108606

FILED FOR RECORD
SKAMANIA CO. WASH
BY Gertie Baxter

JAN 22 4 44 PM '90
P. Lowry
GARY H. OLSON

RECEIVED
JAN 2 2 1990
SKAMANIA COUNTY COMMISSIONERS

FORM OF CLAIM FOR DAMAGES

TO THE BOARD OF COUNTY COMMISSIONERS of Skamania County, Washington:

PLEASE TAKE NOTICE that in accordance with Chapter 36.45 of the Revised Code of Washington, I Gertie (Frosty) Baxter hereby present you with my claim for damages against the County of Skamania, State of Washington, with the information required to be given by RCW 36.45.020 as follows:

1. That the injury for which I claim damages against the County of Skamania, State of Washington, occurred on or about the 4th day of Jan., 1990.

2. That the place of injury was Ska. Co. Court house

3. That the location and description of the defect which caused the injury are bottom of stairs stepped on floor from bottom step and slipped causing me to go down on both Knees - Witness's Dean Nygard, Allen Glair, Conni Ward, Bill Howard

4. That the injury is described as follows: Knees are sore and hurt (right one more so) when I bend down it hurts more.

5. That the amount of damages claimed is as follows: I have went to the Doc. once - he said to come back in 2 weeks if it doesn't get better - $61.00 charge -

6. That the actual residence of the claimant at the time of presenting and filing this claim is Hot Springs Rd. Carson Wash.

7. That the actual residence of the claimant for a period of six months immediately prior to the time that this claim accrued was same

DATED: Jan. 15, 1990.

Gertie L. Baxter
(Claimant)

NOTE: Personal Property (Car, etc.) damages are to be accompanied by estimated repair costs. Additional information required by No.s 2-4 of this form may be attached on the back of this Claim for Damages.

Registered
Indexed, Dir
Indirect
Filmed 1-20-90
Mailed

ATTENDING PHYSICIAN AND SURGEON'S STATEMENT

Date of Service 1-15-90
Patient Name Gertie Carter
Account Number Z167A

SERVICE	NEW	ESTAB	CHARGE
OFFICE VISITS			
Brief	90000	90040	
Limited	90010	90050	
Intermediate	90015	(90060)	28.00
Extended	90017	90070	
Comprehensive	90020	90080	
HOSPITAL VISITS			
Hospital Admit		90220	
Hospital Calls		90260	
Newborn Care		90225	
Hospital Emerg Serv		99064	
Brief	90505	90540	
Limited	90510	90550	
Intermediate	90515	90560	
Extended	90517	90570	
Late Night Emergency		99052	
SURGERY			
D&C		58120	
D&C Postpartum		59160	
Circumcision		54150	
Cryotherapy		17340	
Destruction Facial Lesions		17000	
Destruction Other than face		17100	
Electrosurgical destruc tags		17200	
FB removal		10120	
FB Corneal w/o slit lamp		65220	
Hysterectomy - Abdominal		58150	
Hysterectomy - Vaginal		58260	
Incision & Drainage			
Laceration Repair			
Sigmoidoscopy Flexible		45330	
Tubal Ligation		58600	
Tubal Ligation Postpartum		58605	
Vasectomy		55250	
Fracture or Dislocation			
Obstetric Care & Delivery		59400	
C-Section — Delivery		59500	
C-Section w/ Antepartum		59420	
C-Section w/ Postpartum		59430	
Surgical Assist		09930	$$
IMMUNIZATIONS & INJECTIONS			
Allergy shot - multiallerg		95125	
Allergy shot-sting insect		95130	
DPT		90701	
DT		90702	
Flu shot		90724	
Hib Vaccine		90737	
MMR		90707	
Polio		90712	
Rhustox Poison Oak		95120	
Aspir or inject-small joint		20600	
Aspir or inject-medium joint		20605	
Aspir or inject-large joint		20610	
Injections		90782	
MISCELLANEOUS			
Audio		92551	
Catheterization		53670	
Chemotherapy-single agent		96500	
Chemotherapy-multi agent		96555	
Consultation		90610	
Dressing		990703	

SERVICE	VIEWS	CPT #	CHARGE
MISCELLANEOUS CONT			
EKG		93000	
Medication		990701	
Nursing Home Visit		90360	
Report		99080	
Surgical setup-local		99070	
Surgical setup-partial		990702	
Ultrasound		97130	
Visual field exam		92081	
LABORATORY			
BUN		84520	
CBC		85031-90	
CEA		86149-90	
Chemistry Screen		80016	
Creatinine		82540	
Dilantin Level		84045-90	
ESR		85651	
Cholesterol		82465	
Clinitest		87075	
Estrogens Total		82672-90	
Glucose		82947	
Glucose TT-3 Specimens		82951	$$
GTT-Additional specimens each		82952	
HCT		85014	
Hemoccults		82270	
HTLV		86312-90	
Lipo-Protein Panel		83705-90	
Mono Test		86300	
Pap		88155-90	
Pathology		88304-90	
Potassium		84132	
PPD Skin Test		86585	
Pregnancy Test		84703	
Prenatal Screen Antibody		50055-90	
RH Titer		86016-90	
Rheumatoid Arthritis		86430-90	
Serology		86592-90	
Sperm Analysis		89300	
T-4		84435-90	
Throat Culture		87060	
Throat Culture Rapid		86403	
Thyroid Panel		80070-90	
Tuberculin Test		86585	
Uric Acid		84550	
Urinalysis		81000	
Urine Test tape		81002	
ABG		85048	
Wet Mount		87210	
Collection of specimen		36415	
Handling of specimens		99000	
X-RAYS			
Clavicle	2	73000	
Shoulder	2	73030	
Arm	2	73060	
Elbow	2	73070	
Forearm	2	73090	
Wrist	3	73110	
Hand	2	73120	
Finger	3	73140	
Hip	2	73510	
Femur	2	73550	
Knee	(2)	73560	33.00
Tibia & Fibula	2	73590	
Ankle	3	73610	
Foot	2	73620	
Toe	2	73660	

SERVICE	VIEWS	CPT #	CHARGE
PA Chest	1	71010	
Chest	2	71020	
Ribs	2	71100	
Abdo for Fetus	1	74720	
IVP		74400	
Abdomen	1	74000	$$
Abdomen	2	74010	
GB		74290	
Spine-Cervical	4	72050	
Spine-Dorsal	3	72080	
Spine-Lumbar	4	72100	
CAST & SPLINTS			
Gauntlet		29085	
Short Arm Cast		29075	
Long Arm Cast		29065	
Short Leg		29405	
Short Leg w/ walker		29425	
Long Leg Cast		29345	
Long Leg w/ walker		29355	
Ace wrap		990704	
Splint		990705	
Sling		990706	
Cast Material		990707	

DIAGNOSIS	ICDA	DIAGNOSIS	ICDA
Abrasion Cornea	918.1	Gastroenteritis Enteritis	558.9
Abrasions Unspecified	919.0	General Medical Exam	V70.3
Acid Peptic Disease	536.8	Gynecological Exam	V72.3
Acne	706.1	Headache	784.0
Acute MI	410	Headache Migraine	346
Allergies Unspecified	477.9	Hormone Imbalance	259.9
Allergies Desensitization	V07.1	Hyperlipidemia	272.4
Amenorrhea	626.0	Hypermenorrhea	626.2
Anxiety Tension State	300.00	Hypertension	401
Appendicitis Acute	540	Immunotherapy	V07.2
Arteriosclerotic Ht Disease	414.0	Impetigo	684
Arthritis	716.9	Irregular Menses	626.4
Asthma	493.9	Irritable Bowel Syndrome	564.1
Back Chest Injury	959.1	Keratosis	702
Breast Lump	611.72	Menopausal Symptoms	627.2
Bronchitis Acute	466.0	Myocardial Infarction	410.9
Burn	949.0	Neuritis Radiculitis	729.2
Bursitis	727.3	Osteoarthritis	715.9
COPD	496	Otitis Externa	380.2
Cellulitis Abscess	682.9	Otitis Media	382.4
Congestive Heart Failure	428.0	Pain, Abdominal	789.0
Conjunctivitis Acute	372.00	Pelvic Inflam. Disease	614.9
Constipation	564.0	Pharyngitis	462
Contusion	924.9	Pneumonia	486
Cough	786.2	Pregnancy Normal	V22.2
Depression	311	Seasonal Pollinosis	477.0
Dermatitis Seborrheic	690	Sinusitis	473.9
Dermatitis Solar	692.70	Skin Lesions	709.9
Dermatitis Contact	692.9	Strain Lumbar	847.2
Dermatitis Poison Oak	692.6	Suture Removal	V58.3
Diabetes Mellitus	250.0	Tendonitis Unspecified	726.90
Dysmenorrhea	625.3	Tonsillitis	463
Edema	782.3	URI	465.9
Fainting	780.2	UTI	599.0
Fatigue	780.7	Viral Infection Syndrome	079.9
Flu Shot	V04.8	Wart, Viral Plantar	078.1

TOTAL CHARGE 61.00

DIAGNOSIS (if not listed above) Contusion Knee 924.11
fell on steps

Date of Symptoms or Accident Occurred 1/11/90

Doctor's Signature R. A. Carter M.D. Date 1-15-90

I authorize the release of any medical information necessary to process this claim.

Insurance Numbers

Patient's Signature

Insured Address

HOOD RIVER MEDICAL GROUP, P.C.
PHYSICIANS & SURGEONS
1790 MAY STREET
HOOD RIVER, OREGON 97031
GROVER C. CARTER, M.D.
ROBERT A. WYMORE, M.D.
RALPH A. CARTER, M.D.
(503) 386-3711
IRS #93-0587252

13263

Stevenson, Washington, 1-22-90

TO COUNTY AUDITOR DR.
Skamania County, Washington

FILING RECORDING ✓ FILE NO. 108606 AMOUNT nc

Agree. & Lease
Liens
Mines
Deed
Mortgage
Satisfactions
Misc Claim for Damages
Surveys
Plats
UCC

Skamania County
to
Gertie Baxter

Mary M. Olson
COUNTY AUDITOR
By P. Lowry
DEPUTY

4:44 23685