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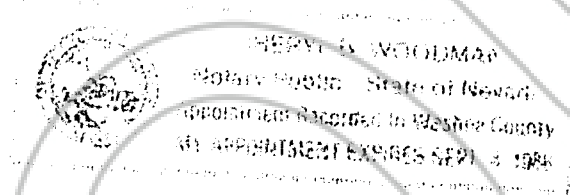
STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

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
RAY WHITE, Legal Coordinator

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

Sherry R. Woodman
NOTARY PUBLIC



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) 728-4120

3 PATIENT CONTROL NUMBER 0042505387		4 TYPE OF BILL 111	
5 BC/BS PROV NO 031	6 FEDERAL TAX NO 08-0213754	7 MEDICARE NO 29-0001	8 MEDICAID NO 11-16885
9 000254		10 0001992	

10 PATIENT'S LAST NAME EDMONDS, STEVEN	11 FIRST NAME STEVEN	12 INITIAL SC	13 PATIENT'S ADDRESS PO BOX 698	14 CITY MINDEN	15 STATE NV	16 ZIP 89423
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17 BIRTH DATE 4-14-86	18 SEX M	19 U U	20 ADMISSION DATE 12-21-87	21 HR 10	22 ICD-9-CM 1301	23 ICD-9-CM 01	24 STATEMENT COVERS PERIOD FROM 12-21-87	25 STATEMENT COVERS PERIOD THROUGH 1-02-88	26 COVD 12	27 H-CO	28 C-10	29 L-10	30
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31 OCCURRENCE DATE 12-21-87	32 OCCURRENCE CD	33 OCCURRENCE DATE	34 OCCURRENCE CD	35 OCCURRENCE DATE	36 OCCURRENCE CD	37 OCCURRENCE DATE	38 OCCURRENCE CD	39 OCCURRENCE DATE	40 OCCURRENCE CD	41 OCCURRENCE DATE	42 OCCURRENCE CD	43 OCCURRENCE DATE	44 OCCURRENCE CD
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31 CONDITION CODES				32 BLOOD RECORD (PMTS)				44 SP PROG	45				
33	34	35	36	37	38	39	40	41 FURN	42 REPL	43 DED	44	45	
G											1-06-88		
46	47	48	49	50	51	52	53	54	55	56	57	58	
CD	AMT	CD	AMT	CD	AMT	CD	AMT	CD	AMT	CD	AMT	CD	AMT
C1	280.00	C5	5383.00										

59 DESCRIPTION	60 ICD-9-CM	61 UNITS	62 TOTAL CHARGES	63	64
PEDIATRIC WARD	263.00	132	3	789.00	789.00
ICU PEDIATRIC	670.00	203	10	6130.00	6130.00
PHARMACY		250	156	3044.70	3044.70
MED/SURG SUPPLIES		270	242	4262.97	4262.97
LABORATORY		300	85	4441.00	4441.00
OTHER LABORATORY		309	1	45.00	45.00
RADIOLOGY		320	11	1056.00	1056.00
CT SCAN		350	1	343.00	343.00
RESPIRATORY		410	35	6016.00	6016.00
EMERGENCY ROOM		450	1	1862.90	1862.90
CARDIOLOGY		480	6	342.00	342.00
AIR AMBULANCE		545	50	990.09	990.09
EKG		730	4	528.00	528.00
EEG		740	4	320.00	320.00
PRC FEES		960	16	4465.00	4465.00
TOTALS		C01		34635.66	34635.66

PAGE 1 OF 1

57 PAYER BLUE CROSS/SHIELD OF ALLSTATE INS CO	58 REL/STAFF INFO Y Y	59 DEDUCTIBLE	60 CO-INSURANCE	61 EST RESPONSIBILITY	62 PRIOR PAYMENTS	63 EST AMOUNT DUE 34635.66
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64 INSURED'S NAME EDMONDS, ANN EDMONDS, GARY				65 SEX F M	66 AGE 13 13	67 REL 5073 8045	68 IDENTIFICATION NO Indiv.--Code 7268-A Claim ---	69 INSURANCE GROUP NO 000CHL #4630194928
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71 EID	72 ESC	73 EMPLOYER NAME	74 EMPLOYEE ID	75 EMPLOYER LOCATION
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76 PRINCIPAL AND OTHER DIAGNOSES DESCRIPTIONS	77 PRIN CODE 00410	78 OTHER DIAGNOSES CODES 99169 92210 92220
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79 PRINCIPAL AND OTHER PROCEDURES DESCRIPTIONS 9	80 PRIN PROCEDURE DATE	81 OTHER PROCEDURE DATE	82 OTHER PROCEDURE DATE
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83 TREATMENT AUTH	84 ATTENDING PHYSICIAN ID NV15428	85 OTHER PHYSICIAN ID
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86 APP LINE	87 APP LINE	88 APP LINE	89 APP LINE	90 APP LINE
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WASHOE MEDICAL CENTER, INC

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

THIRD PARTY / DETAIL STATEMENT

PSC PATIENT NUMBER 02 0042505387 PATIENT NAME EDMONDS, STEVEN QUANTOR STATEMENT DATE 1/06/88 PAGE NO. 2

PHYSICIAN FRANK, BARRY S EDMONDS, ANN PD BOX 698 MINDEN NV 89423-0000

PREVIOUSLY BILLED TOTALS FORWARD 0000 7,365.65

12/21/87 ADMIT 10:25
1/02/88 DISCH 13:00

Table with columns: SERVICE/POST DATE, REV CODE, CRVS, RDM DR CHARGE ITEM, DESCRIPTION, #, PAYMENTS, CHARGES. Contains multiple rows of medical billing data.

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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



WASHOE MEDICAL CENTER, INC

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

THIRD PARTY / DETAIL STATEMENT

PATIENT NUMBER: 02 0042505387 | PATIENT NAME: EDMONDS, STEVEN | STATEMENT DATE: 1/06/88 | PAGE NO. 11

PHYSICIAN: FRANK, BARRY S | GUARANTOR: EDMONDS, ANN | DATE: 1/02/88 | TIME: 10:25

PO BOX 698 | MINDEN | NV 89423-0000 | DISCH 13:00

PREVIOUSLY BILLED TOTALS FORWARD :06 17,573.17

POST DATE	REV CODE	CRVS	ROOM CHARGE	DR ITEM	DESCRIPTION	#	PAYMENTS	CHARGES
12/24/87	300	082803	270--	0007064	BLOOD GASES	1		63.00
12/24/87	300	082803	270--	0007064	BLOOD GASES	1		63.00
12/24/87	300	082803	270--	0007064	BLOOD GASES	1		63.00
12/24/87	300	082803	270--	0007064	BLOOD GASES	1		63.00
12/25/87	300	084695	265--	0007080	GEN TAIICIN CL (C02)	1		49.00
12/25/87	300	082803	270--	0007064	BLOOD GASES	1		63.00
12/25/87	300	082803	270--	0007064	BLOOD GASES	1		63.00
12/25/87	300	082803	270--	0007064	BLOOD GASES	1		63.00
12/25/87	300	084695	265--	0007080	GEN TAIICIN CL (C02)	1		49.00
12/26/87	300	080004	265--	0007080	GEN TAIICIN CL (C02)	1		61.00
12/26/87	300	082803	270--	0007064	BLOOD GASES	1		63.00
12/26/87	300	082803	270--	0007064	BLOOD GASES	1		63.00
12/26/87	300	085018	265--	0009019	CHEM PAN W/TRIG	1		22.00
12/28/87	300	085018	270--	0009979	CHEM PAN W/TRIG	1		13.00
12/29/87	300	082803	270--	0007064	BLOOD GASES	1		13.00
12/21/87	309	082384	273--	0003611	CATECHOLAMINES	1		45.00
12/21/87	323	071010	255--	0007103	CHEST PORTABLE	1		95.00
12/22/87	320	071010	255--	0007103	CHEST PORTABLE	1		96.00
12/23/87	320	071010	255--	0007103	CHEST PORTABLE	1		96.00
12/24/87	320	071010	255--	0007103	CHEST PORTABLE	1		95.00
12/24/87	320	071010	255--	0007103	CHEST PORTABLE	1		96.00
12/25/87	320	071010	255--	0007103	CHEST PORTABLE	1		95.00

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LAST PAGE OF DETAIL BILL CONTAINS SUMMARY OF CHARGES. DATE OF CHARGES REFLECT THE DATE THOSE CHARGES WERE RECORDED. PATIENTS THAN THE DATE OF SERVICE CHARGES RECORDED AFTER THIS DATE. * 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

REG. PATIENT NUMBER: 02 0042505387

PATIENT NAME: EDMONDS, STEVEN

GUARANTOR: EDMONDS, ANN

STATEMENT DATE: 1/06/88

PAGE NO: 12

PHYSICIAN: FRANK, BARRY S

EDMONDS, ANN
PO BOX 698
HINDEN

NV 89423-0000

12/21/87 ADMIT 13:25
1/02/88 DISCH 13:00

PREVIOUSLY BILLED TOTALS FORWARD :60 19,384.67

SERVICE / PCT DATE	REV CODE	CRVS	ROOM DR CHARGF ITEM	DESCRIPTION	#	PAYMENTS	CHARGES
12/25/87	320	071010	255-0007103	CHEST PORTABLE	1		96.00
12/26/87	320	071010	255-0007103	CHEST PORTABLE	1		96.00
12/28/87	320	071010	255-0007103	CHEST PORTABLE	1		96.00
12/21/87	351	070450	258-0007801	CT HEAD	1		343.00
12/22/87	410		251-0000110	CGNT VOL VENT SETUP	1		390.00
12/22/87	410		251-0000390	CGNT OXIMETER SETUP	1		99.00
12/22/87	410		251-0000400	CGNT OXIMETER HOURLY	1		26.00
12/23/87	410		251-0000110	CGNT OXIMETER HOURLY	1		624.00
12/23/87	410		251-0000570	CGNT OXIMETER HOURLY	1		169.00
12/24/87	410		251-0000570	CGNT OXIMETER HOURLY	1		83.00
12/24/87	410		251-0000570	CGNT OXIMETER HOURLY	1		572.00
12/25/87	410		251-0000110	CGNT OXIMETER HOURLY	1		213.00
12/25/87	410		251-0000400	CGNT OXIMETER HOURLY	1		650.00
12/26/87	410		251-0000290	CGNT OXIMETER HOURLY	1		169.00
12/26/87	410		251-0000400	CGNT OXIMETER HOURLY	1		265.00
12/26/87	410		251-0000570	CGNT OXIMETER HOURLY	1		153.00
12/26/87	410		251-0000570	CGNT OXIMETER HOURLY	1		152.00
12/27/87	410		251-0000290	CGNT OXIMETER HOURLY	1		142.00
12/27/87	410		251-0000400	CGNT OXIMETER HOURLY	1		168.00
12/27/87	410		251-0000570	CGNT OXIMETER HOURLY	1		159.00
12/28/87	410		251-0000290	CGNT OXIMETER HOURLY	1		95.00
12/28/87	410		251-0000400	CGNT OXIMETER HOURLY	1		95.00
12/28/87	410		251-0000400	CGNT OXIMETER HOURLY	1		169.00

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 HUNDRETHS OF HOURS

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WASHOE MEDICAL CENTER, INC

77 PRINGLE WAY | TELEPHONE: 702-328-4100
RENO, NEVADA 89520 | 354464 (WSHOMEDCTR RNO) | (702) 328-4100
THIRD PARTY / DETAIL STATEMENT

FSC 1 PATIENT NUMBER 02 122215387 PATIENT NAME EDMONDS, STEVEN STATEMENT DATE 1/06/88 PAGE NO. 14

PHYSICIAN FRANK, BARRY S

EDMONDS, ANN

DATE 1/02/88

TIME 13:05

EDMONDS, ANN
PO BOX 698
MINDEN

NV 89423-0000

12/21/87 ADMIT 13:25
1/02/88 DISCH 13:05

171757
BOOK 288 PAGE 040

PREVIOUSLY BILLED TOTALS FORWARD .00 27,624.17

SERVICE / PCST DATE	REV CODE	CRVS	ROOM OR CHARGE ITEM	DESCRIPTION	#	PAYMENTS	CHARGES
12/21/87	450	032015	288-0090360	TUBE THORACOSTOMY	1		21.00
12/22/87	450		288-0000744	TUBE INFANT FEEDING	1		5.00
12/22/87	450		293-0000101	CODE 99-TRANSPORT	1		135.00
12/22/87	450		293-0000355	DXYGEN	1		11.40
12/21/87	480		153-0000116	CUP INSTALLED	1		100.00
12/21/87	480		288-0000152	MONITOR	1		39.00
12/22/87	480		153-0000015	ARTERIAL MONITOR	1		51.00
12/23/87	480		153-0000004	ARTERIAL MONITOR	1		51.00
12/24/87	480		153-0000004	ARTERIAL MONITOR	1		51.00
12/22/87	545		293-0000010	HELICOPTER BASE RATE	1		350.00
12/22/87	545		293-0000015	HELICOPTER MILEAGE	9		640.00
12/22/87	730		276-0000195	COMB 2DGM-MODE COMP	1		324.00
12/21/87	730		276-0000195	COMB 2DGM-MODE COMP	1		324.00
12/21/87	730		276-0000150	COMB 2DGM-MODE COMP	1		124.00
12/21/87	730		276-0000150	COMB 2DGM-MODE COMP	1		124.00
12/21/87	730		280-0000910	ELEC TRDCARD PROGRAM	1		66.00
12/21/87	730		280-0000910	EKG INTERPRET SECTOR	1		12.00
12/22/87	730		276-0000194	COMB 8 INATTION SECTOR	1		215.00
12/22/87	730		276-0000194	COMB 8 INATTION SECTOR	1		215.00
12/22/87	730		276-0000142	COMB SCAN PRD FEE	1		112.50
12/22/87	730		276-0000142	COMB SCAN PRD FEE	1		112.50
1/04/88	730		276-0000195	COMB 2DGM-MODE COMP	1		324.00
1/04/88	730		276-0000195	COMB 2DGM-MODE COMP	1		324.00
12/22/87	740	095819	281-0000930	EEG	1		127.00

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
RENO, NEVADA 89520

TELEX NUMBER:
354454 (WSHOMEDCTR RNO)

TELEPHONE:
(702) 328-4130

THIRD PARTY / DETAIL STATEMENT

PATIENT NUMBER: 02 0642555387 PATIENT NAME: EDMONDS, STEVEN STATEMENT DATE: 1/06/88 PAGE NO. 15

PHYSICIAN: FRANK, BARRY S GUARANTOR: EDMONDS, ANN DATE: 12/31/87 TIME: 10:25

PD BOX 698 HINDEN NV 89423-0000 1/02/88 DISCH 13:00

PREVIOUSLY BILLED TOTALS FORWARD :00 29,977.66

SERVICE/PCST DATE	REV CODE	CRVS	ROOM OR CHARGE	ITEM	DESCRIPTION	#	PAYMENTS	CHARGES
12/22/87	740	095819	281--	0009368	EEG PRO FEE	1		33.00
12/29/87	740	095819	281--	0009330	EEG PRO FEE	1		127.00
12/29/87	740	095819	281--	0009368	EEG PRO FEE	1		33.00
12/21/87	960	099151	153--	0009002	ET TUBE PLACEMENT	1		32.00
12/21/87	960	099151	153--	0009014	HOSP ADMIT COMPLX	1		302.00
12/21/87	960	031525	153--	0009020	DEFINTION	1		172.00
12/21/87	960	036625	153--	0009027	CUTDOWNT	1		217.00
12/21/87	960	036625	153--	0009031	ARTERIAL (+1 Y/D)	1		392.00
12/23/87	960	099174	153--	0009012	F/U CRITT CARE EXT	1		392.00
12/24/87	960	099174	153--	0009012	F/U CRITT CARE EXT	1		382.00
12/25/87	960	099174	153--	0009011	F/U CRITT CARE INT	1		166.00
12/27/87	960	099172	153--	0009011	F/U CRITT CARE INT	1		140.00
12/28/87	960	099172	153--	0009010	F/U CRITT CARE LTD	1		140.00
12/30/87	960	099172	153--	0009010	F/U CRITT CARE LTD	1		140.00
12/31/87	960	090260	153--	0009008	HOSP VISIT	1		75.00

SUBTOTAL :00 34,635.66
 PREVIOUSLY BILLED :00
 TOTAL BILL AMOUNT 34,635.66

171757

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 RECEIVED AFTER THIS

* TIMES ARE RECORDED IN HUNDRETHS OF HOURS



WASHOE MEDICAL CENTER, INC

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

THIRD PARTY / DETAIL STATEMENT

FISCAL YEAR: 1988 PATIENT NUMBER: 0642515387 PATIENT NAME: EDMONDS, STEVEN STATEMENT DATE: 1/06/88 PAGE NO: 16

C2 0642515387

EDMONDS, STEVEN

1/06/88

16

PHYSICIAN: FRANK, BARRY S

GUARANTOR: EDMONDS, ANN
PO BOX 698
MINDEN

NV 89423-0000

12/21/87 ADM IT 13125
1/02/88 DISCH 13110

SUMMARY CODE	DESCRIPTION	PAYMENTS	CHARGES	TOTAL
133	PEDIATRIC WARD		789.00	789.00
203	PEDIATRIC		130.00	130.00
2250	PHARMACY		044.70	44.70
2270	MED/SURG SUPPLIES		262.97	262.97
3009	LARCTORY		441.00	441.00
309	CTHER LABRATORY		45.00	45.00
320	RAD IOLN 6Y		056.00	56.00
350	CT SCAN		056.00	56.00
410	RESPIRATORY		343.00	343.00
450	EMERGENCY ROOM		016.00	16.00
480	CARDIOLOGY		862.90	862.90
545	AIR AMBULANCE		342.00	342.00
730	EKG		90.00	90.00
740	EKG		28.00	28.00
960	PRD FEES		320.00	320.00
			465.00	465.00
			465.00	465.00
			34,635.66	34,635.66

AMOUNT DUE

34,635.66

'88 FEB -1 AM 1:14

REQUESTED BY: *Suzanne Beauureau*
IN OFFICIAL RECORDS OF
DEPT. OF HEALTH SERVICES

SUZANNE BEAUDREAU
RECORDER
DEPUTY

BOOK 288 PAGE 042
171757

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

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