

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

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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 GERMAINE D. ROCHON, a person who was injured on the 15th day of September, 1987, in the County of Douglas, State of Nevada, on or about the 15th day of September, 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:

GERMAINE D. ROCHON  
MUTUAL OF OMAHA  
REGIE De L'SSURANCE - MALADE DuQUEBEC  
TAHOE QUEEN

The hospitalization was rendered to the injured party between September 15, 1987 and September 24, 1987, Account Number 0039845787.

ITEMIZED STATEMENT

For hospitalization and related medical services rendered to the patient GERMAINE D. ROCHON, 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 TEN THOUSAND FOUR HUNDRED FOURTEEN DOLLARS AND TWENTY CENTS (\$10,414.20), 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 TEN THOUSAND FOUR HUNDRED FOURTEEN DOLLARS AND TWENTY CENTS (\$10,414.20), 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

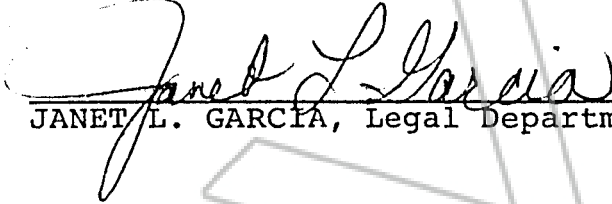
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166595

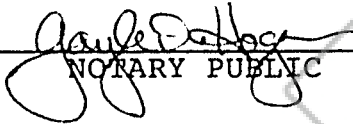
1 STATE OF NEVADA )  
2 ) ss:  
3 COUNTY OF WASHOE )

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

6 That Washoe Medical Center is the claimant herein named  
7 in the foregoing claim of lien; that she has read the same  
8 and know the contents thereof; that the same is true to the  
9 best of her knowledge, except as to those matters therein  
10 contained on information and belief, and as to those matters  
11 she believes them to be true.

12   
13 JANET L. GARCIA, Legal Department

14 SUBSCRIBED and SWORN to before me  
15 this 10th day of November, 1987.

16   
17 NOTARY PUBLIC



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

**WASHOE MEDICAL CENTER**  
77 PRINGLE WAY  
RENO, NEVADA 89520  
(702) 328-4130

3 PATIENT CONTROL NUMBER <b>0039845787</b>		4 ICD-9-CM <b>111</b>	
5 BC/BS PROV NO <b>031</b>	6 FEDERAL TAX NO <b>88-0213754</b>	7 MEDICARE NO <b>29-0001</b>	8 MEDICAID NO <b>11-16885</b>
9 000254		10 001992	

PATIENT'S LAST NAME: **ROCHON, GERMAINE D.** INITIAL: **GR** PATIENT'S ADDRESS: **8445 BLOOMFIELD** CITY: **MONTREAL** STATE: **CN** ZIP: **00000**

11 BIRTH DATE <b>7-12-01</b>	12 SEX <b>F</b>	13 U <b>U</b>	14 ADMISSION DATE <b>9-15-87</b>	15 TIME <b>00</b>	16 ICD-9-CM <b>00</b>	17 ICD-9-CM <b>00</b>	18 ICD-9-CM <b>00</b>	19 ICD-9-CM <b>00</b>	20 ICD-9-CM <b>00</b>	21 ICD-9-CM <b>00</b>	22 STATEMENT COVERS PERIOD FROM <b>9-15-87</b>	23 STATEMENT COVERS PERIOD THROUGH <b>9-24-87</b>	24 COV D <b>9</b>	25 N-C-D	26 C-I-D	27 ICD-9-CM
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28 OCCURRENCE DATE <b>9-14-87</b>		29 CO	30 OCCURRENCE DATE		31 CO	32 OCCURRENCE DATE		33 CO	34 OCCURRENCE DATE		35 CO	36 OCCURRENCE DATE		37 CO	38 OCCURRENCE DATE		39 CO
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ROCHON, GERMAINE D.  
8445 BLOOMFIELD  
MONTREAL CN 00000X  
E3N 205

DESCRIPTION	40 CONDITION CODES		41 BLOOD RECORD (PINTS)				44 SP PROG	45
	40	41	41 FURN	41 REPL	42 NOT RE	43 DED		
	46 CD	46 AMT	47 CD	47 AMT	48 CD	48 AMT	49 CD	49 AMT
MED/SURG/GYN SEMI	01	280.00	05	149.90				
PHARMACY								
DRUGS/TAKE HOME								
MED/SURG SUPPLIES								
ONCOLOGY								
DURABLE MED EQUIP								
LABORATORY								
PATHOLOGY								
RADIOLOGY								
OPERATING ROOM								
ANESTHESIA								
BLOOD/STORE-PROCESS								
RESPIRATORY								
PHYSICAL THERAPY								
EMERGENCY ROOM								
RECOVERY ROOM								
PKG								
<b>TOTALS</b>	<b>001</b>	<b>10414.20</b>						<b>10414.20</b>

PAGE 1 OF 1

54 REL BRASO INFO	55 BEN	56 DEDUCTIBLE	57 CO-INSURANCE	58 EST RESPONSIBILITY	59 PRIOR PAYMENTS	60 EST AMOUNT DUE
Y	Y					

**DUE FROM PATIENT**

10414.20

61 INSURED'S NAME Patient	62 REL F	63 APP REL 01	64 CERT SSN-INC IDNO DELG 0157 1218	65 GROUP NAME Travel (Peter Pan Inc B00472-1)	66 INSURANCE GROUP NO B00472-1
Patient	F	01			

67 EMPLOYER NAME	68 EMPLOYEE ID	69 EMPLOYER LOCATION

70 PRINCIPAL AND OTHER DIAGNOSES DESCRIPTIONS	71 PHN CODE 82080	72 OTHER DIAGNOSTIC CODES 28850
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73 PRINCIPAL AND OTHER PROCEDURES DESCRIPTIONS	74 PRINCIPAL PROCEDURE CD DATE	75 OTHER PROCEDURE CD DATE	76 OTHER PROCEDURE CD DATE
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77 APP FROM	78 APP THROUGH	79 QAC	80 TREATMENT AUTH	81 ATTENDING PHYSICIAN ID NV124241	82 OTHER PHYSICIAN ID
				YOUNG, NORMAN	

83 REMARKS	84 FSC 02	85 FROM	86 THROUGH	87 FOR INTERMEDIARY USE ONLY
166595				

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PAYER COPY

EXHIBIT

A

PROVIDER REPRESENTATIVE X

10-1-87



WASIOE MEDICAL CENTER, INC

77 PRINGLE WAY  
RENO, NEVADA 89520

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

FSC PATIENT NUMBER

02 0039845787

PATIENT NAME

ROCHON, GERMAINE D.

STATEMENT DATE

9/20/87

PAGE NO

1

PHYSICIAN

ROCHON, GERMAINE D.  
8445 BLODMFIELD  
MONTREAL CN

9/22/87 ADMIT 13:30  
9/22/87 DISCH 13:30

PREVIOUSLY BILLED  
TOTALS FORWARD

:00 :00

SERVICE/ PCT DATE REV CRVS ROOM CHARGE ITEM DESCRIPTION

SERVICE/ PCT DATE	REV	CRVS	ROOM CHARGE	ITEM	DESCRIPTION	#	PAYMENTS	CHARGES
9/15/87	121		152	528-1	M/S SEMI-PRI	1		280.00
9/16/87	121		152	528-1	M/S SEMI-PRI	1		280.00
9/17/87	121		152	528-1	M/S SEMI-PRI	1		280.00
9/18/87	121		152	528-1	M/S SEMI-PRI	1		280.00
9/19/87	121		152	528-1	M/S SEMI-PRI	1		280.00
9/20/87	121		152	528-1	M/S SEMI-PRI	1		280.00
9/21/87	121		152	528-1	M/S SEMI-PRI	1		280.00
9/22/87	121		152	528-1	M/S SEMI-PRI	1		280.00
9/23/87	121		152	528-1	M/S SEMI-PRI	1		280.00

9/15/87	250		245	0060135	DEMEROL 50MG AMP	1		7.50
9/17/87	250		245	0070475	ANCEF INJ 1GM AMP	1		7.50
9/17/87	250		245	0070490	SUBT INJ 2CC AMP 10	1		28.90
9/17/87	250		245	0071842	OR DRUG CHG-15 ST HR	1		100.00
9/17/87	250		245	0071843	OR DRUG CHG-15 MIN	1		40.00
9/19/87	250		245	0045115	PIGGYBACK 1GM MIX.	8		168.00
9/19/87	250		245	0070475	ANCEF INJ ADMIX FEE	8		231.00
9/19/87	250		245	0029170	PHARMACY 2CC 5MG TAB 5M	2		11.00
9/24/87	250		245	0029200	LANOXIN 0.125MG TAB 5M	2		11.00
9/24/87	250		245	0029200	LANOXIN 0.125MG TAB 5M	2		11.00
9/24/87	250		245	0038310	PHENERGAN 5000 UNIT	1		3.00
9/24/87	250		245	0060679	HEPARIN 5000 UNIT	1		12.95
9/24/87	250		245	0060679	HEPARIN 5000 UNIT	1		12.95
9/24/87	250		245	0071322	ULTRAC 500MG CAP	1		79.00
9/24/87	250		245	0071510	ZANTAC 150MG	1		66.85
9/24/87	250		245	0071764	ZANTAC 150MG	1		66.85
9/24/87	253		245	0000001	DISCHARGE RX	1		8.80

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LAST PAGE OF DETAIL BILL  
CONTAINS SUMMARY OF EN-

DATE OF CHARGES REFLECT THE DATE THOSE CHARGES WERE RECORDED.  
RATHER THAN THE DATE OF SERVICE CHARGES RECORDED AFTER THIS

\* TIMES ARE RECORDED IN  
HUNDRETHS OF HOURS







WASIOJE MEDICAL CENTER, INC

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

THIRD PARTY / DETAIL STATEMENT

FSC PATIENT NUMBER

PATIENT NAME

STATEMENT DATE

PAGE #

02 0039845787

ROCHON, GERMAINE D.

9/28/87

3

PHYSICIAN

QUANTON

DATE

YOUNG, NORMAN

ROCHON, GERMAINE D.  
8445 BLOMFIELD  
MONTREAL CN

9/24/87 APMT 00:15  
13:30

PREVIOUSLY BILLED TOTALS FORWARD

:00 4,179.23

SERVICE/ PGST DATE REY CODE CRVS ROOM CHARGE QR ITEM

DESCRIPTION

PAYMENTS

CHARGES

SERVICE/ PGST DATE	REY CODE	CRVS	ROOM CHARGE QR	ITEM	DESCRIPTION	PAYMENTS	CHARGES
9/20/87	270		250-0006210		SEQUENTIAL COMPRESSN		36.00
9/21/87	270		250-0006210		SEQUENTIAL COMPRESSN		36.00
9/22/87	270		248-0015265		KIEENEX		1.57
9/23/87	270		250-0006210		SEQUENTIAL COMPRESSN		36.00
9/25/87	270		248-0002125		D-5-SDD/CHL (1/2)		23.00
9/17/87	280		233-0008185		IV 50/150/250/500	1	24.00
9/22/87	292		282-0090380		WALKER	1	64.00
9/15/87	300		265-0007075		CHEM PANEL	1	56.50
9/15/87	300		265-0007194		FOLATE (SERUM)	1	44.50
9/15/87	300		265-0008111		B IZ	1	44.50
9/15/87	300		265-0008127		FROM	1	24.00
9/15/87	300		265-0008960		ELEC (MA K CL CO2)	1	24.00
9/15/87	300		265-0009184		DIAGNOSTIC DR 2HR PC	1	24.00
9/15/87	300		270-0007076		URINALYSIS	1	13.00
9/15/87	300		270-0007097		URINALYSIS	1	13.00
9/15/87	300		270-0007097		URINALYSIS	1	13.00
9/15/87	300		270-0008712		URINALYSIS	1	13.00
9/15/87	300		270-0008999		PROTHROMBIN TIME	1	21.50
9/15/87	300		270-0008742		PARTIAL THROMBO TIME	1	21.50
9/15/87	300		267-0008773		CBC	1	30.50
9/15/87	300		267-0008773		CROSS MATCH	1	11.50
9/15/87	300		267-0009126		CROSS MATCH	1	11.50
9/15/87	300		267-0009160		GROUP AND TYPE ABD D	1	11.50
9/15/87	300		267-0009954		ANTI SC WITH X-MATCH	1	11.50
9/15/87	300		270-0009954		HEMOGRAM	1	23.00
9/15/87	300		270-0009954		HEMOGRAM	1	23.00

166595

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WASIOJE MEDICAL CENTER, INC

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

THIRD PARTY / DETAIL STATEMENT

FSC PATIENT NUMBER 02 0039845787 PATIENT NAME ROCHON, GERMAINE D. STATEMENT DATE 9/28/87

PHYSICIAN YOUNG, NORMAN GUARANTOR ROCHON, GERMAINE D. DATE 9/28/87

ROCHON, GERMAINE D.  
8445 BLOOMFIELD  
MONTREAL CN

9/15/87 ADMIT 09:15  
9/24/87 DISCH 13:30

PREVIOUSLY BILLED  
TOTALS FORWARD

:00  
:00 5,191.80

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SERVICE/PCST DATE	REV CODE	CRVS	ROOM CHARGE	DR ITEM	DESCRIPTION	#	PAYMENTS	CHARGES
9/18/87	300	085027	270-0009954	HEMOGRAM	HEMOGRAM	1		23.00
9/19/87	300	085027	270-0009954	HEMOGRAM	HEMOGRAM	1		23.00
9/17/87	310	088304	266-0000674	GROSS AND MICRO	GROSS AND MICRO	1		82.50
9/14/87	320	071020	255-0007101	CHEST 2 VIEW COMPLETE	CHEST 2 VIEW COMPLETE	1		83.00
9/14/87	320	073510	255-0007298	HIP UNILAT EXAMINATION	HIP UNILAT EXAMINATION	1		100.00
9/16/87	320	076180	255-0009008	HIP UNILAT COMPLETE	HIP UNILAT COMPLETE	1		68.00
9/23/87	320	073510	255-0007298	HIP UNILAT COMPLETE	HIP UNILAT COMPLETE	1		35.00
9/16/87	360	0001000	230-0001000	SURGERY TIME QTR HR	SURGERY TIME QTR HR	1		100.00
9/17/87	360	0001168	230-0001168	SET-UP, MAJOR SURG	SET-UP, MAJOR SURG	1		327.50
9/17/87	360	0001185	230-0001185	PULSE OXIMETER LEG	PULSE OXIMETER LEG	1		67.00
9/17/87	360	0002052	230-0002052	# DRESSING LARGE	# DRESSING LARGE	1		56.00
9/17/87	360	0002054	230-0002054	# DRAPE PLASTIC	# DRAPE PLASTIC	1		30.00
9/17/87	360	0002250	230-0002250	SYSTEM HEMOVAC	SYSTEM HEMOVAC	1		45.00
9/17/87	360	0002431	230-0002431	SYSTEM COMPLETE	SYSTEM COMPLETE	1		61.00
9/17/87	360	0002484	230-0002484	DIAPHRAGM SUCTION	DIAPHRAGM SUCTION	1		48.00
9/17/87	360	0002529	230-0002529	BOTTLES, ALL S TANKS	BOTTLES, ALL S TANKS	1		119.00
9/17/87	360	0003342	230-0003342	PROSTH, AUSTIN MOORE	PROSTH, AUSTIN MOORE	1		115.00
9/17/87	360	0004129	230-0004129	STAPLER, ACCESSORIES	STAPLER, ACCESSORIES	1		712.00
9/17/87	360	0005046	230-0005046	IRRIGATOR, 3000ML	IRRIGATOR, 3000ML	1		354.00
9/17/87	360	0008022	230-0008022	MONITOR, TEKTRONIX	MONITOR, TEKTRONIX	1		26.00
9/17/87	370	0001060	230-0001060	ANESTH-TIME-GENERAL	ANESTH-TIME-GENERAL	1		248.50
9/17/87	370	0001150	233-0001150	OXYGEN ONLY	OXYGEN ONLY	1		9.00

166595



WASHOE MEDICAL CENTER, INC

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

THIRD PARTY / DETAIL STATEMENT

FSC PATIENT NUMBER 02 0039845787  
PATIENT NAME ROCHON, GERMINE D.  
GUARANTOR  
PHYSICIAN YOUNG, NORMAN  
DATE 9/28/87  
STATEMENT DATE 9/28/87  
PAGE NO 5

ROCHON, GERMINE D.  
8445 BLOOMFIELD  
MONTREAL CN

9/15/87 ADMIT 00:15  
9/24/87 DISCH 13:30

PREVIOUSLY BILLED TOTALS FORWARDED

:00 9,220.00

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SERVICE DATE	REV CODE	CRVS	ROOM OR CHARGE ITEM	DESCRIPTION	#	PAYMENTS	CHARGES
9/16/87	390	086134	267-0000040	PACKED CELLS ADMIN	1		48.00
9/16/87	410		251-0000535	EAR OX READING SINGLE INCENTIVE SPIROMETER	1		19.00
9/15/87	420		286-0000165	BUCKS TRACT SING	1		65.00
9/15/87	420		286-0000245	MUNKY BACT TRAP SING	1		14.00
9/17/87	420	097116	286-0000160	BUCKS TRACT SING	1		20.00
9/18/87	420	097116	282-0092141	GAIT TRAINING 30	1		42.00
9/18/87	420	097116	282-0094110	EVALUATION 15	1		32.00
9/19/87	420	097145	282-0092140	GAIT TRAINING 15	1		23.00
9/20/87	420	097116	282-0090011	WALKER TRAINING 30	1		43.00
9/21/87	420	097116	282-0092141	WALKER TRAINING 30	1		42.00
9/22/87	420	097116	282-0092140	GAIT TRAINING 30	1		42.00
9/23/87	420	097145	282-0092140	GAIT TRAINING 15	1		23.00
9/24/87	420	097145	286-0000240	GAIT TRAINING 15	1		23.00
9/24/87	420		286-0000260	MUNKY BACT TRAP SING	1		60.00
9/15/87	450		288-0000002	REG-ER LEVEL 2 X15 PROCEDURAL, COMPH, OBSERVATION,	1		140.00
9/15/87	450		288-0000005	RECOVERY, ROUTINE RECOVERY, ADDITIONAL	1		34.50
9/15/87	450	090297	288-0090371	ELECTROCARDIOGRAM EKG INTREP PRO FEE	1		23.00
9/17/87	710		233-0000001	RHYTHM STRIP	1		132.00
9/17/87	710		233-0000002	RECOVERY, ADDITIONAL	1		104.50
9/15/87	730	093005	280-0009101	ELECTROCARDIOGRAM	1		66.00
9/15/87	730	093010	280-0009102	EKG INTREP PRO FEE	1		12.00
9/15/87	730	093041	280-0009107	RHYTHM STRIP	1		33.00

166595





WASHOE MEDICAL CENTER, INC

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

THIRD PARTY / DETAIL STATEMENT

FSC PATIENT NUMBER 02 0039845787 PATIENT NAME ROCHON, GERMAINE D. STATEMENT DATE 9/28/87

ROCHON, GERMAINE D. 8445 BLODHFELD MONTREAL CN

9/15/87 ADMIT 00:15 9/24/87 DISCH 13:30

YOUNG, NORMAN

SERVICE/ REV CRVS ROOM OR PCST DATE CODE CHARGE ITEM DESCRIPTION 9/15/87 730 093042 280-0009108 RHYTHM STRIP PRO FEE 1

SUBTOTAL 10,414.20 PREVIOUSLY BILLED 0.00 TOTAL BILL AMOUNT 10,414.20

PREVIOUSLY BILLED TOTALS FORWARD 0.00 10,408.30

PAYMENTS 0.00 CHARGES 5.90

BOOK 1187 PAGE 2390

166595

LAST PAGE OF DETAIL BILL CONTAINS SUMMARY OF EN- DATE OF CHARGES REFLECT THE DATE THOSE CHARGES WERE RECORDED, RATHER THAN THE DATE OF SERVICE CHARGES RECORDED AFTER THIS

\* TIMES ARE RECORDED IN MINUTES

COPY

REQUESTED BY  
*Keith S. King*  
IN OFFICIAL RECORDS OF  
DANIELA S. COLLEGE / ADA

'87 NOV 17 P3:30

SUZANNE DEAUDREAU  
RECORDER

~~14.00~~ PAID *[Signature]* DEPUTY

BOOK 166595  
PAGE 1187 PAGE 2391

NOV 17 1987

NOV 17 1987