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2 SUPPLEMENTAL HOSPITAL LIEN  
3 WASHOE MEDICAL CENTER  
4 A NON-PROFIT NEVADA CORPORATION  
5 MILL AND KIRMAN  
6 RENO, NEVADA  
7 (N.R.S. 108.590, et. seq.)

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


19 CHARLES M. SPANN as ATTORNEY FOR PATIENT  
20 OCCIDENTAL FIRE AND CASUALTY INSURANCE

21 The hospitalization was rendered to the injured parties from  
22 February 13, 1991, through February 21, 1991, Account Number  
23 51001576.

24 ITEMIZED STATEMENT

25 For hospitalization and related medical services rendered to  
26 patient AMANDA GATLIN, in accordance with the itemized statement  
27 attached hereto as Exhibit "A", and by this reference made a part  
28 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 EIGHTEEN THOUSAND TEN DOLLARS AND  
21/100S (\$18,010.21), no part thereof has been paid; and that  
there is now due and owing and remaining of such sum of EIGHTEEN  
THOUSAND TEN AND 21/100S (18,010.21), 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   
JANET L. ANDERSON  
Legal Coordinator

278388

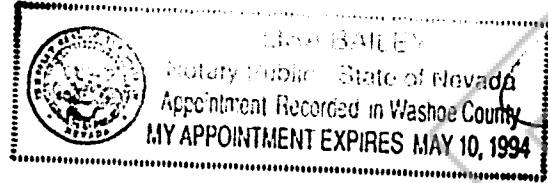
8.  
Keith S.K. Ching  
Attorney at Law  
One East Liberty Street, Suite 510  
Reno, Nevada 89501  
(702) 786-1161

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

4 I, JANET L. ANDERSON, being first duly sworn, under penalty  
5 of perjury, deposes and says:

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

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



15 *Janet L. Anderson*  
16 JANET L. ANDERSON  
17 Legal Coordinator

18 SUBSCRIBED and SWORN to before me  
19 this 10th day of May, 1993  
20 *Lisa Bailey*  
21 NOTARY PUBLIC

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

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278388

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

3 BC/BS PROV. NO		4 FEDERAL TAX NO	7 MEDICARE NO	8 MEDICAD NO	9
		03-0213754			
10 PATIENT'S LAST NAME			11 PATIENT'S ADDRESS		12 PATIENT CONTROL NUMBER
GATLIN, AMANDA			2130 CRESENT AVENUE ANAHEIM		51001576
13 SEX			14 AGE		15 TYPE OF BILL
F			5		111
16 DATE			17 STATE		18 ZIP
02-13-91			CA		92801

12 BIRTH DATE		13 SEX		14 AGE		15 TYPE OF BILL		16 DATE		17 STATE		18 ZIP	
09-12-84		F		5		111		02-13-91		CA		92801	
19 AM		20 PM		21 STAT		22 STATEMENT COVERS PERIOD		23 COVD		24 MCD		25 CID	
10		19		01		FROM 02-13-91 THROUGH 02-21-91		8					
26 OCCURRENCE		27 OCCURRENCE		28 OCCURRENCE		29 OCCURRENCE		30 OCCURRENCE		31 OCCURRENCE SPAN			
01		02-13-91											

34 STEVEN TYMA  
2130 CRESENT AVENUE  
ANAHEIM, CA 92801

35 CONDITION CODES				36 BLOOD RECORD (POINTS)				37 SP PROG	
				00				PT = W	
38 VALUE		39 VALUE		40 VALUE		41 VALUE		42 VALUE	
01		405.00							

50 DESCRIPTION	51R CODE	52S UNITS	53 TOTAL CHARGES	54	55	56	57
ROOM-BOARD/WARD		405.00	150	J	121500	121500	
NURSERY/ICU		785.00	175	S	392500	392500	
SPECIAL CHARGES			220	B	33950	33950	
NURSING INCREM			230	S	170000	170000	
PHARMACY			250	212	1043500	1043500	
STERILE SUPPLY			272	273	818490	818490	
PROSTH/ORTH DEV			274	3	69125	69125	
LABORATORY			300	39	291525	291525	
PATHOL/HYSTOL			312	1	5600	5600	
DX X-RAY			320	20	332200	332200	
CT SCAN			350	5	179325	179325	
OR SERVICES			360	166	510800	510800	
ANESTHESIA			370	190	65000	65000	
RESPIRATORY SVC			410	464	1049975	1049975	
PHYSICAL THERP			420	6	26725	26725	
OCCUPATION THER			430	5	29050	29050	
SPEECH PATHOL			440	5	30625	30625	
EMERG ROOM			450	7	198700	198700	
CARDIOLOGY			480	2	26400	26400	
EEG			740	1	18800	18800	
OTHER DX SVS			920	1	5500	5500	
PRO FEE			960	3	38350	38350	
TOTAL CHARGE			001		5457640	5457640	

57 PAYER	58 REL INFO	59 ASG BEN	60 DEDUCTIBLE	61 CO INSURANCE	62 EST RES RESPONSIBTY	63 PRIOR PAYMENTS	64 EST AMOUNT DUE
AMISC INS 899	Y	Y					
LESS PYMT REC'D \$36,566.19						NEW BALANCE \$18,010.21	
<b>DUE FROM PATIENT</b>							

65 INSURED'S NAME	66 SEX	67 PNL	68 CERT -SSN-INC ID NO	69 GROUP NAME	70 INSURANCE GROUP NO
ATYMA, STEVEN	M		03 FAMILY #9246695	MISC INSURANCE	924 07 08
71 ID	72 ESC	73 EMPLOYER NAME	74 EMPLOYEE ID	75 EMPLOYER LOCATION	
9		7UP/RC COLA			

76 PRINCIPAL AND OTHER DIAGNOSES DESCRIPTIONS				77 PRIN CODE	78 OTHER DIAGNOSES CODES			
				300.62	702.0	873.42	070.0	911.0
79 PRINCIPAL AND OTHER DIAGNOSES DESCRIPTIONS				80 PRIN CODE	81 OTHER DIAGNOSES CODES			
				302.02	02-13	01.59	02-13	02.12 02-13

82 CD	83 APP FROM	84 APP THROUGH	85 GAC	86 TREATMENT AUTH	87 ATTENDING PHYSICIAN ID	88 OTHER PHYSICIAN ID
					R0002055	R0002055
89 REMARKS				90 ATTENDING PHYSICIAN NAME		
DRG = 3 KAISER FOUNDATION HEALTH PLAN				CAFFERATA H T		

91 VERIFIED N-C STAY DATES		92 FOR INTERMEDIARY USE ONLY	
FROM	THROUGH	PR PSC D	
93 AMT REIMBURSED	94 N-PIN CD	95 APPROV BY	96 DATE APPROV
97 I CERTIFY THAT THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF			
98 PROVIDER REPRESENTATIVE X	99 DATE	2-27-91	

COPY

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

92 MAY 12 AIO:36

SUZANNE DEANORFANU  
RECORDS

\$ 8.00 PAID Ka DEPUTY **278388**  
BOOK **592** PAGE **1824**