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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 TONYA TURNER, a person who was injured on the 15th day of September, 1989, in the County of Douglas, State of Nevada, on or about the 15th day of September, 1989; 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:

PRUDENTIAL INSURANCE
PAUL SHERMAN, Attorney for the Patient

The hospitalization was rendered to the injured party between September 15, 1989 through September 30, 1989, Account Number 39983572.

ITEMIZED STATEMENT

For hospitalization and related medical services rendered to the patient TONYA TURNER, 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 FORTY EIGHT THOUSAND ONE HUNDRED TWENTY ONE DOLLARS AND SIXTY FIVE CENTS (\$48,121.65), and no part thereof has been paid; and that there is now due and owing and remaining of such sum of FORTY EIGHT THOUSAND ONE HUNDRED TWENTY ONE DOLLARS AND SIXTY FIVE CENTS (\$48,121.65), after deducting all credits and offsets, with interest at the rate of Twelve Percent (12%) per annum commencing thirty (30) days from date of discharge, in which amount lien is hereby claimed.

WASHOE MEDICAL CENTER
A Non-profit Nevada Corporation

By 
RAY WHITE, Legal Coordinator

212306

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

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STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

I, RAY WHITE, being first duly sworn, under penalty of perjury, deposes and says:

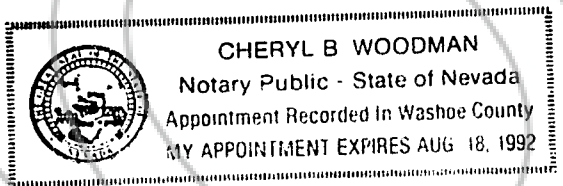
That Washoe Medical Center is the claimant herein named in the foregoing claim of lien; that he has read the same and knows the contents thereof; that the same is true to the best of his knowledge, except as to those matters therein contained on information and belief, and as to those matters he believes them to be true.

Under penalty of perjury, your affiant swears that the above is true and correct.

Ray White
RAY WHITE, Legal Coordinator

SUBSCRIBED and SWORN to before me this 2 day of October, 19 89.

Cheryl B. Woodman
NOTARY PUBLIC



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

WASHOE MEDICAL CENTER INC
77 PRINGLE WAY
RENO NV 89520
702-320-4130

2 PATIENT CONTROL NUMBER 39903572		4 TYPE OF BILL 112	
5 BC/BS PROV. NO.	6 FEDERAL TAX NO. 88-0213754	7 MEDICARE NO.	8 MEDICAID NO.

10 PATIENT'S LAST NAME TURNER, TONYA	11 PATIENT'S FIRST NAME TURNER, TONYA	12 PATIENT'S INITIAL	13 PATIENT'S ADDRESS 1414-A KIMMERLING GARDNERVILLE	14 CITY GARDNERVILLE	15 STATE NV	16 ZIP 89410
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17 BIRTH DATE 03-06-73	18 SEX F	19 A.D. DATE 09-15-89	20 D.H. 17	21 STAT 30	22 STATEMENT COVERS PERIOD FROM 09-15-89 THROUGH 09-30-89	23 COV.D.	24 N.C.D.	25 C.I.D.	26 L.A.D.	27
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28 OCCURRENCE CD DATE 01 09-15-89	29 OCCURRENCE CD DATE	30 OCCURRENCE CD DATE	31 OCCURRENCE CD DATE	32 OCCURRENCE CD DATE	33 OCCURRENCE SPAN FROM THROUGH
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34 BONNIE ALLSTON 1414-A KIMMERLING GARDNERVILLE, NV 89410		35 CONDITION CODES		36 BLOOD RECORD (PINTS)		37 SP. PROG.	38 H.C. = H P.T. = S
39 VALUE CD AMT 01 42500	40 VALUE CD AMT	41 VALUE CD AMT	42 VALUE CD AMT	43 VALUE CD AMT	44 VALUE CD AMT	45 VALUE CD AMT	46 VALUE CD AMT

50 DESCRIPTION	51R. CODE	52S. UNITS	53 TOTAL CHARGES	54	55	56 PT AMT
ROOM-BOARD/SEMI	390.00	120 7	273000	273000		
INTENSIVE CARE OR (ICU)	720.00	200 9	648000	648000		
PHARMACY		250 295	718540	718540		
STERILE SUPPLY		272 266	520205	520205		
PROSTH/ORTH DEV		274 4	33570	33570		
MED EQUIP/PURCH		292 141	526330	526330		
LABORATORY OR (LAB)		300 120	763400	763400		
DX X-RAY		320 26	270200	270200		
CT SCAN		350 3	85300	85300		
OR SERVICES		360 106	256670	256670		
ANESTHESIA		370 105	24850	24850		
BLOOD/ADMIN		391 2	10600	10600		
RESPIRATORY SVC		410 163	347100	347100		
PHYSICAL THERP		420 7	27500	27500		
OCCUPATION THER		430 6	39100	39100		
SPEECH PATROL		440 3	26500	26500		
EMERG ROOM		450 9	177400	177400		
CARDIOLOGY		480 12	66800	66800		
TOTAL CHARGE	001		4812165	4812165		

PARTIAL BILLING-PATIENT STILL CONFINED

57 PAYER PRUDENTIAL P30	58 REL. 59 ASD INFO BEN. Y Y	60 DEDUCTIBLE	61 CO-INSURANCE	62 EST. RESPONSIBILITY	63 PRIOR PAYMENTS	64 EST. AMOUNT DUE
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DUE FROM PATIENT

65 INSURED'S NAME A ALLSTON, GREG B TURNER, TURNER C TURNER, TONYA	66 SEX F	67 P.REL. 103	68 CERT.-SSN-HIC.-ID. NO. 124607122 IAF APP 0	69 GROUP NAME HARRAH'S CLUB SELF PAY/WASHOE SELF PAY	70 INSURANCE GROUP NO. 94310 REF 9-28-89 ESS LTR TO DOUGLAS
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71 EID 9	72 ESC 9	73 EMPLOYER NAME HARRAH'S CLUB SELF PAY/WASHOE CO.	74 EMPLOYEE ID.	75 EMPLOYER LOCATION
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76 PRINCIPAL AND OTHER DIAGNOSES DESCRIPTIONS	77 PRIM. CODE	78 OTHER DIAGNOSES CODES
79 PRINCIPAL AND OTHER PROCEDURES DESCRIPTIONS	84 PRINCIPAL PROCEDURE CD DATE	85 OTHER PROCEDURES CD DATE

87 CD	88 APP. FROM	89 APP. THROUGH	90 GRC.	91 TREATMENT AUTH.	92 ATTENDING PHYSICIAN ID. MACLELLAN WARREN J	93 OTHER PHYSICIAN ID. MACLELLAN WARREN J
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94 REMARKS 212306 BOOK 1089 PAGE 267	VERIFIED N.C. STAY DATES FROM THROUGH	FOR INTERMEDIARY USE ONLY PR. PSC. D.	APPROV. BY	DATE APPROV.
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EXHIBIT "A"

COPY

REQUESTED BY
Keith SK Ching
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'89 OCT -3 A11 :26

SUZANNE BEAUDREAU
RECORDER 212306
\$ 8.00 PAID K12 DEPUTY
BOOK 1089 PAGE 268