

INTEGRIS, BAPTIST MEDICAL CENTER * 3300 NORTHWEST EXPRESSWAY *****
OKLAHOMA CITY, OK 73112

Carolynn Caudill, County Clerk
County Office Building, Room 203
Oklahoma City, Oklahoma 73102


SUBJECT: Hospital Lien

This Lien is filed in accordance with legislation enacted by the 1969 Oklahoma State Legislature. (House Bill 1323).

- 1) This Lien is Filed Against the Injured Person:
Patient's Name: **JEANE MARIE MICHAEL**
Patient's Address: **3317 N. W. 42ND STREET OKLAHOMA CITY, OK 73112**
Parent or Guardian (If Applicable):
- 2) On **12/12/01** (Date) the above Named Patient was Involved in an accident and/or Requested Emergency or Medical Service and was brought to INTEGRIS, Baptist Medical Center of Oklahoma, Inc., 3300 N.W. Expressway, Oklahoma City, Oklahoma 73112.
- 3) It is Alleged that the Liable Party or Parties to be:

Name & Address: **SCOTTY SCHMIDT % STATE FARM INSURANCE COMPANY**
P.O. BOX 12529 OKLAHOMA CITY, OK 73157

Name & Address:
- 5) The amount of the Hospital bill or bills:
Acct. #: **1182624516** Amount: \$ **2,446.00** Date: **12/12/01**


Representative of Baptist
Medical Center of OK, Inc.

Subscribed and Sworn to Before me on the 11th day of January, 2002.
My Commission Expires: March 2, 2002


Notary Public

Copies have been sent by certified mail this day to:

- A) Alleged Liable Party or Parties:
 1. **SCOTTY SCHMIDT**
 - 2.
 - 3.
- B) Insurance Carrier of Liable Party or Parties:
STATE FARM P.O. BOX 12529 OKLAHOMA CITY, OK 73157 Adj. Debra Pulliam
Claim #36-A216-746
- C) Patient or Injured Party's Parent or Guardian:
JEANE MARIE MICHAEL
- D) Attorney for the Patient (If Known):
- E) Attorney for the Alleged Liable Party or Parties (If Known):

Doc # **2002008304**
Bk **9325**
Pg **285-286**
DATE 01/16/02 15:30:47
Filing Fee \$15.00
Documentary Tax \$0.00
State of Oklahoma
County of Oklahoma
Oklahoma County Clerk
Carolynn Caudill

BUSINESS OFFICE (405) 949-3115