

1 **HOSPITAL LIEN**

2 **WASHOE MEDICAL CENTER**
3 **A NON-PROFIT NEVADA CORPORATION**
4 **MILL AND KIRMAN**
5 **RENO, NEVADA**

6 (N.R.S. 108.590, et. seq.)

7 NOTICE IS HEREBY GIVEN that WASHOE MEDICAL CENTER has
8 rendered services in hospitalization for SARAH MORIN, a person
9 who was injured on the 12th day of January, 1991, in the County
10 of Douglas State of Nevada, on or about the 12th day of
11 January, 1991; and that WASHOE MEDICAL CENTER hereby claims a
12 lien upon any money due or owing or any claim for compensation,
13 damages, contribution, settlement or judgment from any other
14 person or persons, corporation or association liable for the
15 injury alleged to have caused the injury, or liable for payment
16 of the expenses herein incurred, said parties being the
17 following:

18 **STATE FARM INSURANCE**
19 **STEVE TACKES as Attorney for Patient**

20 The hospitalization was rendered to the injured party
21 between January 12, 1991 through January 12, 1991, Account
22 Number 51000081.

23 **ITEMIZED STATEMENT**

24 For hospitalization and related medical services rendered
25 to the patient SARAH MORIN, in accordance with the itemized
26 statement attached hereto as Exhibit "A" and by this reference
27 made a part hereof.

28 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 FOURTEEN THOUSAND
NINE HUNDRED TWENTY-SIX DOLLARS AND 70/100S (\$14,926.70) and no
part thereof has been paid; and that there is now due and owing
and remaining of such sum of FOURTEEN THOUSAND NINE HUNDRED
TWENTY-SIX DOLLARS AND 70/100S (\$14,926.70), after deducting
credits and offsets, with interest at the rate of Eighteen
Percent (18%) 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

248384

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8-
Keith S.K. Ching
Attorney at Law
One East Liberty Street, Suite 510
Reno, Nevada 89501
(702) 786-1161

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

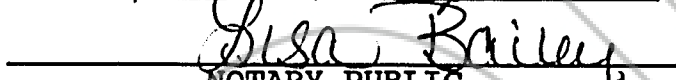
3 I, RAY WHITE, being first duly sworn, under penalty of
4 perjury, deposes and says:

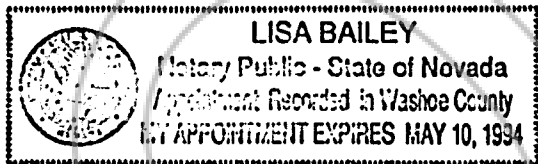
5 That Washoe Medical Center is the claimant herein named in
6 the foregoing claim of lien; that he has read the same and
7 knows the contents thereof; that the same is true to the best
8 of his knowledge, except as to those matters therein contained
9 on information and belief, and as to those matters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

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

14 
15 RAY WHITE, Legal Coordinator

16 SUBSCRIBED and SWORN to before me
17 this 14th day of April, 1991.

18 
19 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

01-23-91

PATIENT CONTROL NUMBER

51000081

11

3 BC/BS PROV. NO. 8 FEDERAL TAX NO. 7 MEDICARE NO. 8 MEDICAID NO.

10 PATIENT'S LAST NAME MORIN, SARAH INITIAL S FIRST NAME SARAH 11 PATIENT'S ADDRESS PO BOX 3104 CITY CARSON STATE NV ZIP 89702

12 BIRTH DATE 10-27-83 13 SEX F 14 M S 15 DATE OF ADMISSION 01-12-91 16 HR. 23 17 TIME 2 18 STAT 7 19 A.H. 13 20 D.M. 01 21 STATE NV 22 STATEMENT COVERED PERIOD 01-12-91 THROUGH 01-16-91 23 COVD. 4 24 H.C.D. 25 C.I.D. 26 L.R.D. 27

28 OCCURRENCE CO DATE 01 01-12-91 29 OCCURRENCE CO DATE 30 OCCURRENCE CO DATE 31 OCCURRENCE CO DATE 32 OCCURRENCE CO DATE 33 OCCURRENCE CO DATE 34 FROM 35 THROUGH

36 MARK MORIN 37 PO BOX 3104 38 CARSON CITY, NV 89702 39 CONDITION CODES 40 VALUE 41 AMT 42 VALUE 43 AMT 44 VALUE 45 AMT 46 VALUE 47 AMT 48 VALUE 49 AMT 50 VALUE 51 AMT 52 VALUE 53 AMT 54 FC = C 55 PT = W 56 00 57 40500

50 DESCRIPTION	51R CODE	52S UNITS	53 TOTAL CHARGES	54	55	56 PT AMT
ROOM-BOARD/WARD	405.00	150	2	810.00	810.00	
NURSERY/ICU	785.00	175	2	1570.00	1570.00	
PHARMACY		250	30	783.25	783.25	
STERILE SUPPLY		272	75	1834.20	1834.20	
FROSTH/ORTH DEV		274	1	59.50	59.50	
LABORATORY		300	20	1207.50	1207.50	
DX X-RAY		320	7	99.50	99.50	
CT SCAN		350	4	181.50	181.50	
DR SERVICES		360	76	2589.00	2589.00	
ANESTHESIA		370	75	2500.00	2500.00	
RESPIRATORY SVC		410	35	505.25	505.25	
EMERG ROOM		450	10	2109.00	2109.00	
RECOVERY ROOM		710	1	204.50	204.50	
FRO FEE		960	1	198.00	198.00	
TOTAL CHARGE	001			1492670	1492670	

57 PAYER MISC AUTO INS 699 58 REL. 69 ALSO INFO. BEN Y Y 59 DEDUCTIBLE 60 CO-INSURANCE 61 EST. RESPONSIBILITY 62 PRIOR PAYMENTS 63 EST. AMOUNT DUE

DUE FROM PATIENT

64 INSURED'S NAME MORIN, SARAH 65 SEX M 66 PNL 03 67 CERT.-SSN-INC.-ID. NO. 7878 68 GROUP NAME MISC AUTO INSU NEVADA DIE CAS 69 INSURANCE GROUP NO. NONE YET #3107-001

70 EMPLOYER NAME MISC AUTO INSURANCE 71 EMPLOYEE ID 72 EMPLOYER LOCATION NEVADA DIE CASTING

73 PRINCIPAL AND OTHER DIAGNOSES DESCRIPTIONS	74 PRIN CODE	75 ICD-9-CM	76 OTHER DIAGNOSES CODES
	850.5	873.0	873.42 810.00 865.09

77 PRINCIPAL AND OTHER PROCEDURE DESCRIPTIONS 78 PRINCIPAL PROCEDURE 79 OTHER PROCEDURE 80 OTHER PROCEDURE 81 DATE 82 DATE 83 DATE 84 DATE 85 DATE 86 DATE 87 DATE 88 DATE 89 DATE 90 DATE 91 DATE 92 DATE 93 DATE 94 DATE 95 DATE 96 DATE 97 DATE 98 DATE 99 DATE 100 DATE

91 MORGAN WILLIAM W JR 92 MORGAN WILLIAM W JR 93 VERIFIED N.C. STAY DATES 94 FOR INTERMEDIATE USE ONLY 95 P.L. P.S.C. D. 248384

96 DRG. = 477 STATE FARM INSURANCE CO.-AUTO CLM. 301 FAREWELL CARSON CITY, NEV. 89701 97 EXHIBIT A 98 REIMBURSED 99 N-PYM CD 100 APPROV. BY BOOK 491 101 DATE APPROV. PAGE 1599

95 I CERTIFY THAT THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART OF THIS BILL. DATE 1

COPY

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

'91 APR 15 AIO:34

SUZANNE BEAUDREAU
RECORDER

\$⁰⁰ PAID: K8 DEPUTY

248384

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