

IN THE OFFICE OF THE COUNTY CLERK
OF OKLAHOMA COUNTY, STATE OF OKLAHOMA

HCA HEALTH SERVICES OF OKLAHOMA, INC.
D/B/A OU MEDICAL CENTER

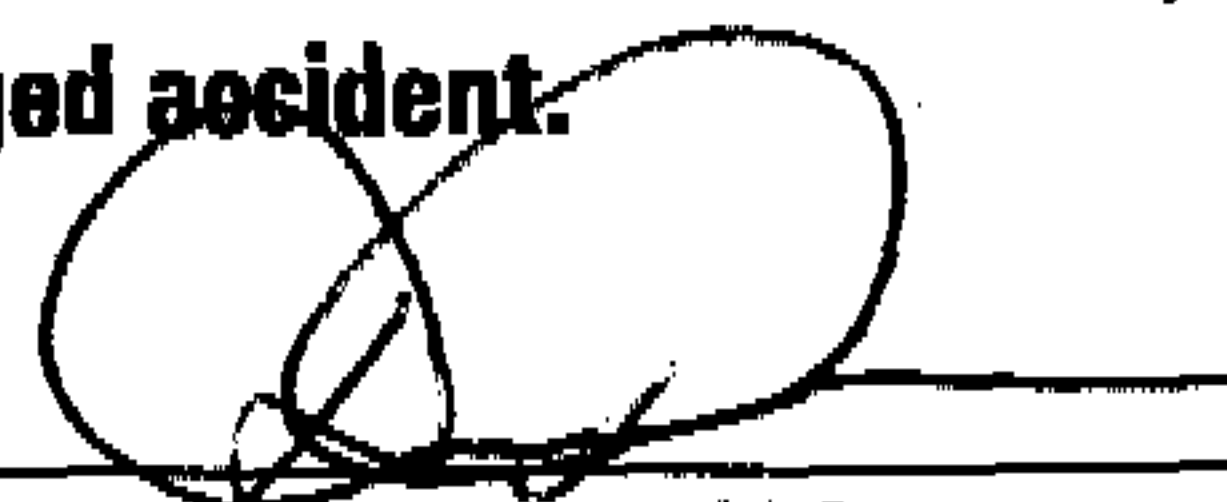
To: Leroy McDonald, Marvin Smith,
State Farm Insurance Company

Doc # 2004142883
Bk 9446
Pg 1882-1885
DATE 09/01/04 08:07:45
Filing Fee \$21.00
Documentary Tax \$0.00
State of Oklahoma
County of Oklahoma
Oklahoma County Clerk
Carolynn Caudill

HCA HEALTH SERVICES OF OKLAHOMA, INC. D/B/A
OU MEDICAL CENTER
STATEMENT OF LIEN CLAIMED FOR MEDICAL SERVICES

KNOW ALL MEN BY THESE PRESENTS: That HCA Health Services of Oklahoma, Inc. D/B/A OU MEDICAL CENTER, Oklahoma City, Oklahoma, claims a Hospital Lien filed under authority of Title 42 Oklahoma Statutes Sections 43 and 44 (OSCN 2002) for medical and hospital services received by Leroy McDonald in the amount of \$6,599.50 and for any additional service rendered by the hospital against any monies which may be due to or paid by Marvin Smith and/or State Farm Insurance Company, in settlement of claims arising out of an alleged accident which occurred on or about August 2, 2004 in or around SW 119th Oklahoma City, Oklahoma County, Oklahoma. The medical services rendered by the Hospital were required by injuries suffered in the accident.

NOTE: This lien does not constitute a lien against real estate or personal property. It is only against monies, which may be paid to or on behalf of Leroy McDonald, pursuant to a possible settlement or judgement arising from or related to this alleged accident.


DANA DAVIS, Staff Attorney OBA# 02193
PATIENT FINANCIAL SERVICES
OU MEDICAL CENTER
P.O. Box 26307
Oklahoma City, Oklahoma 73126
Telephone: 405/271-4225 x38611

Subscribed and sworn before me this 31st day, August, 2004.


Judith Smith, Notary Public, np-02-1428
My Commission Expires: April 17, 2006

CERTIFICATE OF SERVICE

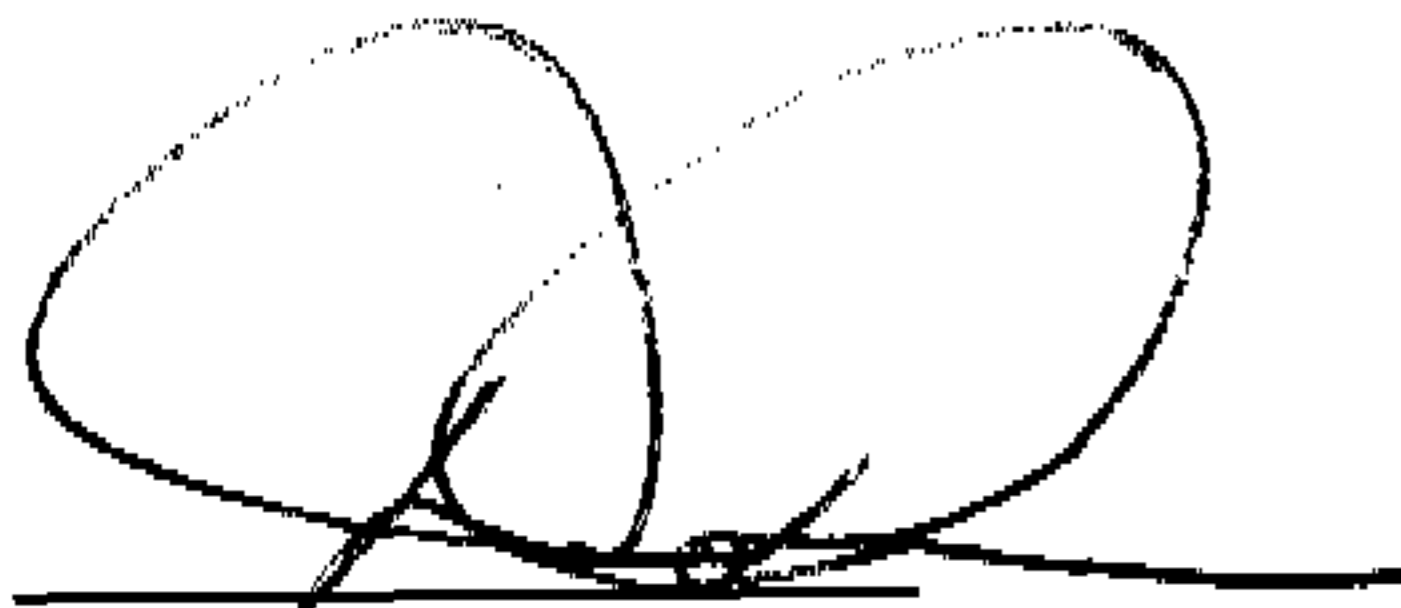
I certify that on ~~August~~ ^{SEPTEMBER} 1, 2004, I served a copy of the above and foregoing Statement of Lien for medical services upon the following persons by placing a certified copy in the United States Mail, postage prepaid thereon, addressed as follows:

Leroy McDonald
1613 SW 128th
Oklahoma City, OK 73170

Marvin Smith
Address Unknown

State Farm Insurance Company
Attn: Team 1
PO Box 26887
Oklahoma City, OK 73126-887

Policy #149785-C20-36B
Claim #36A3677



DANA DAVIS, Staff Attorney
OU MEDICAL CENTER
PATIENT FINANCIAL SERVICES
P O Box 26307
Oklahoma City, OK 73126
405/271- 4425 X 38611

OU MEDICAL CENTER

EXHIBIT

DATE: August 11, 2004

PATIENT: Leroy McDonald

STATEMENT OF ACCOUNTS

BENEFITS ASSIGNED

VISIT NUMBER
MCDONALD LEROY

BALANCE DUE:
618255106 08/02/04 08/02/04 E 6,599.50

08022004 B942 0726 974160 352 074160	1 CT ABDOMEN W/	1890.00	08022004 B942 0726 972193 352 072193	1 CT PELVIS W/C	1439.25
08022004 B942 0728 972100 320 072100	1 XR L-SPINE 2/	311.50	08022004 B942 0728 972050 320 072050	1 XR C-SPINE 4	417.75
08022004 B942 0728 972040 320 072040	1 XR C-SPINE 2/	261.00	08022004 B946 0728 972040 320 072040	1 XR C-SPINE 2/	261.00
08022004 B942 0728 971260 352 071260	1 CT CHEST W/C	1827.50	08022004 B942 0728 971010 324 071010	1 XR CHEST 1 V	192.25
08022004 B216 0777 515106 450 09928325	1 EMER DEPT LEV	432.00	08022004 B068 0777 515105 450 099282	1 EMER DEPT LEV	190.50
08022004 B224 0777 515105 450 099282	1 EMER DEPT LEV	190.50	08022004 B935 0736 370189 301 082947	1 GLUCOSE BLD Q	51.75
08022004 B935 0736 251479 301 084520	1 BUN	32.50	08022004 B935 0736 251478 301 082435	1 CHLORIDE BLD	32.50
08022004 B935 0736 251477 301 084295	1 SODIUM BLD	32.50	08022004 B935 0736 251476 301 084132	1 POTASSIUM BLD	51.75
08022004 B935 0736 251372 305 085014	1 HEMATOCRIT	30.50	08022004 B941 0712 004861 250	1 PHENERGAN INJ	30.50
08022004 B941 0712 004340 250	1 MEPERIDINE IN	27.25			

=====CHARGE SUMMARY INFORMATION=====

REVENUE	REV		
DESCRIPTION	CODE	QTY	AMOUNT
PHARMACY	250	2	57.75
LAB/CHEM	301	5	201.00
LAB/HEMATOLOGY	305	1	30.50
DX X-RAY	320	2	729.25
DX X-RAY/CHEST	324	1	192.25
CT BODY	352	3	4,956.75
EMERG ROOM	450	1	432.00
TOTAL			6,599.50

HCA DATE STA ACTIVITY: Claims Maintenance ASSUME-DATE: 08-31-04
CS R7.6 08-31-04 6138 TRACK MANUAL-REF: UG 3-0-1 PRESBY Page 2 of 2

=====
Insrdr mEmo Ltr Note Fin Clm Req UP DOWN _
Both meDi Place mAIL
=====

P/N 618255106 MCDONALD LEROY Ins 698-02 Adm-Date 08-02-04
Total Charges 6,599.50 PType E Dis-Date 08-02-04
STATE FARM Clm 149785-C20-36B Asn Y Rls Y Rel 1
TEAM 1 Pol 36A367700 Accident Dt 08-02-04
(888) 650-1917 x 5550 GNN MARVIN SMITH
Pat MCDONALD LEROY Ath
DOB 01-15-1925 SSN [REDACTED] Est 6,599.50 Pay Seq P
Med Rec 000002004413 Phys 4942 Com Clm Sub Dte 08-10-04

Ico STATE FARM Denial Cd
Ico STATE FARM AUTO Rls Date
Adr PO BOX 22101 Ver Date Pre Date
Adr Cov Days 1 Ncov Days
C&S TULSA OK Lfd Days Ded
ZIP 74121-2101 Co Days Amt Lia
Con TEAM 1 PRO Appr From Thru
Pho (888) 650-1917 Ext 5550 Payor Apprvd LOS ReCert Days
CS 9 1 Desk 1654

UNOFFICIAL