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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 TOM E. BETHEL, a person who was injured on the 9th day of December, 1987, in the County of Douglas, State of Nevada, on or about the 9th 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:

FARMERS INSURANCE COMPANY  
AENTA LIFE & CASUALTY COMPANY  
MID-CENTURY INSURANCE  
VETERANS ADMINISTRATION  
ALLSTATE INSURANCE  
SUSAN NOEL TERRELL  
RONALD P. GILLESPIE  
CEASARS-TAHOE

The hospitalization was rendered to the injured party between December 9, 1987 and May 15, 1988, Account Number 0018005959.

ITEMIZED STATEMENT

For hospitalization and related medical services rendered to the patient TOM E. BETHEL, 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 NINETY SIX THOUSAND THREE HUNDRED TWENTY NINE DOLLARS AND NINETY THREE CENTS (\$96,329.93), 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 NINETY SIX THOUSAND THREE HUNDRED TWENTY NINE DOLLARS AND NINETY THREE CENTS (\$96,329.93), 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

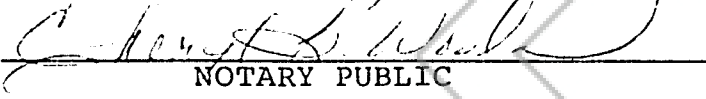
179372


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

4 I, RAY WHITE, being first duly sworn deposes and says:  
5 That Washoe Medical Center is the claimant herein named  
6 in the foregoing claim of lien; that he has read the same  
7 and know the contents thereof; that the same is true to the  
8 best of his knowledge, except as to those matters therein  
9 contained on information and belief, and as to those matters  
10 he believes them to be true.

11   
12 RAY WHITE, Legal Coordinator

13 SUBSCRIBED and SWORN to before me  
14 this 2 day of September, 1988.

15   
16 NOTARY PUBLIC

17   
18 CHERYL B. WOODMAN  
19 Notary Public - State of Nevada  
20 Appointment Recorded in Washoe County  
21 MY APPOINTMENT EXPIRES SEPT 4 1988

22 Keith S.K. Ching  
23 Attorney at Law  
24 One East Liberty Street, Suite 510  
25 Reno, Nevada 89501  
26 (702) 786-1161

WASLER MEDICAL CENTER 77 PRINGLE WAY RENO, NEVADA 89520 (702) 328-4190		3 PATIENT CONTROL NUMBER 001005959	4 TYPE OF BILL 113
5 BC/BS PROV NO C21	6 FEDERAL TAX NO 88-0213754	7 MEDICARE NO 29-0001	8 MEDICAID NO 11-16885
9 C00254		0 VC01992	

10 PATIENT'S LAST NAME BETHEL	11 PATIENT'S FIRST NAME PHYLLIS	12 PATIENT'S ADDRESS 170 KOENIG LANE #135 CARSON CITY	13 CITY CARSON CITY	14 STATE NV	15 ZIP 89701
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16 BIRTH DATE 1-31-49	17 SEX M	18 AGE 67	19 ADMISSION DATE 12-09-87	20 HRS 10	21 TYPE 1	22 ICD-9-CM 9	23 ICD-9-CM 00	24 ICD-9-CM 01	25 STATEMENT COVERS PERIOD FROM 12-09-87	26 STATEMENT COVERS PERIOD THROUGH 5-15-88	27 COVD	28 H-C-D	29 C-D	30 I-R-D	31
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32 OCCURRENCE CO 12-09-87	33 OCCURRENCE DATE	34 OCCURRENCE CO	35 OCCURRENCE DATE	36 OCCURRENCE CO	37 OCCURRENCE DATE	38 OCCURRENCE CO	39 OCCURRENCE DATE	40 OCCURRENCE CO	41 OCCURRENCE DATE	42 OCCURRENCE CO	43 OCCURRENCE DATE	44 OCCURRENCE CO	45 OCCURRENCE DATE
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34	35 CONDITION CODES		36 BLOOD RECORD (PRINT)		37	38	39	40	41	42	43	44	45
	35	36	37	38	39	40	41	42	43	44	45	46	47
	CO	AMT	CO	AMT	CO	AMT	CO	AMT	CO	AMT	CO	AMT	CO
	01	355.00	01	343.00									

46 DESCRIPTION	47 ICD-9-CM	48 UNITS	49 TOTAL CHARGES	50	51
PROVICLES UB02 TOTAL			148104.71	148104.71	
OTHER PRIVATE		110 15	5325.00	5325.00	
OTHER SEMI-PRIVATE		129 9	3087.00	3087.00	
PHARMACY		250 296	2463.95	2463.95	
MED/SURG SUPPLIES		270 333	8889.08	8889.08	
LABORATORY		300 126	3263.50	3263.50	
OTHER LABORATORY		109 1	19.00	19.00	
RADIOLOGY		220 2	232.00	232.00	
CT SCAN		250 2	903.00	903.00	
RESPIRATORY		410 523	5156.00	5156.00	
PHYSICIAN FEE		120 17	688.00	688.00	
COMMUNICATION DISORD		440 13	330.00	330.00	
INSURANCE PREMIUMS				80488.68	
ADJUSTMENTS				1642.63	
TOTALS	001		178461.24	96329.93	

PARTIAL BILLING PATIENT STILL CONFINED

PAGE 1 OF 1

57 PAYER AETNA LIFE & CAS CO FARMERS	58 AID Y	59 AID Y	60 DEDUCTIBLE	61 CO-INSURANCE	62 EST RESPONSIBILITY	63 PRIOR PAYMENTS 80488.68-	64 EST AMOUNT DUE 96329.93
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65 INSURED'S NAME BETHEL PHYLLIS	66 SEX F	67 P.F. # 01	68 CERT - ESN - HC - ID NO 2591	69 GROUP NAME CKESARS TAHOE	70 INSURANCE GROUP NO 3819651100
BETHEL PHYLLIS	M	02	870	AUTO	

71 ID	72 SEC	73 EMPLOYER NAME	74 EMPLOYEE ID 2591	75 EMPLOYER LOCATION
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76 PRINCIPAL AND OTHER DIAGNOSES DESCRIPTIONS	77 PRIN CODE	78 OTHER DIAGNOSES CODES	
79 PRINCIPAL AND OTHER PROCEDURES DESCRIPTIONS	80 PRINCIPAL PROCEDURE CD 9402 DATE	81 OTHER PROCEDURE CD 9401 DATE	82 OTHER PROCEDURE CD 4402 DATE

83 TREATMENT AUTH	84 ATTENDING PHYSICIAN ID NVO64664 DIXON, SHEPARD	85 OTHER PHYSICIAN ID 179372
86 APP FROM	87 APP THROUGH	88 OTC
89 REMARKS CAESARS TAHOE PO BOX 5800 STATELINE, NEVADA 89449		
90 FROM	91 VERIFIED N-C STAY DATES THROUGH	92 FOR INTERMEDIARY USE ONLY PR PSC D
93 AMT REIMBURSED	94 N-PYM CD	95 APPROV BY
		DATE APPROV

96 CERTIFY THAT THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

PROVIDER REPRESENTATIVE X DATE 688 MAY 626 96 DATE

COPY

REQUESTED BY  
*Keith S. K. Collins*  
IN OFFICIAL RECORDS OF  
CLARK COUNTY, NEVADA

'88 JUN -6 A11 :06

UZANNE BEAUDREAU  
RECORDER

*See* PAID *See* DEPUTY

179372

BOOK 688 PAGE 627