

14.

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 CHRISTINA M. BROO, a person who was injured on the 21st day of December, 1987, in the County of Douglas, State of Nevada, on or about the 21st day of December, 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:

CHRISTINA M. and RICHARD BROO
CAPITOL FORD
BLUE CROSS
SENTRY LIFE INSURANCE

The hospitalization was rendered to the injured party between December 21, 1987 and December 29, 1987, Account Number 0042508987.

ITEMIZED STATEMENT

For hospitalization and related medical services rendered to the patient CHRISTINA M. BROO, 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 FOURTEEN THOUSAND SIXTY TWO DOLLARS AND NINETY FIVE CENTS (\$14,062.95), and no part thereof has been paid; and that there is now due and owing and remaining of such sum of FOURTEEN THOUSAND SIXTY TWO DOLLARS AND NINETY FIVE CENTS (\$14,062.95), after deducting all credits and offsets, 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 Ray White
RAY WHITE, Legal Coordinator

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STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

I, RAY WHITE, 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 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


RAY WHITE, Legal Coordinator

SUBSCRIBED and SWORN to before me
this 26 day of Jan, 1988.


NOTARY PUBLIC


CHERYL B. WOODMAN
Notary Public - State of Nevada
Appointment Recorded In Washoe County
MY APPOINTMENT EXPIRES SEPT 4, 1988

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) 228-4130

PATIENT CONTROL NUMBER
0042508987

111

10 PATIENT'S LAST NAME: BROG, CHRISTINA M.
11 PATIENT'S FIRST NAME: CHRISTINA M.
12 PATIENT'S ADDRESS: 222 AUTUMN HILL RD
13 CITY: GARDNERVILLE
14 STATE: NV
15 ZIP: 89410

16 DATE OF BIRTH: 8-11-48
17 SEX: F
18 ADMISSION DATE: 12-21-87
19 FROM: 12-21-87
20 THROUGH: 12-29-87
21 STATEMENT COVERS PERIOD: 12-21-87 TO 12-29-87

22 OCCURRENCE: U
23 DATE: 8-11-48
24 FROM: 12-21-87
25 THROUGH: 12-29-87

26 CONDITION CODES: 01
27 VALUE: 280.00
28 CODE: 05
29 VALUE: 127.00
30 DATE: 1-02-88

30 DESCRIPTION	31 ICD CODE	32 UNITS	33 TOTAL CHARGES	34	35	36
MED/SURG/GYN SEMI ICU	280.00	121	7	1960.00	1960.00	
PHARMACY	670.00	200	1	670.00	670.00	
DRUGS/TAKE HOME		250	120	1083.30	1083.30	
MED/SURG SUPPLIES		253	3	44.20	44.20	
LABORATORY		270	148	885.36	885.36	
RADIOLOGY		300	13	440.00	440.00	
CT SCAN		320	9	593.00	593.00	
OPERATING ROOM		350	2	622.00	622.00	
ANESTHESIA		360	1	1857.50	1857.50	
PHYSICAL THERAPY		370	2	257.50	257.50	
EMERGENCY ROOM		420	9	135.00	135.00	
CARDIOLOGY		450	1	623.50	623.50	
AIR AMBULANCE		480	1	38.00	38.00	
CAST ROOM		545	50	990.09	990.09	
RECOVERY ROOM		700	1	182.00	182.00	
ORTHOPEDIC SUPPLY		710	1	134.00	134.00	
TOTALS		001		10515.45	10515.45	
				3,547.50	3,547.50	

14,062.95

PAGE 1 OF 1

37 PAYER: SENTRY LIFE INSURANCE Blue Cross
38 DEDUCTIBLE: Y
39 CO-INSURANCE: Y
40 EST RESPONSIBILITY: Y
41 PRIOR PAYMENTS: Y
42 EST AMOUNT DUE: 10515.45

43 INSURANCE NAME: Patient Richard Brog
44 GROUP NAME: Capitol Ford Camino Camp
45 INSURANCE GROUP NO: #09C 07398 33129 A

46 EMPLOYER NAME: [REDACTED]
47 EMPLOYEE ID: 6237
48 EMPLOYER LOCATION: [REDACTED]

49 PRINCIPAL AND OTHER DIAGNOSES DESCRIPTIONS: [REDACTED]
50 ICD CODE: 82522 8912 92311

51 PRINCIPAL AND OTHER PROCEDURES DESCRIPTIONS: [REDACTED]
52 PRINCIPAL PROCEDURE: [REDACTED]
53 OTHER PROCEDURE: [REDACTED]
54 OTHER PROCEDURE: [REDACTED]

55 ATTENDING PHYSICIAN: CHRISTENSEN, JAMES L
56 OTHER PHYSICIAN ID: [REDACTED]

PAYER COPY EXHIBIT A

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1-4-88

BOOK 288 PAGE 017



WASHOE MEDICAL CENTER, INC

77 PRINGLE WAY
RENO, NEVADA 89520

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

ESC PATIENT NUMBER 02 0042508987
PATIENT NAME BRDD, CHRISTINA M.
GUARANTOR
STATEMENT DATE 1/02/88
PAGE NO. 2

PHYSICIAN CHRISTENSEN, JAMES L
BRDD, CHRISTINA M.
222 AUTUMN HILL RD.
GARDNERVILLE NV 89410-0000
DATE 12/29/87
TIME 13:15

PREVIOUSLY BILLED TOTALS FORWARD :00
DISCH 13:15

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SERVICE/PGST	DATE	REV CODE	CR VS	ROOM OR CHARGE	ITEM	DESCRIPTION	#	PAYMENTS	CHARGES
12/25/87		250		245--	0C50840	ACETAMINOPHEN 5MG TAB	6		15.00
12/25/87		250		245--	0053330	DIAZEPAM 5MG TAB	1		2.50
12/26/87		250		245--	0053330	DIAZEPAM 5MG TAB	1		2.50
12/26/87		250		245--	0053330	DIAZEPAM 5MG W/COD	1		2.50
12/29/87		250		245--	0016820	DEXAMETHASONE 4MG TAB	1		2.50
12/29/87		250		245--	0025830	DROPERIDOL 5MG/ML	1		15.12
12/29/87		250		245--	0050840	ACETAMINOPHEN 5MG W/COD	2		5.00
12/29/87		250		245--	0050840	ACETAMINOPHEN 5MG W/COD	2		5.00
12/29/87		250		245--	0053330	DIAZEPAM 5MG TAB	1		2.50
12/29/87		250		245--	0053330	DIAZEPAM 5MG W/COD	1		2.50
12/29/87		250		245--	0071100	DIAZEPAM 5MG W/COD	1		2.50
12/30/87		250		245--	0071100	DIAZEPAM 5MG W/COD	1		2.50
12/30/87		250		245--	0071100	DIAZEPAM 5MG W/COD	1		2.50
12/31/87		250		245--	0071100	DIAZEPAM 5MG W/COD	1		2.50
12/29/87		253		245--	0000001	DISCHARGE RX	1		2.50
12/29/87		253		245--	0000001	DISCHARGE RX	1		14.00
12/29/87		270		248--	0001556	CERVICAL PILL	1		37.78
12/22/87		270		230--	0001185	TINITIAL CYMETER	1		34.00
12/22/87		270		230--	0002051	PULSE CYMETER	1		56.00
12/22/87		270		230--	0002054	*DRESSING B	1		24.00
12/22/87		270		230--	0002057	*DRAPE PLASTIC	1		15.00
12/22/87		270		230--	0002057	*DRAPE SPECIALTY	1		45.00

LAST PAGE OF DETAIL BILL CONTAINS SUMMARY OF EN- DATE OF CHARGES REFLECT THE DATE THOSE CHARGES WERE RECORDED. PAYMENT THAN THE DATE OF SERVICE CHARGES RECORDED AFTER THIS * TIMES ARE RECORDED IN HUNDRETHS OF HOURS

171756



WASHOE MEDICAL CENTER, INC

77 PRINGLE WAY
RENO, NEVADA 89520
TELEX NUMBER: 354454 (WSHOMEDCTR RNO)
TELEPHONE: (702) 328-1130

THIRD PARTY / DETAIL STATEMENT

FSC PATIENT NUMBER 0042508987 PATIENT NAME BRDO, CHRISTINA M. STATEMENT DATE 1/02/88 PAGE NO 4

PHYSICIAN CHRISTENSEN, JAMES L. QUANTOR BRDO, CHRISTINA M. DATE 1/02/88 TIME 4

BRDO, CHRISTINA M.
222 AUTUMN HILL RD
GARDNERVILLE NV 89410-0000

12/21/87 ADMIT 12:15
12/29/87 DISCH 13:00

PREVIOUSLY BILLED TOTALS FORWARD :00 :00 4,642.86

POST DATE	REV CODE	CRVS	RDDH OR CHARGE	ITEM	DESCRIPTION	#	PAYMENTS	CHARGES
12/21/87	300	0800044	265--0CC8127	8	ELEC (NINE K CL CO2)	1		61.00
12/21/87	300	0824565	265--0CC086644	4	CREATININE SERUM	1		25.00
12/21/87	300	0841520	265--0CC087445	5	UREA NITROGEN	1		27.00
12/21/87	320	0822947	265--0CC08960	9	GLUCOSE DRAGNDSTIC	1		24.00
12/21/87	300	0820155	265--0CC09189	9	ALCOHOL MITHDUT PC	1		31.00
12/21/87	300	0860116	267--0CC09126	6	ANTI SC ANDI TYPE ABD D	1		37.50
12/21/87	300	0860082	267--0CC09126	6	GRUPLANSI	1		39.00
12/21/87	300	0850002	270--0CC086112	2	BLEEDING SITE TIME	1		21.50
12/21/87	300	0856116	270--0CC086712	2	PROTHROMBIN TIME	1		25.00
12/21/87	300	0857330	270--0CC089953	3	PARTIAL THROMBO TIME	1		28.50
12/21/87	320	070250	255--0CC07028	8	SKULL / LIMITED	1		83.00
12/21/87	320	071010	255--0CC07104	0	CHEST / LIMITED	1		44.00
12/21/87	320	072040	255--0CC072237	7	SPINE / LTD	1		88.00
12/21/87	320	073610	255--0CC07308	8	ANKLE / COMPLETE	1		44.00
12/21/87	320	076180	255--0CC09006	6	TRAUMA / EXAMINATION	1		22.00
12/21/87	320	072050	255--0CC09008	8	PORTRABLE EXAMINATION	1		44.00
12/21/87	320	072020	255--0CC072237	7	SPINE / COMPLETE	1		24.00
12/23/87	353	072125	258--0CC07831	1	CT CERVICAL SPINE	1		44.00
12/23/87	353	076499	258--0CC07839	9	CT CERVICAL SPINE	1		472.00
12/21/87	363		230--0CC01040	0	SURGERY TIME QTP HR	1		1,330.00
12/22/87	363		230--0CC01000	0	SET-UP, MAJOR SURG	1		527.50
12/22/87	370		230--0CC01060	0	ANESTH-TIME-GENERAL	1		248.50

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LAST PAGE OF DETAIL BILL CONTAINS SUMMARY OF EN- DATE OF CHARGES REFLECT THE DATE THOSE CHARGES WERE RECORDED. * TIMES ARE RECORDED IN HUNDRETHS OF HOURS



WASHOE MEDICAL CENTER, INC

77 PRINGLE WAY
RENO, NEVADA 89520

TELEX NUMBER:
354454 (WSHOMEDCTR RNO)

TELEPHONE:
(702) 328-4130

THIRD PARTY / DETAIL STATEMENT

PATIENT NUMBER: 0042508987 PATIENT NAME: BRDO, CHRISTINA H. STATEMENT DATE: 1/02/88 PAGE NO: 5

PHYSICIAN: CHRISTENSEN, JAMES L GUARANTOR: BRDO, CHRISTINA H. DATE: 12/29/87 TIME: 13:15

222 AUTUMN HILL RD
GARDNERVILLE NV 89410-0000

PREVIOUSLY BILLED TOTALS FORWARD :00 8,403.86

12/21/87 ADMIT 13:15
12/29/87 DISCH 13:00

171756
BOOK 288 PAGE 022

SERVICE/POST DATE	REV CODE	CRVS	ROOM OR CHARGE ITEM	DESCRIPTION	#	PAYMENTS	CHARGES
12/22/87	370		233-0001150	OXYGEN ONLY	1		9.00
12/23/87	420		286-0000855	FOOT BOARD SU	1		42.00
12/29/87	420	097145	282-0002140	FOOT TRAINING	1		23.00
12/29/87	420		286-0000850	FOOTBOARD DAILY	7		70.00
12/21/87	450		288-0000002	REG-FER	1		34.50
12/21/87	450		288-0000007	LEVEL 3 X30 ACUTE ASSES	1		57.00
12/21/87	450		288-0000008	LEVEL 4 X60 COND BLUE CD	1		405.00
12/21/87	450	090515	288-0009000	ACUTE LTD HDN PER HR	1		127.00
12/21/87	480		288-00001525	MONITOR	1		38.00
12/22/87	545		293-0000010	HELICOPTER BASE RATE	1		350.00
12/22/87	545		293-0000015	HELICOPTER 1HOURS	9		5.00
12/22/87	545		293-0000020	HELICOPTER MILEAGE	40		640.00
12/28/87	700		286-0002030	CAST LONG LEG	1		182.00
12/22/87	710		233-0000001	RECOVERY, ROUTINE	1		134.00

SUBTOTAL .00 10,515.45
 PREVIOUSLY BILLED .00 .00
 TOTAL BILL AMOUNT 10,515.45
 ORTHOPEDIC SUPPLY 3,517.50
 TOTAL BILL AMOUNT 14,062.95

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



WASHOE MEDICAL CENTER, INC

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

THIRD PARTY / DETAIL STATEMENT

REGISTRATION NUMBER: 02 C042508987 PATIENT NUMBER: BROD, CHRISTINA M. STATEMENT DATE: 1/02/88 PAGE NO. 6

PHYSICIAN: CHRISTENSEN, JAMES L. QUANTIFIER: BROD, CHRISTINA M. DATE: 12/21/87 TIME: 13:15

222 AUTUMN HILL RD
GARDNERVILLE NV 89410-0000

SUMMARY CODE	DESCRIPTION	PAYMENTS	CHARGES	TOTAL
121	PED/SURG/GYN SEMI		1,960.00	1,960.00
200	ICU		670.00	670.00
250	PHARMACY		1,083.30	1,083.30
253	CRUGS/TAKE HOME		44.20	44.20
270	HEAD/SURG SUPPLIES		85.36	85.36
300	LAB/DIAGNOSTIC		440.00	440.00
320	RAD SCANNING ROOM		593.00	593.00
350	CT SCANNING ROOM		622.00	622.00
360	ANESTHESIA ROOM		1,257.50	1,257.50
370	PHYSICAL THERAPY		135.00	135.00
420	OPHTHALMOLOGY ROOM		623.50	623.50
450	CARDIOLOGY ROOM		38.00	38.00
480	AIR AMBULANCE		990.00	990.00
545	CAST ROOM		182.00	182.00
700	RECOVERY ROOM		134.00	134.00
710	RECOVERY ROOM		134.00	134.00
	AMOUNT DUE	10,515.45		10,515.45

YOUR INSURANCE OR GOVERNMENT PAYOR HAS BEEN BILLED FOR \$.....
THE ESTIMATED AMOUNT DUE FROM YOU IS \$.....
PLEASE INCLUDE YOUR PATIENT NUMBER ON YOUR CHECK AND MAIL YOUR PAYMENT TODAY.
THANK YOU

REQUESTED BY
Keith K. Ching
IN OFFICIAL RECORDS OF
SUNSHINE STATE OF NEVADA

'88 FEB -1 All:11

SUZANNE BLAUDREAU
RECORDER

\$ 14.00 PAID *JL* DEPUTY

171756

BOOK 288 PAGE 023

LAST PAGE OF DETAIL BILL

DATE OF CHARGES REFLECT THE DATE THOSE CHARGES WERE RECORDED

* TIMES ARE RECORDED IN HUNDRETHS OF HOURS