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Keith S.K. Ching

Attorney at Law  
One East Liberty Street, Suite 510  
Reno, Nevada 89501  
(702) 786-1151

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SUPPLEMENTAL 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 TREG S. NEAL, a person who was injured on the 1st day of August, 1987, in the County of Douglas, State of Nevada, on or about the 1st day of August, 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:

LAURA M. NEAL  
WASHINGTON NATIONAL

The hospitalization was rendered to the injured party between August 1, 1987 and September 8, 1987, Account Number 0038644187.

ITEMIZED STATEMENT

For hospitalization and related medical services rendered to the patient TREG S. NEAL, 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 FIFTY ONE THOUSAND SIXTY EIGHT DOLLARS AND EIGHTY SEVEN CENTS (\$51,068.87), 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 FIFTY ONE THOUSAND SIXTY EIGHT DOLLARS AND EIGHTY SEVEN CENTS (\$51,068.87), with interest at the rate of Twelve Percent (12%) per annum commencing 30 days from date of discharge, in which amount lien is hereby claimed.

WASHOE MEDICAL CENTER  
A Non-profit Nevada Corporation

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

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STATE OF NEVADA )  
 ) ss:  
COUNTY OF WASHOE )

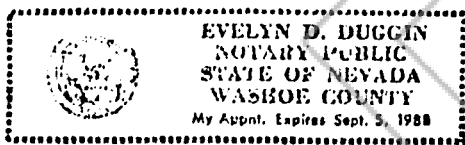
I, JANET L. GARCIA, being first duly sworn deposes and says:

That Washoe Medical Center is the claimant herein named in the foregoing claim of lien; that she has read the same and know 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 30 day of September, 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

1 NAME OF PHYSICIAN CENTER  
 27 JOINTLE WAY  
 BUNO, NEVADA 89420  
 7023 296-6100

3 PATIENT CONTROL NUMBER  
 0038644187  
 114

4 BCBS PROV NO  
 5 FEDERAL ID NO  
 6 MEDICARE NO  
 7 MEDICAID NO  
 8 00254  
 9 3754  
 10 29-0001  
 11 11-1685  
 12 NV01992

13 PATIENT'S LAST NAME  
 14 FIRST NAME  
 15 INITIAL  
 16 PATIENT'S ADDRESS  
 17 CITY  
 18 STATE  
 19 ZIP

20010 DEODIAN RD  
 DIAMOND BAR  
 CA 91765

20 BIRTH DATE  
 21 SEX  
 22 STATEMENT COVERS PERIOD  
 23 COVD  
 24 N-C-D  
 25 C-I-D  
 26 L-R-D  
 27

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28 OCCURRENCE  
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 37 OCCURRENCE  
 38 OCCURRENCE

39 CONDITION CODES  
 40 BLOOD RECORD (PINTS)  
 41 SP  
 42 PROG

9-12-87

43 VALUE  
 44 VALUE  
 45 VALUE  
 46 VALUE

343.00  
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47 DESCRIPTION  
 48 ICD-9-CM  
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 99 ICD-9-CM

DESCRIPTION	ICD-9-CM	ICD-9-CM	ICD-9-CM	ICD-9-CM	ICD-9-CM	ICD-9-CM	ICD-9-CM	ICD-9-CM	ICD-9-CM
PROVIDER UNDE TOTAL				31362.18				31362.18	
OTHER SEMI-PRIVATE	349.00	139	23	7889.00				7889.00	
PHARMACY		700	712	5687.00				5687.00	
PHYSICIAN SERVICES		270	247	2668.39				2668.39	
DIAGNOSTIC X-RAY		292	1	38.00				38.00	
LABORATORY		300	14	729.00				729.00	
ADMINISTRATIVE		320	2	675.00				675.00	
RESPIRATORY		430	0	512.00				512.00	
PHYSICAL THERAPY		420	45	628.00				628.00	
OCUPATIONAL THERAPY		490	19	959.50				959.50	
TOTALS		003		51068.87				51068.87	

71 PAYOR  
 72 WASHINGTON NATIONAL  
 73 00 DEDUCTIBLE  
 74 01 CO-INSURANCE  
 75 02 EST. RESPONSIBILITY  
 76 03 PRIOR PAYMENTS  
 77 04 EST AMOUNT DUE

51068.87

78 INSURED NAME  
 79 NEAL, LAURA  
 80 IDENTIFICATION NO  
 81 353462260  
 82 GROUP NAME  
 83 -Transportation Spec.  
 84 INSURANCE GROUP NO  
 85 03032 0065

86 EMPLOYEE ID  
 87 DC9244926  
 88 EMPLOYER LOCATION

89 PRINCIPAL AND OTHER DIAGNOSES DESCRIPTIONS  
 90 CLOSED FRACTURE/SIXTH CERVICAL VERTEBRA  
 91 ICD-9-CM  
 92 80506

93 PRINCIPAL AND OTHER PROCEDURE DESCRIPTIONS  
 94 ICD-9-CM  
 95 DATE  
 96 OTHER PROCEDURE  
 97 ICD-9-CM  
 98 DATE

99 PURCHASE DATA  
 100 TREATMENT AUTH.  
 101 ATTENDING PHYSICIAN ID  
 102 NV092992  
 103 OTHER PHYSICIAN ID  
 104 CAWSON, WILLIAM

105 VERIFIED NO. STAY DATES  
 106 THROUGH  
 107 P/P PSC D  
 108 AMT FURNISHED  
 109 IN-PYM CD  
 110 APPROV BY  
 111 DATE APPROV.

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 XAYED COPY  
 EXHIBIT "A"



WASHINGTON MEDICAL CENTER, INC

77 PRINGLE WAY  
RENO, NEVADA 89520  
TELEPHONE: (702) 328-4130

THIRD PARTY / DETAIL STATEMENT

PATIENT NUMBER: 02 0038544167

PATIENT NAME: NEAL, TREG S.

PHYSICIAN: DANSTON, WILLIAM

NEAL LABRA # PD  
2401 E DICKERMAN BLVD  
DIAMOND BAR CA 91765-0000  
8/01/87 ADMIT 20:30  
9/08/87 DISCH 09:30

PREVIOUSLY BILLED TOTALS FORWARD 00 34362.78

SERVICE / PLST DATE	REV CODE	CRVS	CHARGE	DR	ITEM	DESCRIPTION	PAYMENTS	CHARGES
8/16/87	29		13322	31	180	NEUROLOGIC CONSULT		13322
8/17/87	29		13322	31	180	NEUROLOGIC CONSULT		13322
8/18/87	29		13322	31	180	NEUROLOGIC CONSULT		13322
8/19/87	29		13322	31	180	NEUROLOGIC CONSULT		13322
8/20/87	29		13322	31	180	NEUROLOGIC CONSULT		13322
8/21/87	29		13322	31	180	NEUROLOGIC CONSULT		13322
8/22/87	29		13322	31	180	NEUROLOGIC CONSULT		13322
8/23/87	29		13322	31	180	NEUROLOGIC CONSULT		13322
8/24/87	29		13322	31	180	NEUROLOGIC CONSULT		13322
8/25/87	29		13322	31	180	NEUROLOGIC CONSULT		13322
8/26/87	29		13322	31	180	NEUROLOGIC CONSULT		13322
8/27/87	29		13322	31	180	NEUROLOGIC CONSULT		13322
8/28/87	29		13322	31	180	NEUROLOGIC CONSULT		13322
8/29/87	29		13322	31	180	NEUROLOGIC CONSULT		13322
8/30/87	29		13322	31	180	NEUROLOGIC CONSULT		13322
8/31/87	29		13322	31	180	NEUROLOGIC CONSULT		13322
8/16/87	29		2500	30	576	LABORATORY		2500
8/17/87	29		2500	30	576	LABORATORY		2500
8/18/87	29		2500	30	576	LABORATORY		2500
8/19/87	29		2500	30	576	LABORATORY		2500
8/20/87	29		2500	30	576	LABORATORY		2500
8/21/87	29		2500	30	576	LABORATORY		2500
8/22/87	29		2500	30	576	LABORATORY		2500
8/23/87	29		2500	30	576	LABORATORY		2500
8/24/87	29		2500	30	576	LABORATORY		2500
8/25/87	29		2500	30	576	LABORATORY		2500
8/26/87	29		2500	30	576	LABORATORY		2500
8/27/87	29		2500	30	576	LABORATORY		2500
8/28/87	29		2500	30	576	LABORATORY		2500
8/29/87	29		2500	30	576	LABORATORY		2500
8/30/87	29		2500	30	576	LABORATORY		2500
8/31/87	29		2500	30	576	LABORATORY		2500

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WASHINGTON MEDICAL CENTER, INC.

77 PRINGLE WAY  
RENO, NEVADA 89520

TELEX NUMBER: 354454 (WSHOMEDCTR RND)  
TELEPHONE: (702) 328-4130

THIRD PARTY / DETAIL STATEMENT

PACIENT NUMBER: 513344187

PACIENT NAME: NEAL, LUCAS

STATEMENT DATE: 9/12/87

PHYSICIAN: DARSSEN, WILLIAM

GUARANTOR: NEAL, LUCAS  
24018 DECORAH RD  
DIAMOND BAR CA 91765-C000

DATE: 9/08/87  
ADMIT: 20:20  
DISCH: 09:00

PREVIOUSLY BILLED TOTALS FORWARD

31302.18  
89565.50

SERVICE / POST DATE	REV CODE	CRVS	ROOM CHARGE	CR ITEM	DESCRIPTION	#	PAYMENTS	CHARGES
8/18/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/18/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/18/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/18/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/19/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/19/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/20/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/20/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/21/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/21/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/21/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/21/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/21/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/22/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/22/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/22/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/22/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/22/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/22/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/22/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/22/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/22/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/22/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/22/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/22/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/22/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/22/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/22/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/22/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/22/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/22/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00
8/22/87	250	245	0660781		DEMERROL 100MG AMP	1		50.00

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WASH STATE MEDICAL CENTER

77 FRINGI E WAY  
RENO, NEVADA 89520  
TELEX NUMBER 354454 (WASHMEDCTR RNO)  
TELEPHONE: (702) 328-4130

THIRD PARTY / DETAIL STATEMENT

FSC PATIENT NUMBER

02 CC38644187

PATIENT NAME

NEAL, TPEG S.

GUARANTOR

NEAL, LAURA M. RD  
24010 DECORAH RD  
DIAMOND PAF

CA 91765-CCGC

STATEMENT DATE

9/12/87

8/01/87 ADMIT 20:30  
9/08/87 DISCH 09:00

PREVIOUSLY BILLED TOTALS FORWARD

00 31,362.18  
00 13,969.87

SERVICE/PTST DATE	REV	CRVS	ROOM	LP	ITEM	DESCRIPTION	#	PAYMENTS	CHARGES
8/17/87	270		250	CC	2276	ALTERNATIVE AIR PUMP	1		43.00
8/18/87	270		250	CC	2206	ALTERNATIVE AIR PUMP	1		43.00
8/19/87	270		250	CC	2276	ALTERNATIVE AIR PUMP	1		43.00
8/20/87	270		250	CC	2206	ALTERNATIVE AIR PUMP	1		43.00
8/21/87	270		250	CC	2276	ALTERNATIVE AIR PUMP	1		43.00
8/22/87	270		250	CC	2206	ALTERNATIVE AIR PUMP	1		43.00
8/23/87	270		250	CC	2276	ALTERNATIVE AIR PUMP	1		43.00
8/24/87	270		250	CC	2206	ALTERNATIVE AIR PUMP	1		43.00
8/25/87	270		250	CC	2276	ALTERNATIVE AIR PUMP	1		43.00
8/26/87	270		250	CC	2206	ALTERNATIVE AIR PUMP	1		43.00
8/27/87	270		250	CC	2276	ALTERNATIVE AIR PUMP	1		43.00
8/28/87	270		250	CC	2206	ALTERNATIVE AIR PUMP	1		43.00
8/29/87	270		250	CC	2276	ALTERNATIVE AIR PUMP	1		43.00

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LAST PART OF DETAIL BILL

DATE OF CHARGES REFLECT THE DATE THOSE CHARGES WERE PROVIDED

\*TIMES ARE PROVIDED IN







WASHINGTON MEDICAL CENTER

77 PRINGLE WAY  
RENO, NEVADA 89520  
TELEX NUMBER: 354454 (WSHOMEDCTR RNO)  
TELEPHONE: (702) 328-4130

THIRD PARTY / DETAIL STATEMENT

FSC PATIENT NUMBER PATENT NAME STATEMENT DATE PAGE NO

02 CC38644187 NEAL, TREG S. 9/12/87 7

PHYSICIAN GUARANTOR DATE TIME

DAWSON, WILLIAM NEAL, LAURA M. 8/01/87 ADMIT 20:20  
24013 DECCRAH RD 9/08/87 DISCH 09:00  
DIAMOND BAR CA 91765-0000

PREVIOUSLY BILLED TOTALS FORWARD .00 31,362.18  
TOTALS FORWARD .00 16,222.08

SERVICE/ PCT DATE	REV CODE	CRVS	PDM NR CHARGE ITEM	DESCRIPTION	#	PAYMENTS	CHARGES
8/20/87	292		249-0090111	EGOT PILLOWS SLIDING BOARD SHORT	1		56.89
8/27/87	292		283-CC18560		1		38.00
8/16/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
8/17/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
8/18/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
8/19/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
8/20/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
8/21/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
8/22/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
8/23/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
8/24/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
8/25/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
8/26/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
8/27/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
8/28/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
8/29/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
8/30/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
8/31/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/01/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/02/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/03/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/04/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/05/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/06/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/07/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/08/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/09/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/10/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/11/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/12/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/13/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/14/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/15/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/16/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/17/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/18/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/19/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/20/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/21/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/22/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/23/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/24/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/25/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/26/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/27/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/28/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/29/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/30/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00
9/31/87	300	0800004	265-CC08127	ELFC (NA K CL CO2)	1		61.00

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SERVICE/ PCT DATE	REV CODE	CRVS	PDM NR CHARGE ITEM	DESCRIPTION	#	PAYMENTS	CHARGES
8/17/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
8/18/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
8/19/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
8/20/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
8/21/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
8/22/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
8/23/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
8/24/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
8/25/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
8/26/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
8/27/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
8/28/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
8/29/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
8/30/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
8/31/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/01/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/02/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/03/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/04/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/05/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/06/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/07/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/08/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/09/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/10/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/11/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/12/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/13/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/14/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/15/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/16/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/17/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/18/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/19/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/20/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/21/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/22/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/23/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/24/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/25/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/26/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/27/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/28/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/29/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/30/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00
9/31/87	320	0710110	255-CC07103	CHEST PORTABLE / LTD	1		96.00



WASHOME MEDICAL CENTER INC

77 PRINGLE WAY  
RENO, NEVADA 89520  
TELEX NUMBER: 354454 (WSHOMEDCTR RNO)  
TELEPHONE: (702) 328-4130

THIRD PARTY / DETAIL STATEMENT

FSC 02 PATIENT NUMBER 063A544187 PATIENT NAME NEAL, TREG S. STATEMENT DATE 9/12/87 PAGE NO 8

PHYSICIAN DANSON, HILLIAM GUARANTOR NEAL, LAURA M. RD 24010 DECCORAH M. RD DIAMOND BAR CA 91765-0000

PREVIOUSLY BILLED TOTALS FORWARD 0.00 31,352.18 0.00 17,825.19

8/01/87 ADMITT 20:20  
9/08/87 DISCH 09:00

SERVICE/PCST DATE	REV CODE	CPVS	PODM DR CHARGE ITEM	DESCRIPTION	TREATMENT	DA	DA	DA	CHARGES
8/17/87	420	097799	282-00996111	BEDSIDE TREATMENT	30	4X	DA	DA	41.00
8/19/87	420	097799	282-00996111	BEDSIDE TREATMENT	30	4X	DA	DA	41.00
8/19/87	420	097799	282-00996111	WHEELCHAIR CNT	CHG				7.00
8/19/87	420	097799	282-00996111	WHEELCHAIR CNT	CHG				6.00
8/19/87	420	097799	282-00996111	WHEELCHAIR CNT	CHG				4.00
8/21/87	420	097799	282-00996111	WHEELCHAIR CNT	CHG				4.00
8/21/87	420	097799	282-00996111	WHEELCHAIR CNT	CHG				4.00
8/24/87	420	097799	282-00996111	WHEELCHAIR CNT	CHG				2.00
8/24/87	420	097799	282-00996111	WHEELCHAIR CNT	CHG				2.00
8/25/87	420	097799	282-00996111	WHEELCHAIR CNT	CHG				2.00
8/25/87	420	097799	282-00996111	WHEELCHAIR CNT	CHG				2.00
8/26/87	420	097799	282-00996111	WHEELCHAIR CNT	CHG				2.00
8/26/87	420	097799	282-00996111	WHEELCHAIR CNT	CHG				2.00
8/27/87	420	097799	282-00996111	WHEELCHAIR CNT	CHG				2.00
8/27/87	420	097799	282-00996111	WHEELCHAIR CNT	CHG				2.00
8/28/87	420	097799	282-00996111	WHEELCHAIR CNT	CHG				2.00
8/28/87	420	097799	282-00996111	WHEELCHAIR CNT	CHG				2.00
8/28/87	420	097799	282-00996111	WHEELCHAIR CNT	CHG				2.00
8/28/87	420	097799	282-00996111	WHEELCHAIR CNT	CHG				2.00
8/29/87	420	097799	282-00996111	WHEELCHAIR CNT	CHG				2.00
8/30/87	420	097799	282-00996111	WHEELCHAIR CNT	CHG				2.00
8/30/87	420	097799	282-00996111	WHEELCHAIR CNT	CHG				2.00

163566

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77 PRINGLE WAY  
RENO, NEVADA 89520  
TELEX NUMBER 354454 (VASHOMEDCTR RND)  
TELEPHONE (702) 328-4180

FSC PATIENT NUMBER  
02 CG38644167

PATIENT NAME  
NEAL, TREG S.

THIRD PARTY / DETAIL STATEMENT  
STATEMENT DATE 9/12/87  
PAGE NO 10

PHYSICIAN  
DAYSON, WILLIAM

NEAL, LAURA H. RD  
24010 DECORA BAR  
DIAMOND BAR CA 91765-0000

DATE 9/12/87

DATE 9/08/87

ADMIT 20:20

DISCH 09:00

PREVIOUSLY BILLED TOTALS FORWARD

00  
00  
19,364.19

9/08/87 ADMIT 20:20  
DISCH 09:00

00  
00  
31,362.18

DATE	SERVICE / CPT	CHRG	CLASS	ROOM	CR	ITEM	DESCRIPTION	PER	MIN	#	PAYMENTS	CHARGES
9/02/87	91021	430	097799	283	000	000	THERAPY	45	MIN	1	00	83.00
9/02/87	91021	430	097799	283	000	000	THERAPY	30	MIN	1	00	56.00
9/03/87	91031	430	097799	283	000	000	THERAPY	15	MIN	1	00	28.00
9/04/87	91041	430	097799	283	000	000	THERAPY	45	MIN	1	00	83.00
9/04/87	91041	430	097799	283	000	000	THERAPY	30	MIN	1	00	56.00
9/04/87	91041	430	097799	283	000	000	THERAPY	15	MIN	1	00	28.00
							ADAPTIVE	PER	30	MIN		56.00
							THERAPY	PER	15	MIN		28.00
							THERAPY	PER	15	MIN		28.00
							PROK	HOLDER				7.00

SUBTOTAL  
PREVIOUSLY BILLED  
TOTAL BILL AMOUNT

00  
19,705.69  
31,362.18  
51,068.87

163566

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COPY

REQUESTED BY  
*Keith S. B. Ching Inc.*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'87 OCT -2 A11 :02

SUZANNE BEAUDREAU  
RECORDER

\$ 18.00 PAID *ML* DEPUTY

**163566**  
BOOK **1087** PAGE **211**