

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 STEVEN EDMONDS, 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:

ANN EDMONDS
GARY LeFLEUR
ALLSTATE INSURANCE COMPANY
BLUE CROSS/BLUE SHIELD OF NEVADA

The hospitalization was rendered to the injured party between December 21, 1987 and January 2, 1988, Account Number 0042505387.

ITEMIZED STATEMENT

For hospitalization and related medical services rendered to the patient STEVEN EDMONDS 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 THIRTY FOUR THOUSAND SIX HUNDRED THIRTY FIVE DOLLARS AND SIXTY SIX CENTS (\$34,635.66), 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 THIRTY FOUR THOUSAND SIX HUNDRED THIRTY FIVE DOLLARS AND SIXTY SIX CENTS (\$34,635.66), 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

171757

BOOK 288 PAGE 024

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

I, RAY WHITE, 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 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.


RAY WHITE, Legal Coordinator

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


NOTARY PUBLIC


RAYMOND GOLDMAN
NOTARY PUBLIC - State of Nevada
Commission Expires 5/21/1988

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

WASCO MEDICAL CENTER
77 PRINGLE WAY
RENO, NEVADA 89520
(702) 778-4120

PATIENT CONTROL NUMBER
0042505387
4 TYPE OF BILL
111
5 BC/BS PROV NO
031
6 FEDERAL TIN NO
28-0213754
7 MEDICARE NO
29-0001
8 MEDICAID NO
11-16885
9 STATE
NY
10 ZIP
89423

11 PATIENT'S LAST NAME FIRST NAME

INITIALS PATIENT'S ADDRESS

EDMONDS, STEVEN

PC BX 698

MINDEN

NY 89423

12 BIRTH DATE 4-14-86	13 SEX M/F M	14 ADMISSION DATE 12-21-87	15 HN 10	16 HR 1800	17 STAT C1	18 STATEMENT COVERS PERIOD 12 C1 12-21-87	19 COV D 12	20 N-CO 12	21 CSD 12	22 LAD 12
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23 OCCURRENCE DATE 12-21-87	24 OCCURRENCE DATE CD	25 OCCURRENCE DATE CD	26 OCCURRENCE DATE CD	27 OCCURRENCE DATE CD	28 OCCURRENCE DATE CD	29 OCCURRENCE DATE CD	30 OCCURRENCE DATE CD	31 OCCURRENCE DATE CD	32 OCCURRENCE DATE CD	33 OCCURRENCE DATE CD	34 OCCURRENCE DATE CD
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EDMONDS, ANN
PO BX 698
MINDEN

NV 89423

35 CONDITION CODES 36 37 38 39	36 BLOOD RECORD (PINTS) G	37 SP 45	38 PROG 43
39 FURN 41 REPL 42 MTRP 43 DED G	40 FURN 41 REPL 42 MTRP 43 DED G	41 FURN 41 REPL 42 MTRP 43 DED G	42 FURN 41 REPL 42 MTRP 43 DED G

43 VALUE CI	44 AMT 280.00	45 VALUE CS	46 AMT 5383.00	47 VALUE CD	48 AMT 34635.66
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TOTALS

50 DESCRIPTION PEDIATRIC WARD	51 SIR CODE 263.00	52 UNITS 132	53 TOTAL CHARGES 789.00	54 789.00	55 789.00	56 789.00
ICU PEDIATRIC	670.00	203	6130.00	6130.00	6130.00	6130.00
PHARMACY	250	156	3044.70	3044.70	3044.70	3044.70
MED/SURG SUPPLIES	270	242	4262.97	4262.97	4262.97	4262.97
LABORATORY	300	85	4441.00	4441.00	4441.00	4441.00
OTHER LABORATORY	305	1	45.00	45.00	45.00	45.00
RADIOLOGY	320	11	1056.00	1056.00	1056.00	1056.00
CT SCAN	350	1	343.00	343.00	343.00	343.00
RESPIRATORY	410	35	6016.00	6016.00	6016.00	6016.00
EMERGENCY ROOM	450	1	1862.90	1862.90	1862.90	1862.90
CARDIOLOGY	480	6	342.00	342.00	342.00	342.00
AIR AMBULANCE	545	50	9904.99	9904.99	9904.99	9904.99
EKG	730	4	528.00	528.00	528.00	528.00
EEG	740	4	320.00	320.00	320.00	320.00
PRC FEES	960	16	4465.00	4465.00	4465.00	4465.00

PAGE 1 OF 1

57 PAYER BILL CROSS/SHIELD OF ALLSTATE INS CO	58 INSURANCE INFO Y Y	59 DEDUCTIBLE Y Y	60 CO-INSURANCE 	61 EST RESPONSIBILITY 	62 PRIOR PAYMENTS 	63 EST AMOUNT DUE 34635.66
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DUE FROM PATIENT

64 INSURED'S NAME EDMONDS, ANN EDMONDS, GARY	65 GDR F	66 MDR 13	67 CERT JSN-HICN NO 5073 8045	68 GROUP NAME Indiv.--Code 7268-A Claim ---	69 INSURANCE GROUP NO COCHL #4630194928
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70 EID 	71 ESC 	72 EMPLOYER NAME 	73 EMPLOYEE ID. 	74 EMPLOYER LOCATION
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75 PRINCIPAL AND OTHER DIAGNOSES DESCRIPTIONS 	76 PRIM CODE OC410	77 OTHER DIAGNOSES CODES 99160 92210 92220
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78 PRINCIPAL AND OTHER PROCEDURES DESCRIPTIONS 	79 PRINCIPAL PROCEDURE 	80 OTHER PROCEDURE 	81 OTHER PROCEDURE
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82 APP. DATA 	83 TREATMENT AUTH 	84 ATTENDING PHYSICIAN ID NV15428	85 OTHER PHYSICIAN ID
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PRINTED 2/20/88

EXHIBIT

A

171757
BOOK 288 PAGE 026 1-8-88



77 PRINGLE WAY
RENO, NEVADA 89520 | TELEPHONE:
TELEX NUMBER:
354454 (WSHOMEDCTR RNO) | (702) 328-4113

THIRD PARTY / DETAIL STATEMENT

PAGE NO.

1/06/88

TIME.

FRANK, BARRY S
EDMONDS, ANN
PHYSICIAN
LUDWIGS, STELLA
GUARANTOR

698 NEDSON

NV 89423-0000

1981/02/11 AUSCHI D 13:00

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LAST PAGE OF DETAIL BILL
RECORDED IN COURT OF APPEALS

DATE OF CHARGES REFLECT THE DATE THOSE CHARGES WERE RECORDED
DATER THAN THE DATE OF SEPARATE CHARGES RECORDED AFTER THIS

* TIMES ARE RECORDED IN
HUNDREDS OF HOURS.

171757
BOOK 288 PAGE 027



77 PRINGLE WAY
RENO, NEVADA 89520

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

FSC PATIENT NUMBER: 1234567890
PATIENT NAME: JOHN D. SMITH
TEST STATEMENT DATE: 10/10/2010
PAGE NO: 1

THIRD PARTY / DETAIL STATEMENT

02 0042505387 EDMONDS, STEVEN
PHYSICIAN GUARANTOR

EDMONDS ANN
PO BOX 698
MINDEN NV 89423-0000 12/21/87 ADM IT 1:1250 DISCH 13:00

0000-€2468 AN

12/21/87 ADMIT 13:25
12/21/88 DISCH 13:00

BOOK 288 PAGE 628

BOOK 288 PAGE 628

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



WASHOE MEDICAL CENTER, INC.

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

THIRD PART / DETAILED STATEMENT

PAGE NO.

72 0042505387

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POST BOX 698
KINDEN

KINDEN 698

0000-6260 AN

1/08/88
ADMIT 17125
DISCH 13125
TIME

BOOK 288 PAGE 029

POST DATE	KEY CODE	CRVS CHARGE ITEM	DESCRIPTION	# PAYMENTS	PAYMENTS	CHARGES

LAST PAGE OF DETAIL BILL
CONTAINING SUMMARY OF ENL.

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

* TIMES ARE RECORDED IN HUNDREDS OF HOURS



WASHOE MEDICAL CENTER, INC

77 PRINGLE WAY
RENO, NEVADA 89520

TELEX NUMBER:
354454 (WSHOMEDCTR RNO)

TELEPHONE
(702) 328-4144

FSC STATEMENT DATE

PAGE NO.

6042505387

2

1/06/88

5

FRANK - BARRY & EDMUNDS: ANN

FRANK, ERKLA
PO BOX 698
MINDEN

NV 89423-0000

PREVIOUSLY BILLED TIFALS FORWARD	:00 :80 10,776 :26	-1/02/88 DISCH 13:60
		P.O. BOX 698 MINDEN NV 89423-0000

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 HUNDREDS OF HOURS

BOOK 288 PAGE 030



77 PRINGLE WAY
RENO, NEVADA 89520

TELEX NUMBER: 354454 (WSHOMEDCTR BNG) | **TELEPHONE** (303) 338-4111

1/66/88
TIME

BOOK 288 PAGE 031

PEST DATE CODE CRVS RUM CHARGE ITEM DESCRIPTION PAYMENTS CHARGES

PREVIOUSLY BILLED
TOTALS FORWARD .00
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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 HUNDREDTHS OF A SECOND.



77 PRINGLE WAY | **TELEX NUMBER:**
RENO, NEVADA 89520 | **354454 (WSHOMEDCTR RNO)** | **TELEPHONE**
| **(702) 328-4144**

PATIENT NUMBER: _____ PATIENT NAME: _____ STATEMENT DATE: _____

PAGE NO.

02 0042505387
PHYSICIAN

EDMONDS, ANN
PO BOX 698
MINDEN

NV 89423-000

1/06/88
ATE "B" TEST
TIME: 6

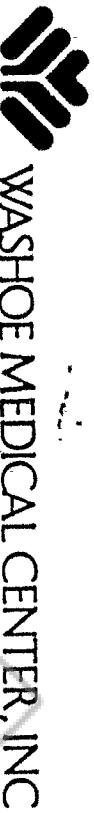
BOOK 288 PAGE 032

POST DATE	SERVICE CODE	CRVS	RTN OR CHARGE ITEM	DESCRIPTION	# PAYMENTS	PAYMENTS	CHARGES
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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 HUNDREDS OF HUNDREDS.



WASHOE MEDICAL CENTER, INC.

77 PRINGLE WAY
RENO, NEVADA 89521

**TELEX NUMBER
354454 (WSHOM)**

TELEPHONE
(702) 328-4134

02 NO 42575387 EDMONDS, STEVEN
MUSICIAN GUARDED

EDMONDS ANN
PO BOX 698
MINDEEN NV 89423-0000
12/62/88 ADMIT 10:25
BISCH 13:00

BOOK 288 PAGE 033

PREVIOUSLY UNPUBLISHED

13,219:00

SERVICE/REV CODE CRVS ROOM OR CHARGE ITEM DESCRIPTION
PEST DATE

LAST PAGE OF DETAIL BILL
CONTAINS SUMMARY OF EN-

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

* TIMES ARE RECORDED IN HUNDREDS OF MILLIGRAMS



WASHOE MEDICAL CENTER, INC

77 PRINGLE WAY
RENO, NEVADA 89520

**TELEX NUMBER:
354454 (WSHOM)**

TELEPHONE:
(702) 328-4130

PATIENT NAME: STATEMENT DATE:

PAGE NO.

EDWARD STEVENS

1 / 06 / 36

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FRANK - BARBY & EDMONDS, ANN

POINTER
HINDENBURG
X 698

NV 89423-0000

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BOOK 288 PAGE 634

PREVIOUSLY FILED
TOTALS FORWARDED

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SERVICE/ PEST DATE REV CODE CRVS ROOM OR CHARGE ITEM DESCRIPTION

PAYMENTS CHARGES

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 HUNDREDS OF HOURS



THIRD PARTY / DETAIL STATEMENT

77 PRINGLE WAY
RENO, NEVADA 89520

TELEPHONE
(702) 328-4113

TELEX NUMBER:
354464 (WSHOMEDCTR RNO)

02 0042505387

ERIC LIBRARY

PO BOX 698
MINDEN

NV 89423-0000

12/62/88 DISCH

BOOK 288 PAGE 035

PREVIOUSLY BILLED
TOTALS FORWARD

14,715:67

SERV^{CE}/REV^{RUE}
PLST^{DATE} CODE
CRVS CHARGE ITEM DESCRIPTION

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 HUNDREDS OF HOURS



WASHOE MEDICAL CENTER, INC

77 PRINGLE WAY
RENO, NEVADA 89520

**TELEX NUMBER
354454 (WSHOM)**

TELEPHONE,
(702) 328-4136

THIRD PARTY / DETAIL STATEMENT

二三

FRANK, BARRY S

KINDEN

EDBONDS, ANN
PO BOX 698
KINDEN

NV 89423-0000

1/06/88

TIME.

171757

BOOK 288 PAGE 636

SERVICE POSTAGE	REV CODE	ROOM OR CRVS CHARGE	ITEM	DESCRIPTION	6 PAYMENTS	CHARGES
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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 HUNDREDTHS OF FIGURES



WASHOE MEDICAL CENTER, INC

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

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

TELEPHONE:
(702) 328-4130

PATIENT NUMBER: STATEMENT DATE: PAGE NO.:

02 0042505387 EDMONDS, STEVEN

פָּרָנֵסֶת בְּאַבְדָּלָה

EDHONDS ANN
PO BOX 698
MINDEN

NV 89423-000

1/06/88
TIME: 11

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11

171757

BOOK 288 PAGE 037

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 HUNDREDS OF HOURS



77 PRINGLE WAY
RENO, NEVADA 89520 | TELEX NUMBER:
354454 (WSHOMEDCTR RNO) | TELEPHONE:
(702) 328-4131

THIRD PARTY / DE TAIL SJAIEMEN

PAGE 10.

02 0042505387 EDMONDS, STEVEN
PHYSICIAN GUARANTOR

FRANK, BARRY S
EDMONDS, ANN
PO BOX 698
MINDEN

NV 89423-0000

1/C6/88
TIME: 12

LAST PAGE OF DETAIL BILL
CONTAINING 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 HUNDREDS OF HOURS



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

THIRD PARTY / RETAIL STATEMENT

PAGE NO.

02 0042505387 GUARANTOR STEVEN EDMONDSS

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PO BOX 698
MINDEN

1986-1987

NY 89423-0000

1/06/88
13:05
TIME

BOOK 288 PAGE 039

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 HUNDREDS OF HOURS



WASHOE MEDICAL CENTER, INC

77 PRINGLE WAY
RENO, NEVADA 89520

TELEX NUMBER:
354454 (WSHOMEDCTR RNO) | TELEPHONE:
(702) 328-4111

THIRD PARTY / DETAIL STATEMENT

02 0042515387

EDMONDS, STEVEN

FRANK, BARRY S

EDMONDS, ANN
PO BOX 698
MINDEN

NV 89423-0000

12/21/87 ADM IT 13:25

12/22/88 DISCH 13:55

1/06/88

TIME: 14

PAGE NO:

PREVIOUSLY BILLED
TOTALS FORWARD :88 27,624.00

SERVICE DATE	CODE	REV CRVS	ROOM OR CHARGE ITEM	DESCRIPTION	#	PAYMENTS	CHARGES
12/21/87	450	032015	288-0090360	TUBE THORACOSTOMY	1	21.00	21.00
12/22/87	450	288-0000744	TUBE INFANT FEEDING	1	5.00	5.00	
12/22/87	450	288-0000744	TUBE INFANT FEEDING	1	5.00	5.00	
12/22/87	450	293-0000101	CODE 99-TRANSPORT	1	135.00	135.00	
12/22/87	450	293-0000355	OXYGEN	1	11.40	11.40	
12/21/87	480	153-0000116	CUP INSTALLED	1	100.00	100.00	
12/21/87	480	288-0001525	MONITOR	1	33.00	33.00	
12/22/87	460	153-0000004	ARTERIAL MONITOR	1	51.00	51.00	
12/22/87	460	153-0000015	CVP MONITOR	1	51.00	51.00	
12/23/87	480	153-0000004	ARTERIAL MONITOR	1	51.00	51.00	
12/24/87	480	153-0000004	ARTERIAL MONITOR	1	51.00	51.00	
12/22/87	545	293-0000010	HELICOPTER BASE RATE	1	35.00	35.00	
12/22/87	545	293-0000015	HELICOPTER 1 HOURS	1	640.00	640.00	
12/22/87	545	293-0000020	HELICOPTER MILEAGE	40			
12/21/87	730	0993320	276-0001955	COMB 2DEM-HODE COMP	1	326.00	326.00
12/21/87	730	0993320	276-0001955	COMB 2DEM-HODE COMP	1	326.00	326.00
12/21/87	730	0993320	276-0009150	COMB 2DEM-HONE COMP	1	124.00	124.00
12/21/87	730	09933005	288-0009101	COMBLECTROCARDIOGRAM	1	66.00	66.00
12/21/87	730	09933016	288-0009102	COMKG INTREP PRO FEE	1	13.00	13.00
12/22/87	730	09933029	276-0001945	COMBINATION SECTOR	1	216.00	216.00
12/22/87	730	09933029	276-0001945	COMBINATION SECTOR	1	216.00	216.00
12/22/87	730	09933029	276-0001942	COMBISCAN PRO FEE	1	112.00	112.00
12/22/87	730	09933029	276-0001942	COMBISCAN PRO FEE	1	112.00	112.00
12/04/88	730	0993320	276-0001955	COMB 2DEM-HODE COMP	1	326.00	326.00
12/04/88	730	0993320	276-0009150	COMB 2DEM-HODE COMP	1	326.00	326.00
12/22/87	740	095819	281-0009330	EEG	1	127.00	127.00



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

PATIENT NAME: [REDACTED] STATEMENT DATE: [REDACTED]

PAGE NO.

02
0642575387

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FRANK LARKE
PO BOX 698
HINDEN

EDMONDS ANN
PO BOX 698
MINDEN NV 89423-0006
1/82/88 BY SCH 13:00

BOOK 288 PAGE 041

SUBTOTAL	:00	34,833.00
PREVIOUSLY BILLED	.00	.00
TOTAL BILL AMOUNT	34,833.00	34,833.00

LAST PAGE OF DETAIL BILL
CONTINUING 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 HUNDREDS OF HOURS



WASHOE MEDICAL CENTER, INC.

THIRD PARTY / DETAIL STATEMENT

77 PRINGLE WAY
RENO, NEVADA 89520

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

C 2 0642515387

EDMONDS, STEVEN

1/06/88

16

PATIENT NUMBER: 0642515387 PATIENT NAME:

ADMIT 13:25 DATE 1/06/88 TIME 16

PAGE NO.

PHYSICIAN: FRANK, PARRY S

EDMONDS, ANN
PO BOX 698
MINDEN NV 89423-0000

DISCH 13:25

1/06/88

171757

BOOK 288 PAGE 042

SUMMARY CODE DESCRIPTION	PAYMENTS	CHARGES	TOTAL
133 PEDIATRIC WARD	6,130.00	789.00	789.00
203 ICU PEDIATRIC	3,044.70	6,130.00	9,174.70
250 PHARMACY	4,262.97	3,044.70	7,307.67
270 MED/SURG SUPPLIES	4,461.00	4,461.00	8,922.00
300 LABORATORY	1,056.00	1,056.00	2,112.00
320 RADIOLGY	1,343.00	1,343.00	2,686.00
350 CT SCAN	6,016.00	6,016.00	12,032.00
400 OTHER LABORATORY	1,862.00	1,862.00	3,724.00
450 RESPIRATORY ROOM	997.00	890.00	1,887.00
480 CARDIOLOGY	5,280.00	3,260.00	8,540.00
545 AIR AMBULANCE	4,320.00	4,465.00	8,785.00
740 EEG			
960 PRO FEES			
AMOUNT DUE		34,635.66	

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
Kristen S. Cheig
IN OFFICIAL RECORDS OF
CLERK OF COURT, NEVADA

'88 FEB - 1 A11:14

SUZANNE BEAUDREAU
RECORDER

24⁰⁰ PAID DEPUTY