2 VIEWS	1	96.57
13.72193	PELVIS - 1 LATERAL HIP	1	103.90
13.73510	HIP UNILATERAL 2 VIEWS	1	99.80
13.73530	HIP OR PROC C-ARM	1	239.05
28.00	GAIT TRAINING 15 MIN	2	70.40
28.155	PT EVALUATION 15 MIN	2	79.80
52.1004720	DAILY SUPPLY CHARGE	2	103.86
52.1004730	IV SOLUTION	2	62.00
52.31702	DLY SVC/BASE SEMI-PVT	2	884.00
52.31706	TRACTION SET-UP SIMPLE	1	19.45
52.31711	TRACTION DAILY CHG	1	13.65
90.0001000	ANESTHESIA - 1 MIN	94	171.08
90.0002000	ANESTHESIA EMERGENCY - 1 HOUR	2	156.00
90.0003006	SURGERY 1 1/2 HOUR	1	1362.36
90.0004000	EMERGENCY SURGERY - 1 HOUR	2	208.00
90.1000200	CIRCUIT ANESTHESIA ADULT	1	9.58
90.1003400	BOVIE PAD	1	9.17
90.1009300	HOFF CLAMPS DISPOSABLE	2	5.92
90.1011500	DRAPE ISOLATION 6617	1	75.78
90.1012700	DRAPE STERI 1015	1	23.40
90.1014100	DRESSING XEROFORM 5X9	1	2.34
90.1014200	DURAPREP STAT SURGICAL	1	15.60
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
90.1020012	GLOVE BROWN/NEUTRALON 7 1/2	1	5.27
90.1020023	GLOVE MICROTOUCH 8	1	4.71
90.1036101	SOLUTION STERILE H2O 1000 BTL	1	2.31
90.1040400	STAPLER SKIN 35W	1	29.64
90.1041700	STIRRUP STRAPS	1	6.24
90.1045500	SUCTION LINER 3000 CC MEDIVAC	2	11.16
90.1051600	TUBING CONNECTING SUCTION 10F	1	3.40
90.1053400	YANKAUER SUCTION TIP	1	2.71
90.1062810	SOLUTION NACL 9% 1000 BTL	1	2.34
90.2006700	MASK ADULT ANESTHESIA	1	6.24
90.3001000	PACK HIP FRACTURE CUSTOM	1	159.90
90.3512900	SUTURE VICRYL 0 (PSL) J 610H	2	32.82
90.3514300	SUTURE VICRYL 2-0 J 596H	2	31.94
90.7070040	BOVIE MACHINE-VALLEY LAB	1	22.13
90.8057300	MAGNA-FX CANNULA SCREW 7-100	2	697.10
90.8059300	MAGNA-FX CANNULA SCREW 7-90	1	335.65
3002343	PHA	4	94.36
3002390	PHA	0	0
3002453	PHA	1	30.56
3002594	PHA	4	60.00
3002774	PHA	2	5.90
3003044	PHA	1	27.82
3003061	PHA	3	139.20
3004010	PHA	1	33.36
3004304	PHA	5	120.95
3004306	PHA	1	28.39
E.60699284	STUART, BRYAN/PF ER	1	98.80
			-----
			6999.90

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Merle West Medical Center the 14th day  
of July A.D., 19 98 at 2:46 o'clock P. M., and duly recorded in Vol. M98,  
of Hospital Liens on Page 25260.

FEE \$5.00  
50¢ c.c.

By Bernetha G. Letsch, County Clerk  
Kaitlin Ross