

Expense Lien Summary Report

Easily, Hudson & Houseal Law Firm

Claimant: Ronald Smith

Attorney: Mike Easily

Total Due to all Medical Providers & Subro Sources: \$36,185.08

Total Due to all Medical Providers: \$11,155.09

<u>Medical Provider</u>	<u>DO NOT Pay</u>	<u>Interest</u>	<u>Total Billed</u>	<u>Total Paid</u>	<u>Total Due</u>
Dr. Don Brown			3,730.00	(\$2,996.97)	733.03
Nego\$ Date: 08/15/2004 Contact: Dr. Brown agreed to \$0 on the bill Staff: LAG 0%) \$0.00					
Due Verification	10/15/2004	Memo			Staff:
Dr. Don Brown 211 North University Avenue Little Rock, AR 72205	Contact: Phone1: Phone2: Fax: E-Mail:		Description Specialty: Tax ID: Roundtrip Miles: Protected Interest	Orthopedic Surgeon 71-12345 0	
<u>Medical Provider</u>	<u>DO NOT Pay</u>	<u>Interest</u>	<u>Total Billed</u>	<u>Total Paid</u>	<u>Total Due</u>
Dr. Charles Peek			7,745.00	(\$6,412.00)	1,333.00
Due Verification 10/15/2004 Memo Sue Ann verified \$1,333.00 Staff:LAG					
Dr. Charles Peek 124 North Bronson Ave Dallas, TX 77456	Contact: Phone1: Phone2: Fax: E-Mail:	Sue Ann	Description Specialty: Tax ID: Roundtrip Miles: Protected Interest	Spinal Surgeon 72-12345 0	
<u>Medical Provider</u>	<u>DO NOT Pay</u>	<u>Interest</u>	<u>Total Billed</u>	<u>Total Paid</u>	<u>Total Due</u>
Griffin Anesthesiology			1,284.90	(\$1,027.92)	256.98
Due Verification	10/15/2004	Memo			Staff:

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Griffin Anesthesiology P.O. Box 1111 Little Rock, AR 72205	<u>Contact:</u> <u>Phone1:</u> <u>Phone2:</u> <u>Fax:</u> <u>E-Mail:</u>	<u>Description</u> <u>Specialty:</u> <u>Tax ID:</u> <u>Roundtrip Miles:</u> <u>Protected Interest</u>	Anesthesiologist 73-12345 0
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<u>Medical Provider</u>	<u>DO NOT Pay</u>	<u>Interest</u>	<u>Total Billed</u>	<u>Total Paid</u>	<u>Total Due</u>
Jenkins Rehabilitation Center			3,375.00	\$0.00	3,375.00
MP Lien: 06/11/2004	Lien for full amount of patient bill		\$3,375.00		
Due Verification	10/15/2004	Memo	Staff:		

Jenkins Rehabilitation Center 224 Hospital Drive Little Rock, AR 72202	<u>Contact:</u> <u>Phone1:</u> <u>Phone2:</u> <u>Fax:</u> <u>E-Mail:</u>	<u>Description</u> <u>Specialty:</u> <u>Tax ID:</u> <u>Roundtrip Miles:</u> <u>Protected Interest</u>	Rehab 74-12345 0
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<u>Medical Provider</u>	<u>DO NOT Pay</u>	<u>Interest</u>	<u>Total Billed</u>	<u>Total Paid</u>	<u>Total Due</u>
Johnson Radiology Clinic	✓		450.00	(\$360.00)	-90.00
Due Verification	10/15/2004	Memo	Staff:		

Johnson Radiology Clinic 2222 Town Street Little Rock, AR 72206	<u>Contact:</u> <u>Phone1:</u> <u>Phone2:</u> <u>Fax:</u> <u>E-Mail:</u>	<u>Description</u> <u>Specialty:</u> <u>Tax ID:</u> <u>Roundtrip Miles:</u> <u>Protected Interest</u>	Radiology 75-12345 0
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<u>Medical Provider</u>	<u>DO NOT Pay</u>	<u>Interest</u>	<u>Total Billed</u>	<u>Total Paid</u>	<u>Total Due</u>
Lawrence Christopher - St. John's			21,084.96	(\$17,205.33)	3,879.63
Due Verification	10/15/2004	Memo	Staff:		

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Lawrence Christopher - St. John's St. John's Hospital 222 Hospital Drive Little Rock, AR 77777	<u>Contact:</u> Clifton, Rhonda <u>Phone1:</u> 555-1212 <u>Phone2:</u> 555-1213 <u>Fax:</u> 555-1214 <u>E-Mail:</u> rhonda@stjohns.com	<u>Description</u> Hospital <u>Specialty:</u> <u>Tax ID:</u> 75-12345 <u>Roundtrip Miles:</u> 0 <u>Protected Interest</u>
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<u>Medical Provider</u>	<u>DO NOT Pay</u>	<u>Interest</u>	<u>Total Billed</u>	<u>Total Paid</u>	<u>Total Due</u>
Tad's Pharmacy			696.43	(\$576.43)	120.00
Due Verification	10/15/2004	Memo			Staff:

Tad's Pharmacy 1212 Main Street Cabot, AR 72023	<u>Contact:</u> <u>Phone1:</u> <u>Phone2:</u> <u>Fax:</u> <u>E-Mail:</u>	<u>Description</u> Pharmacy <u>Specialty:</u> <u>Tax ID:</u> 76-12345 <u>Roundtrip Miles:</u> 0 <u>Protected Interest</u>
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<u>Medical Provider</u>	<u>DO NOT Pay</u>	<u>Interest</u>	<u>Total Billed</u>	<u>Total Paid</u>	<u>Total Due</u>
UTMS Hospital		✓	14,424.00	(\$11,769.98)	-2,654.02
Due Verification	10/15/2004	Memo			Staff:

UTMS Hospital 1224 Alamo Street Dallas, TX 72222	<u>Contact:</u> <u>Phone1:</u> <u>Phone2:</u> <u>Fax:</u> <u>E-Mail:</u>	<u>Description</u> Hospital <u>Specialty:</u> <u>Tax ID:</u> 77-12345 <u>Roundtrip Miles:</u> 0 <u>Protected Interest</u>
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<u>Medical Provider</u>	<u>DO NOT Pay</u>	<u>Interest</u>	<u>Total Billed</u>	<u>Total Paid</u>	<u>Total Due</u>
ABC Ambulance Service			973.50	\$0.00	973.50
Due Verification	10/15/2004	Memo			Staff:

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ABC Ambulance Service P.O. Box 1234 Little Rock, AR 72203	<u>Contact:</u> <u>Phone1:</u> <u>Phone2:</u> <u>Fax:</u> <u>E-Mail:</u>	<u>Description</u> Ambulance <u>Specialty:</u> <u>Tax ID:</u> 78-12345 <u>Roundtrip Miles:</u> 0 <u>Protected Interest</u>
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<u>Medical Provider</u>	<u>DO NOT Pay</u>	<u>Interest</u>	<u>Total Billed</u>	<u>Total Paid</u>	<u>Total Due</u>
Blackwell and Finch Physical Therapy			1,020.00	(\$60.00)	960.00
Due Verification	10/15/2004	Memo			Staff:

Blackwell and Finch Physical Therapy 3210 West Main Street Little Rock, AR 72205	<u>Contact:</u> <u>Phone1:</u> <u>Phone2:</u> <u>Fax:</u> <u>E-Mail:</u>	<u>Description</u> Physical Therapy <u>Specialty:</u> <u>Tax ID:</u> 79-12345 <u>Roundtrip Miles:</u> 0 <u>Protected Interest</u>
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<u>Medical Provider</u>	<u>DO NOT Pay</u>	<u>Interest</u>	<u>Total Billed</u>	<u>Total Paid</u>	<u>Total Due</u>
Douglas Anesthesiology			1,284.90	(\$1,027.92)	256.98
Due Verification	10/15/2004	Memo			Staff:

Douglas Anesthesiology P.O. Box 0000 Dallas, TX 77456	<u>Contact:</u> <u>Phone1:</u> <u>Phone2:</u> <u>Fax:</u> <u>E-Mail:</u>	<u>Description</u> Anesthesiology <u>Specialty:</u> <u>Tax ID:</u> 80-12345 <u>Roundtrip Miles:</u> 0 <u>Protected Interest</u>
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Total Due to all Subro Sources:	\$25,029.99
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COC Available:	\$12,328.21
COC	Claimant's Portion: 100%) \$12,328.21 Firm's Portion: 0%) \$0.00

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<u>Subro Source</u>		<u>DO NOT Pay</u>	<u>Interest</u>	<u>Total Paid</u>	<u>COC Fee</u>	<u>Total Due</u>
Claimant		✓		\$0.00	0%)\$0.00	-0.00
Due Verification	04/22/2005	Memo		Staff:		
<i>Claimant</i>	<i>Contact:</i>		<i>Description</i>			
	<i>Phone1:</i>		<i>Specialty:</i>			
	<i>Phone2:</i>		<i>Tax ID:</i>			
	<i>Fax:</i>		<i>Roundtrip Miles:</i>			
	<i>E-Mail:</i>		<i>Protected Interest</i>			
<u>Subro Source</u>		<u>DO NOT Pay</u>	<u>Interest</u>	<u>Total Paid</u>	<u>COC Fee</u>	<u>Total Due</u>
BSMS Insurance				(\$37,358.20)	33%)\$12,328.2	25,029.99
Due Verification	04/22/2005	Memo		Staff:		
<i>BSMS Insurance</i>	<i>Contact:</i>		<i>Description</i>	<i>Private Health Ins</i>		
	<i>Phone1:</i>		<i>Specialty:</i>			
	<i>Phone2:</i>		<i>Tax ID:</i>			
	<i>Fax:</i>		<i>Roundtrip Miles:</i>			
	<i>E-Mail:</i>		<i>Protected Interest</i>			
	<i>P.O. Box 11259</i>					
	<i>Salt Lake City, UT 99987</i>					

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