

Keith S.K. Ching
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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 of MICKEY HAMMONS, a person who was injured on the 24th day of March, 1991, in the County of Douglas, State of Nevada, on or about the 24th day of March, 1991, 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:

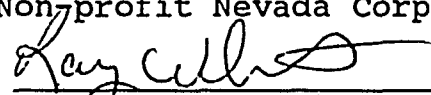
WILLIAM MURDOCK as Attorney for Patient
ALPINE CAR INSURANCE

The hospitalization was rendered to the injured party from March 24, 1991 through April 4, 1991, Account No. 51002905.

ITEMIZED STATEMENT

For hospitalization and related medical services rendered to the patient MICKEY F. HAMMONS, 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 EIGHTEEN THOUSAND SEVEN HUNDRED SEVENTY-EIGHT DOLLARS AND 50/100S, (\$18,778.50), no part thereof has been paid; and that there is now due and owing and remaining of such sum of EIGHTEEN THOUSAND SEVEN HUNDRED SEVENTY-EIGHT DOLLARS AND 50/100S, (\$18,778.50), after deducting all 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

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 knows
7 the contents thereof; that the same is true to the best of his
8 knowledge, except as to those matters therein contained on
9 information and belief, and as to those matters he believes them
10 to be true.

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

Ray White
RAY WHITE, Legal Coordinator

11
12 SUBSCRIBED and SWORN to before me
13 this 2nd day of May, 1991.

Lisa Bailey
NOTARY PUBLIC

LISA BAILEY
Notary Public, State of Nevada
Appointment Rec in Washoe County
MY APPOINTMENT EXPIRES MAY 10, 1994

Keith S.K. Ching
Attorney at Law
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Reno, Nevada 89501
(702) 786-1161

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250089

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WASHOE MEDICAL CENTER IN
77 PRINGLE WAY
RENO NV 89520
702-328-4130

3 DGBS PROV NO

OFFICIAL TAX NO

7 MEDICARE TRI

8 MEDICARE ID

51002205

111

PATIENT'S LAST NAME: HAMMONS, FIRST NAME: MICKEY F, INITIAL: F, PATIENT'S ADDRESS: 825 WHITNEY WAY, CITY: GARDNERVILLE, STATE: NV, ZIP: 89410

17 BIRTH DATE: 05-22-56, SEX: M, ADMISSION DATE: 03-24-91, 18 ICD 9: 231.71, 19 A11: 1813, 20 D11: 01, 21 STATE: 03, 22 STATEMENT COVERS PERIOD FROM: 03-24-91, THROUGH: 04-04-91

23 COVD, 24 ICD, 25 C10, 26 ICD, 27 FROM, OCCURRENCE SPAN, 28 OCCURRENCE DATE, 29 OCCURRENCE DATE

PATIENT'S NAME: MICKEY F HAMMONS, ADDRESS: 825 WHITNEY WAY, GARDNERVILLE, NV 89410

CONDITION CODES, LOGO RECEIVED (PUNTS), 40 VALUE, 41 AMT, 42 VALUE, 43 AMT, 44 SP, 45 AMT, 46 EST, 47 AMT, 48 EST, 49 AMT

Table with 6 columns: 50 DESCRIPTION, 51R CODE, 52S UNITS, 53 TOTAL CHARGES, 54, 55, 56 PT AMT. Rows include ROOM-BOARD/SEMI, INTENSIVE CARE DR (ICU), SPECIAL CHARGES, PHARMACY, STERILE SUPPLY, LABORATORY, DX X-RAY, CT SCAN, RESPIRATORY SVC, PHYSICAL THERP, EMERG ROOM, PRO FEE.

TOTAL CHARGE 001 1877850 1877850

57 PAYER: AGR WEST LIFE 643, SELF PAY 999, SELF PAY NC 206. 60 DEDUCTIBLE, 61 CO INSURANCE, 62 EST RESPONSIBILITY, 63 WHICH PAYMENTS, 64 EST PAYMENT PER.

65 INSURED'S NAME: HAMMONS, MICKEY F, 66 SEX: M, 67 PREL: 01, 68 CERT - SSN - INC - ID TAG: 8268, 69 GIBBY NAME: LIFT ENGINEER I, 70 RESUME, CHIEF ID: 46807

71 ICD: 9, 72 ICD: 9, 73 EMPLOYER NAME: LIFT ENGINEERING, 74 EMPLOYEE ID, 75 EMPLOYER LOCATION: SELF PAY INSURANCE

76 PRINCIPAL AND OTHER PROCEDURES DESCRIPTIONS, 77 PRINCIPAL, 78 PRINCIPAL, 79 OTHER PROCEDURES, 80 OTHER PROCEDURES

81 PRINCIPAL AND OTHER PROCEDURES DESCRIPTIONS, 82 PRINCIPAL, 83 PRINCIPAL, 84 OTHER PROCEDURES, 85 OTHER PROCEDURES

86 CD, 87 APP FROM, 88 APP THROUGH, 89 GPC, 90 TREATMENT AUTH: NU063765, 91 ATTENDING PHYSICIAN ID: NU063765, 92 OTHER PHYSICIAN ID: NU063765

93 REMARKS: DRG = 487, Great-West Life Assurance Co. Benefit Payment Office, P.O. Box 96018, Bellevue, WA 98009. 94 FROM, 95 VERIFIED IN-C, 96 STAY DATES, 97 THROUGH, 98 FROM, 99 TO, 100 250089, 101 BOOK, 102 591, 103 PAGE, 104 801

PAVED COPY

FORMER

DATE

COPY

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

91 MAY -7 AM 1:14

SUZANNE BRAUDREAU
RECORDER

250089

8.00 PAID KJ DEPUTY

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