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HOSPITAL LIEN

WASHOE MEDICAL CENTER
A NON-PROFIT NEVADA CORPORATION
MILL AND KIRMAN
RENO, NEVADA

(N.R.S. 108.590, et. seq.)

NOTICE is hereby given that WASHOE MEDICAL CENTER has rendered services in hospitalization for TONYA E. BERLIN, a person who was injured on the 21st day of February, 1987, in the County of Douglas, State of Nevada, on or about the 21st day of February, 1987; and that WASHOE MEDICAL CENTER hereby claims a lien upon any money due or owing or any claim for compensation, damages, contribution, settlement or judgment from any other person or persons, corporation or association liable for the injury alleged to have caused the injury, or liable for payment of the expenses herein incurred, said parties being the following:

NATIONWIDE INSURANCE
DOUG RUEDLINGER, INC.
JAN MARTINEZ

The hospitalization was rendered to the injured party between February 21, 1987 and February 27, 1987.

ITEMIZED STATEMENT

For hospitalization and related medical services rendered to the patient TONYA E. BERLIN, in accordance with the itemized statement attached hereto as Exhibit "A" and by this reference made a part hereof.

That ninety (90) days have not elapsed since the termination of hospitalization; and that the claimant's demands for such care or services is in the sum of Nine Thousand One Hundred Eighty Four Dollars and Eighteen Cents (\$9,184.18), and no part thereof has been paid; and that there is now due and owing and remaining of such sum, after deducting all credits and offsets, the sum of Nine Thousand One Hundred Eighty Four Dollars and Eighteen Cents (\$9,184.18), with interest at the rate of Twelve Percent (12%) per annum from February 27, 1987, in which amount lien is hereby claimed.

WASHOE MEDICAL CENTER
A Non-profit Nevada Corporation

By Janet L. Garcia
JANET L. GARCIA, Legal Department

152326

BOOK 387 PAGE 3114

Keith S.K. Ching
Attorney at Law
One East Liberty Street, Suite 510
Reno, Nevada 89501
(702) 786-1161

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STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

I, JANET L. GARCIA, being first duly sworn deposes and says:

That she is the claimant herein named in the foregoing claim of lien; that she has read the same and knows the contents thereof; that the same is true to the best of her knowledge, except as to those matters therein contained on information and belief, and as to those matters she believes them to be true.

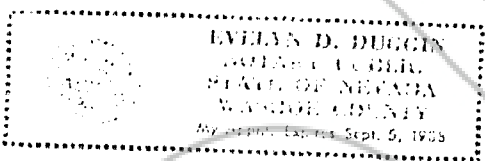
Janet L. Garcia

JANET L. GARCIA, Legal Department

SUBSCRIBED and SWORN to before me
this 25 day of March, 1987.

Evelyn D. Duggin

NOTARY PUBLIC



Keith S.K. Ching
Attorney at Law
One East Liberty Street, Suite 510
Reno, Nevada 89501
(702) 786-1161

ASHOE MEDICAL CENTER
 77 PRINGLE WAY
 RENO, NEVADA 89520
 (702) 785-4130

PATIENT CONTROL NUMBER
 0034237687

APPROVED OMB NO. 0911-0001

031 88-0213754 29-0001 11-16885 NV001992

PATIENT'S LAST NAME FIRST NAME INITIAL 11 PATIENT'S ADDRESS CITY STATE ZIP
 BERLIN, TONYA E. 1619 JOB'S PEAK DR. GARDNERVILLE NV 89410

ADMISSION DATE 14 DATE 15 TIME 16 TESTS 17 FROM 18 TO 19
 7-10-69 F U 2-21-87 09 11 01 2-21-87 2-27-87

DEATH, DEBRA A.
 1619 JOB'S PEAK DR.
 GARDNERVILLE NV 89410

0 3-03-87

DESCRIPTION	51	52	53	54	55	56
	CD	AMT	CD	AMT	CD	AMT
OTHER SEMI-PRIVATE	343.00	129	6	2058.00	2058.00	
PHARMACY		250	69	722.95	722.95	
MED/SURG SUPPLIES		270	25	182.17	182.17	
LABORATORY		300	31	1539.50	1539.50	
RADIOLOGY		320	9	647.00	647.00	
CT SCAN		350	1	311.00	311.00	
OPERATING ROOM		360	1	1501.00	1501.00	
ANESTHESIA		370	1	177.50	177.50	
RESPIRATORY		410	12	845.00	845.00	
EMERGENCY ROOM		450	1	283.50	283.50	
AIR AMBULANCE		545	35	576.56	576.56	
RECOVERY ROOM		710	5	268.00	268.00	
PKG		730	2	72.00	72.00	
TOTALS	001			9184.18	9184.18	

PAGE 1 OF 1

60 DEDUCTIBLE 61 CO INSURANCE 62 EST RESPONSIBILITY 63 PRIOR PAYMENTS 64 EST AMOUNT DUE

NATIONWIDE LIFE INS Y Y
 MISCELLANEOUS INSURA Y Y

9184.18

PAID FROM PATIENT

65 PATIENT'S NAME 66 SEX 67 BILL 68 CENT-SSN-IC-IO NO 69 GROUP NAME 70 INSURANCE GROUP NO

Jan Martinez F 15 Auto Ins 728436578
 Patient F 01 5314 School Ins 5530
 (Douglas High School)

71 EMPLOYER NAME 72 EMPLOYEE ID 73 EMPLOYER LOCATION

Student 9699

74 PRINCIPAL AND OTHER DIAGNOSES DESCRIPTIONS 75 PROC CODE 76 OTHER DIAGNOSES ICD-9-CM

CONCUSSION W/ BRIEF LOSS/CONSCIOUSNESS 85010 51800 86401 87352

77 PRINCIPAL AND OTHER PROCEDURES DESCRIPTIONS 78 PRINCIPAL PROCEDURE 79 OTHER PROCEDURE

80 ICD-9-CM DATA 81 TREATMENT AUTH 82 ATTENDING PHYSICIAN ID 83 OTHER PHYSICIAN ID

NV091900 ROSENAUER, ADOLF

84 VERIFIED IN STATE 85 FROM THROUGH 86 AMT REIMBURSED 87 N PFM CD 88 APPROV BY 89 DATE APPROV

FSC 02

PAYER COPY

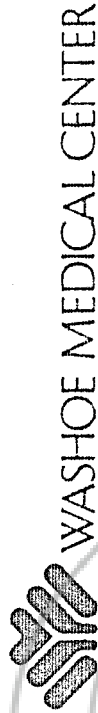
EXHIBIT "A"

GFA-1450

387053116

152326

DATE 3/6/87



77 PRINGLE WAY TELEPHONE: (702) 785-4130
 RENO, NEVADA 89520 354454 (WSHOMEDCTR RNO)

WASHOE MEDICAL CENTER

THIRD PARTY / DETAIL STATEMENT

FSC PATIENT NUMBER PATIENT NAME STATEMENT DATE PAGE NO.
 02 0034237687 BERLIN, TONYA E. 3/03/87 1
 PHYSICIAN GUARANTOR

ROSENAUER, ADOLF HEATH, DEBRA A. ADMIT 09:10
 1419 JOHNS PEAK DR. NV 89410-0000 2/21/87
 GARDNERVILLE 2/27/87 DISCH 11:30
 PREVIOUSLY BILLED TOTALS FORWARD .00 .00

SERVICE/POST DATE	REV CODE	CRVS	CHARGE	ITEM	DESCRIPTION	#	PAYMENTS	CHARGES
2/21/87	129		132	-1	NEUROG S/PPRI	1		343.00
2/23/87	129		132	-1	NEUROG S/PPRI	1		343.00
2/24/87	129		132	-1	NEUROG S/PPRI	1		343.00
2/25/87	129		132	-1	NEUROG S/PPRI	1		343.00
2/26/87	129		132	-1	NEUROG S/PPRI	1		343.00
2/21/87	50		245	-0070132	MEQ 20 IGM IN AML	1		10.00
2/21/87	50		245	-0070132	LY LIT 20 IGM IN AML	1		14.00
2/21/87	50		245	-0070132	AD SOLUEN 20 IGM IN AML	1		19.00
2/21/87	50		245	-0070132	TRACER 20 IGM IN AML	1		10.00
2/21/87	50		245	-0070132	DE C 20 IGM IN AML	1		5.00
2/21/87	50		245	-0070132	DR SUPH 20 IGM IN AML	1		5.00
2/21/87	50		245	-0070132	OR G 20 IGM IN AML	1		3.00
2/21/87	50		245	-0070132	DEF 20 IGM IN AML	1		3.00
2/21/87	50		245	-0070132	PH 20 IGM IN AML	1		10.00
2/21/87	50		245	-0070132	TY 20 IGM IN AML	1		19.00
2/21/87	50		245	-0070132	TY 20 IGM IN AML	1		33.00
2/21/87	50		245	-0070132	TY 20 IGM IN AML	1		36.00
2/21/87	50		245	-0070132	TY 20 IGM IN AML	1		27.00
2/21/87	50		245	-0070132	TY 20 IGM IN AML	1		2.00
2/21/87	50		245	-0070132	TY 20 IGM IN AML	1		2.00
2/21/87	50		245	-0070132	TY 20 IGM IN AML	1		15.00
2/21/87	50		245	-0070132	TY 20 IGM IN AML	1		15.00
2/21/87	50		245	-0070132	TY 20 IGM IN AML	1		67.00
2/21/87	270		248	-0001545	ULTRACAP C	10		3.10
2/21/87	270		248	-0001545	LEMON GLY SWABS	2		

152326

BOOK 387 PAGE 3117

LAST PAGE OF DETAIL BILL CONTAINS SUMMARY OF EN-TIME RPT
 DATE OF CHARGES REFLECT THE DATE THOSE CHARGES WERE RECORDED, RATHER THAN THE DATE OF SERVICE. CHARGES RECORDED AFTER THIS STATEMENT DATE ARE NOT REFLECTED ON THIS DETAIL BILL
 * TIMES ARE RECORDED IN HUNDRETHS OF HOURS - NOT MINUTES.



WASHOE MEDICAL CENTER

77 PRINGLE WAY
RENO, NEVADA 89520

TELEPHONE:
354454 (WSHOMEDCTR RNO)

TELEX NUMBER:
(702) 785-4130

THIRD PARTY / DETAIL STATEMENT

FSC	PATIENT NUMBER	PATIENT NAME	STATEMENT DATE	PAGE NO.
02	0034237687	BERLIN, TONYA E.	3/03/87	2
PHYSICIAN	ROSENAUER, ADOLF	GUARANTOR		

HEALTH, DEBRA A.	2/21/87	ADMIT	09:10
1419 JOB'S PEAK DR.	2/27/87	DYSCH	11:30
GARDNERVILLE			
NV 89410-0000			
PREVIOUSLY BILLED			
TOTALS FORWARD			2,784.05

SERVICE DATE	REV CODE	CRVS	ROOM CHRG	DR	ITEM	DESCRIPTION	#	PAYMENTS	CHARGES
2/21/87	270		248	000	08300	UNDERPADS, LINEN	1		3.69
2/22/87	270		248	000	21205	5-SOY/CHL (1/2)	1		5.68
2/22/87	270		248	000	30050	PRIMARY VENT	1		5.68
2/22/87	270		248	000	30050	SECTRY VENT	1		5.68
2/22/87	270		248	000	11295	SECTRY VENT	1		3.15
2/22/87	270		248	000	15013	SECTRY VENT	1		3.15
2/22/87	270		248	000	15013	SECTRY VENT	1		3.15
2/22/87	270		248	000	19003	TOOTHBRUSH, ADULT	1		1.50
2/22/87	270		248	000	19050	TOOTHBRUSH, ADULT	1		1.50
2/22/87	270		248	000	19106	TOOTHBRUSH, ADULT	1		1.50
2/22/87	270		248	000	11276	TOOTHBRUSH, ADULT	1		1.50
2/22/87	270		248	000	21213	TOOTHBRUSH, ADULT	1		1.50
2/22/87	270		248	000	15014	TOOTHBRUSH, ADULT	1		1.50
2/22/87	270		248	000	00885	TOOTHBRUSH, ADULT	1		1.50
2/22/87	270		248	000	19030	TOOTHBRUSH, ADULT	1		1.50
2/22/87	270		248	000	19056	TOOTHBRUSH, ADULT	1		1.50
2/22/87	270		248	000	15457	TOOTHBRUSH, ADULT	1		1.50
2/21/87	300	08004	265	000	08127	ECREASE	1		57.50
2/21/87	300	08256	265	000	8664	ECREASE	1		23.50
2/21/87	300	08452	265	000	8745	ECREASE	1		23.50
2/21/87	300	08215	265	000	8930	ECREASE	1		23.50
2/21/87	300	08297	265	000	8960	ECREASE	1		23.50
2/21/87	300	08205	267	000	9189	ECREASE	1		23.50
2/21/87	300	08601	267	000	6040	ECREASE	1		23.50
2/21/87	300	08509	267	000	6042	ECREASE	1		23.50
2/21/87	300	08607	267	000	6047	ECREASE	1		23.50

152326

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DATE OF CHARGES REFLECT THE DATE THOSE CHARGES WERE RECORDED. RATHER THAN THE DATE OF SERVICE. CHARGES RECORDED AFTER THIS STATEMENT DATE ARE NOT REFLECTED ON THIS DETAIL BILL.

* TIMES ARE RECORDED IN HUNDRETHS OF HOURS - NOT MINUTES.



WASHOE MEDICAL CENTER

77 PRINGLE WAY RENO, NEVADA 89520 TELEPHONE: 354454 (WSHOMEDCTR RNO) (702) 785-4130

THIRD PARTY / DETAIL STATEMENT

PATIENT NUMBER: 02 0034237687 PATIENT NAME: BERLIN, TONYA E. STATEMENT DATE: 3/03/87 FSC: 02 PHYSICIAN: ROSENAUER, ADOLF GUARANTOR: HEATH, DEBRA A. DATE: 2/21/87 TIME: 09:10

1419 JOBBYS PEAK DR NV 89410-0000 GARDNERVILLE DISCH 11:30 PREVIOUSLY BILLED TOTALS FORWARD 00 00 3,241.12

Table with columns: SERVICE/PCST DATE, REV CODE, CRVS, ROOM CHARGE, DR ITEM, DESCRIPTION, PAYMENTS, CHARGES. Includes medical codes and descriptions like 'INCOMPATIBLE X-MATCH', 'CHEM PANEL (NA K CL CO2)', 'SKULL / LIMITED VIEW', etc.

152326 387 3119

DATE OF CHARGES REFLECT THE DATE THOSE CHARGES WERE RECORDED, RATHER THAN THE DATE OF SERVICE. CHARGES RECORDED AFTER THIS STATEMENT DATE ARE NOT REFLECTED ON THIS DETAIL BILL. LAST PAGE OF DETAIL BILL CONTAINS SUMMARY OF EN-TIRE BILL. * TIMES ARE RECORDED IN HUNDRETHS OF HOURS - NOT MINUTES.

77 PRINGLE WAY | TELEX NUMBER: 354454 (WSHOMEDCTR RNO) | TELEPHONE: (702) 785-4130
 RENO, NEVADA 89520

WASHOE MEDICAL CENTER

THIRD PARTY / DETAIL STATEMENT

FSC PATIENT NUMBER PATIENT NAME STATEMENT DATE PAGE NO.
 02 0036237687 BERLIN, TONYA E. 3/03/87 4

PHYSICIAN: ROSENAUER, ADOLF
 GUARANTOR: HEATH, DEBRA A.
 1419 JOHNS PEAK DR. NV 89410-0000
 GARONERVILLE

2/23/87 ADMIT 09:10
 2/27/87 DISCH 11:30
 PREVIOUSLY BILLED TOTALS FORWARDED 5,077.62

POST DATE	SERVICE/REV CODE	CRVS	ROOM OR CHARGE ITEM	DESCRIPTION	PAYMENTS	CHARGES
2/23/87	320	071020	255-0007101	CHEST 2 VIEW		72.00
2/21/87	350	070450	258-0007801	CT HEAD		311.00
2/21/87	360		230-0001040	SURGFY TIME OTR HR		950.00
2/21/87	360		233-0002494	PULSE OXYMETER		441.50
2/22/87	360		230-0001001	SET-UP MINOR SURG		17.50
2/22/87	360		230-0002484	DINAMAP SUCTION, FLOOR		18.50
2/22/87	360		230-0002529	BOUILLERIE SHEET		28.00
2/22/87	360		230-0003411	MONITOR, TEXTRONIX		177.50
2/22/87	370		230-0001060	ANESTH-TIME-GENERAL		27.00
2/21/87	410		251-0000580	DX SETUP / CANN MASK		17.00
2/22/87	410		251-0000346	DEARX VIT STENT 3X DA		151.00
2/22/87	410		251-0000570	OTHPB SETUP / NON BRK DA		617.00
2/23/87	410		251-0000202	OTHPB SETUP / NON BRK DA		130.00
2/23/87	410		251-0000570	OTHPB SETUP / NON BRK DA		130.00
2/23/87	410		251-0000580	OTHPB SETUP / NON BRK DA		130.00
2/24/87	410		251-0000204	OTHPB TREATMENT 3X DA		130.00
2/25/87	410		251-0000202	OTHPB TREATMENT 3X DA		130.00
2/21/87	450		288-0000002	REG-FR X60 OBSERVATH		34.50
2/21/87	450		288-0000004	LEVEL X15 PROCEDURAL		37.00
2/21/87	450		288-0000005	DT G.55CC (ADULT)		23.00
2/21/87	450		288-0000431			6.00

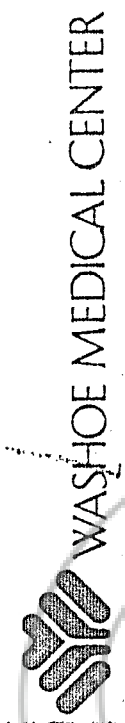
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BOOK 387 PAGE 3120

* TIMES ARE RECORDED IN HUNDRETHS OF HOUR - NOT MINUTES.

DATE OF CHARGES REFLECT THE DATE THOSE CHARGES WERE RECORDED, RATHER THAN THE DATE OF SERVICE. CHARGES RECORDED AFTER THIS STATEMENT DATE ARE NOT REFLECTED ON THIS DETAIL BILL.

LAST PAGE OF DETAIL BILL CONTAINS SUMMARY OF EN-



77 PRINGLE WAY
RENO, NEVADA 89520
TELEX NUMBER: 354454 (WSHOMEDCTR RNO)
TELEPHONE: (702) 785-4130

THIRD PARTY / DETAIL STATEMENT

FSC PATIENT NUMBER 02 0034237687
 PATIENT NAME BERLIN, TONYA E.
 PHYSICIAN GUARANTOR
 STATEMENT DATE 3/03/87
 PAGE NO. 5
 TIME

ROSENAUER, ADOLF
 HEATH, DEBRA A.
 1419 JOBS PEAK DR.
 GARDNERVILLE NV 89410-0000
 2/21/87 ADMIT 09:10
 2/27/87 DISCH 11:30
 PREVIOUSLY BILLED 00
 TOTALS FORWARD 8,084.62

SERVICE/POST DATE	REV CODE	CRVS	ROOM OR CHARGE	ITEM	DESCRIPTION	#	PAYMENTS	CHARGES
2/21/87	450		288-0000480		DEHEROL 25MG	1		9.00
2/21/87	450		288-0001525		HONYGEN	1		35.00
2/21/87	450		288-0002140		OXYGEN	1		11.00
2/21/87	450	090515	288-0002146		OXYMASK/CANNULA/C.TUB	1		13.00
2/21/87	450		288-0003008		ACUTE LTD MON PER HR	1		115.00
2/23/87	545		293-0000010		HELICOPTER BASE RATE	1		250.00
2/23/87	545		293-0000015		HELICOPTER 1HOURS	1		288.00
2/23/87	545		293-0000020		HELICOPTER FUELAGE	24		288.00
2/23/87	545		293-0000301		CATHETER IV	1		18.00
2/23/87	545		293-0000303		SOLUTION EXTENSION ST	1		15.00
2/23/87	545		293-0000308		TUBING	1		9.50
2/23/87	545		293-0000355		OXYGEN	1		120.00
2/21/87	710		233-0000001		RECOVERY, ROUTINE	1		104.50
2/21/87	710		233-0000002		RECOVERY, ADDITIONAL	1		17.00
2/21/87	710		233-0001150		OXYGEN ONLY	1		12.50
2/21/87	710		233-0002484		DINAMAP	1		24.00
2/21/87	710		233-0008224		MONITOR, TEKTRONIX	1		60.00
2/21/87	730	093005	280-0009101		ELECTROCARDIOGRAM	1		12.00
2/21/87	730	093010	280-0009102		EKG INTREP PRO FEE	1		12.00
					SUBTOTAL		0.00	9,184.18
					PREVIOUSLY BILLED		0.00	0.00
					TOTAL BILL AMOUNT			9,184.18

REQUESTED BY
Keith Ching
 IN OFFICIAL RECORDS OF
 STATE OF NEVADA

'87 MAR 30 P2:21

SUZANNE DEAN JACAU
 DEPUTY
 \$12.00 PAID *Sh* DEPUTY
 152326
 BOOK 387 PAGE 3121

LAST PAGE OF DETAIL BILL CONTAINS SUMMARY OF EN-TIRE BILL.
 DATE OF CHARGES REFLECT THE DATE THOSE CHARGES WERE RECORDED, RATHER THAN THE DATE OF SERVICE. CHARGES RECORDED AFTER THIS STATEMENT DATE ARE NOT REFLECTED ON THIS DETAIL BILL.
 * TIMES ARE RECORDED IN HUNDRETHS OF HOURS - NOT MINUTES.