

AMBULANCE SERVICES LIEN



20120111010042870
01/11/2012 09:53:47 AM
Bk:RE11819 Pg:980 Pgs:2 PL
State of Oklahoma
County of Oklahoma
Oklahoma County Clerk
Carolynn Caudill

STATE OF OKLAHOMA)
COUNTY OF OKLAHOMA) ss.

KNOW ALL MEN BY THESE PRESENTS:

That pursuant to Title 42 O.S Section 49 et seq., claim is hereby made and a lien filed and entered on the Mechanic's and Materialman's Lien Docket in the Office of the County Clerk of the above referenced County, Oklahoma on the 11th day of January, 2012, as follows:

AMBULANCE CLAIMANT: **Emergency Medical Services Authority a/k/a EMSA**
PO Box 21228
Dept 64
Tulsa, OK 74128-1228

AMOUNT OF CLAIM: **\$1127.00**

INJURED PARTY: **Lizbeth Marlett**
5736 NW46th St
Warr Acres, OK 73122

ALLEGED LIABLE PARTY: **Gary Bowman**
Address Unknown

PARENTS OF MINOR PATIENT: **N/A**

DATE OF INJURY: **6/16/2011**
DATE OF TRANSPORT: **6/16/2011**

INSURANCE COMPANY: **Pride National Claim**
5217 Maryland Way, Suite 222
Brentwood, TN 37027

Claim# CLOK 9008173 Adj: Terry James

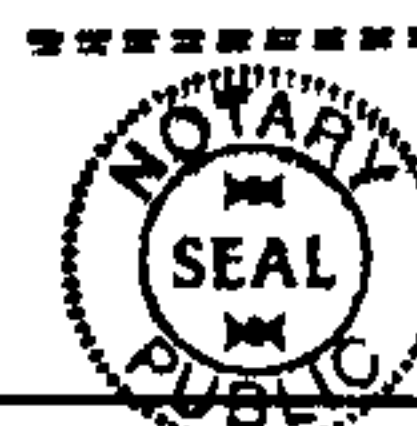
OTHER ADDRESS: **Brittany Novotny, Atty**
401 N Hudson
Oklahoma City, OK 73102

Run #11064413 for emergency treatment and ambulance transportation from the scene of an auto accident to hospital. I, Charlene Bradley, being of lawful age and being first duly sworn upon oath, declare that Emergency Medical Service Authority is the claimant mentioned in the foregoing statement of ambulance service lien: that I have read said statement and know the contents thereof: that the name and address of the injured party, the date of the accident, the alleged party liable, and the total charges incurred as set forth in said lien are due and payable in the amount as set forth, and that all other allegations contained in same statement are just, true, and correct. An Itemized statement is attached and is made part hereof.

Charlene Bradley
Charlene Bradley, Patient Financial Services Representative

Subscribed and sworn to before me this 11th day of January, 2012.

Cynthia L. Stires
Notary Public



CYNTHIA L. STIRES
Notary Public
State of Oklahoma

Commission # 05000982 Expires 01/27/13

CERTIFICATE OF MAILING

Emergency Medical Services Authority (EMSA), hereby certify that on the 13th day of January, 2012, mailed a true and correct copy of the above and foregoing Ambulance Service Lien, by depositing same in the United States Mail, by certified mail, with proper postage thereon fully prepaid to:

11064413W
Lizbeth Marlett
5736 NW46th St
Warr Acres, OK 73122

11064413W
Pride National Claim
5217 Maryland Way, Suite 222
Brentwood, TN 37027

11064413W
Brittany Novotny, Atty
401 N Hudson
Oklahoma City, OK 73102

EMSA
P.O. BOX 21228
DEPT. 64
TULSA, OK 74121-1228
(405) 297-7110

Patient name: MARLETT, LIZABETH W

Run Number: 11-11064413
Incident number: 11092336-01
Date of call: 6/16/2011
Time of call: 18:10

LIZABETH W MARLETT
5736 NW 46TH ST

WARR ACRES, OK 73122

From: NW 49TH ST / N MACARTHUR BLVD
To: DEACONESS HOSPITAL

Primary payer: Pride National Claim

Secondary payer: Bill Patient

Description	Payer	Check #	Quantity	Unit Price	Payment Date	Amount
Emergency Base Rate			1	\$1,100.00		\$1,100.00
Mileage			3	\$9.00		\$27.00

PLEASE PAY THIS AMOUNT

\$1,127.00

DETACH ALONG LINE AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

Patient name: MARLETT, LIZABETH W

Run Number: 11-11064413

Current date: 1/4/2012

AMOUNT
ENCLOSED:

\$

Due on: 01/14/2012

REMIT TO: EMSA
P.O. BOX 21228
DEPT. 64
TULSA, OK 74121-1228

20120111010042870
Filing Fee: \$17.00
Doc. Stamps: \$.00
01/11/2012 09:53:47 AM
PL

