

INTEGRIS, SOUTHWEST MEDICAL CENTER*4401 SOUTH WESTERN*****
OKLAHOMA CITY, OK 73109

M
Carolynn Caudill, County Clerk
County Office Building, Room 203
Oklahoma City OK 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: **THOMAS R. YOUNG**
Patient's Address: **540 N. W. 113TH STREET OKLAHOMA CITY, OK 73114**
Parent or Guardian (If Applicable):

- 2) On **11/28/01** (Date) the above Named Patient was Involved in an accident and/or Requested Emergency or Medical Service and was brought to INTEGRIS, Southwest Medical Center of Oklahoma, Inc., 4401 S. Western, Oklahoma City, OK 73109.

- 3) It is Alleged that the Liable Party or Parties to be:

Name & Address: **THOMAS R. YOUNG**
540 N. W. 113TH STREET OKLAHOMA CITY, OK 73114

Name & Address:

- 5) The amount of the Hospital bill or bills:
Acct. #: **385503001** Amount: **\$ 1,251.00** Date: **11/28/01**

Carolynn Caudill
Representative of INTEGRIS,
Southwest Medical Center of OK, Inc.

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

Leah Cox
Notary Public

Copies have been sent by certified mail this day to:

- A) Alleged Liable Party or Parties:
 1. **THOMAS R. YOUNG**
 - 2.
 - 3.

- B) Insurance Carrier of Liable Party or Parties :
FARMERS P.O. BOX 2110 EDMOND, OK 73083 Adj. Mita Hoetker Claim #08 144164

- C) Patient or Injured Party's Parent or Guardian:
THOMAS R. YOUNG

- D) Attorney for the Patient (If Known):

- E) Attorney for the Alleged Liable Party or Parties (If Known):

Doc # **2002008306**
Bk **8325**
Pg **288-288**
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