

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 LANCE KRAMER, a person who was injured on the 5th day of July, 1989, in the County of Douglas, State of Nevada, on or about the 5th day of July, 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:

TWINCITY FIRE INSURANCE COMPANY

The hospitalization was rendered to the injured party between July 7, 1989 through July 10, 1989, Account Number 39246194.

ITEMIZED STATEMENT

For hospitalization and related medical services rendered to the patient LANCE KRAMER, 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 ONE THOUSAND NINE HUNDRED EIGHTY SIX DOLLARS AND SIXTY CENTS (\$1,986.60), and no part thereof has been paid; and that there is now due and owing and remaining of such sum of ONE THOUSAND NINE HUNDRED EIGHTY SIX DOLLARS AND SIXTY CENTS (\$1,986.60), 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
RAY WHITE, Legal Coordinator

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

212781

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STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

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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 10 day of October, 1987.

Cheryl B. Woodman
NOTARY PUBLIC

 CHERYL B. WOODMAN
Notary Public - State of Nevada
Appointment Recorded In Washoe County
MY APPOINTMENT EXPIRES AUG. 18, 1992

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
702-328-4130

3 PATIENT CONTROL NUMBER 39246194		4 TYPE OF BILL 111
5 BC/BS PROV. NO.	6 FEDERAL TAX NO. 00-0213754	7 MEDICARE NO.
8 MEDICAID NO.		9

10 PATIENT'S LAST NAME KRAMER	11 PATIENT'S FIRST NAME LANCE J	12 PATIENT'S INITIAL	11 PATIENT'S ADDRESS 2914 RHODELIA ST CLARMONTE	CITY	STATE CA	ZIP 91711
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12 BIRTH DATE 07-11-79	13 SEX M	14 MS 5	15 DATE 07-07-89	16 HR. 16	17 TYPE 1	18 SAC 7	19 A.H. 15	20 D.H. 01	21 STAT 07-07-89	22 STATEMENT COVERS PERIOD FROM 07-10-89	23 COV.D.	24 N-C.D.	25 C.D.	26 L.R.D.	27
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28 OCCURRENCE CD 01	29 OCCURRENCE CD 07-09-89	30 OCCURRENCE CD	31 OCCURRENCE CD	32 OCCURRENCE CD	33 OCCURRENCE CD	34 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH
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36 STEVE KRAMER 2914 RHODELIA ST CLARMONTE, CA 91711				37 CONDITION CODES				38 BLOOD RECORD (PINTS)				39 SP. PROG.		40 PC = P		41 PT = W	
42 VALUE CD 01		43 VALUE AMT 30000		44 VALUE CD		45 VALUE AMT		46 VALUE CD		47 VALUE AMT		48 VALUE CD		49 VALUE AMT		50 VALUE CD	

50 DESCRIPTION	51R. CODE	52S. UNITS	53 TOTAL CHARGES	54	55	56 PT AMT
ROOM-BOARD/WARD	150	3	94500	94500		
PHARMACY	250	9	1080	1080		
STERILE SUPPLY	272	2	3400	3400		
LABORATORY OR (LAB)	300	2	7700	7700		
DX X-RAY	320	10	71000	71000		
EMERG ROOM	450	1	3600	3600		
LATE DISCHARGE	996	1	16500	16500		
TOTAL CHARGE	001		198660	198660		

57 PAYER ACA CKPLE CHLD 007	58 REL INFO Y	59 ASG BEN 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 KRAMER LANCE J	66 SEX M	67 PREL 03	68 CERT.-SSN.-HIC.-ID. NO. 0	69 GROUP NAME NONE	70 INSURANCE GROUP NO. INJ DATE 7-6-89
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71 EID 1	72 ESC NONE	73 EMPLOYER NAME	74 EMPLOYEE ID.	75 EMPLOYER LOCATION
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76 PRINCIPAL AND OTHER DIAGNOSES DESCRIPTIONS	77 PRIN. CODE	78 OTHER DIAGNOSES CODES	79	80	81
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82 P.C.	83 PRINCIPAL AND OTHER PROCEDURES DESCRIPTIONS	84 PRINCIPAL PROCEDURE CD	85 OTHER PROCEDURE DATE	86 OTHER PROCEDURE CD	87 OTHER PROCEDURE DATE
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88 CD	89 APP. FROM	90 APP. THROUGH	91 TREATMENT AUTH.	92 ATTENDING PHYSICIAN ID. NV124786 PARLASCA ROBERT J	93 OTHER PHYSICIAN ID. NV124786 PARLASCA ROBERT J
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94 REMARKS 212781 BOOK 1089 PAGE 1222	95 VERIFIED N-C. STAY DATES FROM THROUGH	96 FOR INTERMEDIARY USE ONLY PR. PSC. D.	97 AMT. REIMBURSED	98 N-PYM. CD	99 APPROV. BY	100 DATE APPROV.
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COPY

7 REQUESTED BY
Keith S. K. Cheng, Inc.
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

'89 OCT 11 P2:30

SUZANNE BEAUDREAU
RECORDER

212781

\$ 8.00 PAID *OK* DEPUTY
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