

HOSPITAL LIEN

CARSON-TAHOE HOSPITAL  
775 FLEISCHMAN  
CARSON CITY, NEVADA

(N. R. S. 108.590)

Notice is hereby given that CARSON-TAHOE HOSPITAL has rendered services in hospitalization for Cheryl E. Hyatt, of Gardnerville, Nevada, a person who was injured in or near the City or Community of Minden State of Nevada, on or about the 25th day of December, 19 86, and that CARSON TAHOE HOSPITAL hereby claims a lien upon any money due or owing or any claim for compensation, damages, contribution, settlement, or judgment from any person or persons alleged to have caused the injury, or liable for payment of the expenses incurred hereon, said person or persons being.

1) Farmers Insurance

2) Lawrence Krueger

3) Any and all insurance company's

4) Any and all persons

The hospitalization was rendered to the injured person between the 25th day of December, 1986, and the 26th day of December, 19 86.

ITEMIZED STATEMENT

SEE ATTACHED Account #2975449 and #2975613

That the Claimant's total charges for this particular hospital stay was in the sum of \$ 312.85; and that no part thereof has been paid except \$ NONE, and that there is now due and owing and remaining unpaid of such sum, after deducting all credits and offsets, the sum of \$ 312.85, in which amount lien is hereby claimed.

CARSON TAHOE HOSPITAL, Claimant

By Jo Vanderdoel  
Jo Vanderdoel

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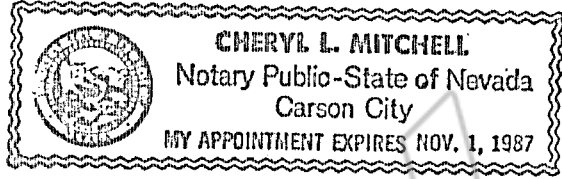
STATE OF NEVADA )  
 ) ss.  
COUNTY OF CARSON CITY )

I, Jo Vanderdoes, being first duly sworn on oath say:  
That I am the person named in the foregoing claim of lien; that I have read the  
same and know the contents thereof and believe the same to be true.

Jo Vanderdoes

Subscribed and sworn to before me  
this 12th day of March 1987

Cheryl L. Mitchell  
Notary Public in and for the above  
named County and State.



COPY

151458

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CARSON-TAHOE HOSPITAL  
PO BOX 2168  
CARSON CITY NV 89702  
(702)682-1361

PATIENT CONTROL NUMBER 2975449		131
820188 PROP NO 0000017	820188 TAX NO 880056687	820188 MEDICARE NO 29-0019
820188 MEDICARE NO 1213843		

PATIENT NAME HYATT CHERYL E		PATIENT'S ADDRESS 878 ARROWHEAD GARDNERVILLE NV 89410	
10 DATE 12 25 86	11 TIME 14	12 AGE 44	13 SEX F
14 DATE 12 25 86	15 TIME 12 25 86	16 DATE 12 25 86	17 TIME 00

PATIENT NAME HYATT GARY B		PATIENT'S ADDRESS 878 ARROWHEAD GARDNERVILLE NV 89410	
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DESCRIPTION	UNIT CODE	QTY	UNIT PRICE	TOTAL CHARGE	AMOUNT PAID	REMBURSED
PHARMACY	250	1	2:15	2:15		
EMERGENCY ROOM	450	1	24:00	24:00		
EMERGENCY ROOM PHYSICIAN	981	1	24:00	24:00		

TOTAL CHARGES 001 3 50:15 50:15

81 PAYER A PRIVATE PAY	82 DEDUCTIBLE	83 COINSURANCE	84 COST RESPONSIBILITY	85 PRIOR PAYMENTS	86 EST AMOUNT DUE
					50:15

87 INSURED'S NAME HYATT GARY B	88 SEX M	89 DATE OF BIRTH 12 25 86	90 SOCIAL SECURITY NO	91 GROUP NAME	92 INSURANCE GROUP NO
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93 EMPLOYER NAME	94 EMPLOYEE ID	95 EMPLOYER LOCATION
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96 PRINCIPAL AND OTHER DIAGNOSES DESCRIPTIONS	97 PRIN CODE	98 OTHER DIAGNOSES CODES
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99 PRINCIPAL AND OTHER PROCEDURES DESCRIPTIONS	100 PRINCIPAL PROCEDURE CD	101 DATE	102 OTHER PROCEDURE CD	103 DATE	104 OTHER PROCEDURE CD	105 DATE
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106 REMARKS	107 TREATMENT AUTH	108 ATTENDING PHYSICIAN ID NV234878 NEWBOLDI	109 OTHER PHYSICIAN ID
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110 FROM	111 VERIFIED IN-C THROUGH	112 STAY DATES	113 ICD-9-CM	114 ICD-9-PCS D
115 AMT REBURSED	116 IN PFM CD	117 APPROV BY	118 DATE APPROV	

WE CERTIFY THAT THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HERE OF  
PROVIDER REPRESENTATIVE X DATE

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CARSON-TOHOE HOSPITAL  
PO BOX 2168  
CARSON CITY NV 89702  
(702)882-1361

PATIENT CONTACT NUMBER 2975613		DATE OF BILL 131
INSURANCE PREFIX NO 0000017	FEDERAL TAX ID 880056687	STATE ID NO 29-0019
MEDI-CAL NO 1213843		

PATIENT'S LAST NAME: HYATT FIRST NAME: CHERYL MIDDLE INITIAL: E PATIENT'S STREET: 098 ARROWHEAD CITY: GARDNERVILLE STATE: NV ZIP: 89410

ADMIT DATE	TIME	DISCH DATE	TIME	ROOM	STATUS	CHARGE	DATE	CHARGE	DATE	CHARGE	DATE	CHARGE	DATE
8 03 44	F	12 26 86	12	24		12 26 86	12 26 86	00					

HYATT GARY R  
898 ARROWHEAD  
GARDNERVILLE NV 89410

DESCRIPTION	UNIT	QUANTITY	TOTAL CHARGE	AMOUNT
MEDICAL/SURGICAL SUPPLIES	270	1	24 70	24 70
RADIOLOGY DIAGNOSTIC	320	3	224 00	224 00
EMERGENCY ROOM	450	1	14 00	14 00

TOTAL CHARGES 001 5 262 70 262 70

BY PAYER	BY INSURANCE	BY CO-INSURANCE	BY EST. RESPONSIBILITY	BY PRIOR PAYMENTS	BY EST. AMOUNT DUE
A PRIVATE PAY					262 70

INSURED'S NAME: HYATT GARY R

EMPLOYEE ID: [blank] EMPLOYER LOCATION: [blank]

PRINCIPAL AND OTHER PROCEDURE DESCRIPTIONS

ATTENDING PHYSICIAN ID: NV054325 ELAM

REMARKS: [blank]

PROVER REPRESENTATIVE X DATE

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REQUESTED BY  
*Carson Tahoe Hospital*  
IN OFFICIAL RECORDS OF  
GOVERNMENT OF NEVADA

'87 MAR 16 A10:57

SUZANNE H. ALBREAU  
FACILITY  
\$ 800 DEPUTY

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