

1
2 **HOSPITAL LIEN**
3 **ON SETTLEMENT, JUDGMENT, AND COMPROMISE**

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

8 **(NRS 108.590, through 108.660 et. seq.)**

9 **NOTICE IS HEREBY GIVEN** that WASHOE MEDICAL CENTER has rendered
10 services in hospitalization for CHARLES JOHN BENNINGER, a person
11 who was injured on the 15th day of October, 1992, in the County of
12 Douglas, State of Nevada, and that WASHOE MEDICAL CENTER hereby
13 claims a lien upon any money due or owing or any claim for
14 compensation, damages, contribution, settlement or judgement from
15 any other person or persons, corporation or association alleged to
16 have caused the injury, or liable for the injury or payment of the
17 expenses herein incurred, said parties being the following:

18 **FARMER INSURANCE COMPANY**

19 The hospitalization was rendered to the injured party between
20 October 15, 1992, through October 23, 1992, Account Number
21 52012119.

22 **ITEMIZED STATEMENT**

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

27 That ninety (90) days have not elapsed since the termination
28 of hospitalization; and that the claimant's demands for such care
or services are in the sum of TWENTY NINE THOUSAND SEVEN HUNDRED
NINETY TWO DOLLARS and 89/100 (\$29,792.89), after deducting
credits and offsets, with interest at the rate of Eighteen percent
(18%) per annum commencing thirty (30) days from the date of
discharge, in which amount lien is hereby claimed.

DATED this 5th day of November, 1992.

DURNEY & BRENNAN, LTD.
TERRANCE SHEA, ESQ.

By: 
TERRANCE SHEA

TERRANCE SHEA, ESQ.
ATTORNEY AT LAW

LAW OFFICES

3500 LAKESIDE COURT, SUITE 145

RENO, NEVADA 89509

TELEPHONE (702) 829-9466 • TELECOPIER (702) 322-3014

DURNEY & BRENNAN, LTD.

PETER D. DURNEY

THOMAS R. BRENNAN

JO LEE M. WICKES

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

5 DC/BS PROV NO
6 FEDERAL TAX NO 88-0213754
7 MEDICARE ID
8 FIDELITY ID
9
52012119
111

PATIENT'S LAST NAME FIRST NAME INITIAL 11 PATIENT'S ADDRESS CITY STATE ZIP
BENNINGER, CHARLES JOHN P O BOX 467 GENOA NV 89411

12 BIRTH DATE 13 SEX 14 MS 15 DATE ADMITTED 16 ICD 17 ICD 18 ICD 19 AIC 20 ICD 21 ICD 22 STATEMENT COVERS PERIOD FROM THROUGH
10-22-36 M M 10-15-92 08 1 7 01 10 01 10-15-92 10-23-92

23 OCCURRENCE DATE 24 OCCURRENCE DATE 25 OCCURRENCE DATE 26 OCCURRENCE DATE 27 OCCURRENCE DATE 28 OCCURRENCE DATE 29 OCCURRENCE DATE 30 OCCURRENCE DATE
01 10-15-92
31 CHARLES JO BENNINGER
P O BOX 467
GENOA, NV 89411
32 COMMUNICATION CODES 33 BLOCK RECORD (PUSH) 34 SP (PUSH)
00 FC = C
PT = P
35 VALUE 36 VALUE 37 VALUE 38 VALUE
01 436.59

39 DESCRIPTION	40 ICD	41 AMT	42 UNITS	43 TOTAL CHARGES	44	45	46 PT AMT
ROOM-BOARD/PVT	458.15	110	7	320705	320705		
INTENSIVE CARE OR (ICU)	846.23	200	1	84623	84623		
SPECIAL CHARGES		220	1	2965	2965		
TECH SUPPORT CHG		222	5	33905	33905		
PHARMACY		250	120	275641	275641		
STERILE SUPPLY		272	172	773356	773356		
PROSTH/ORTH DEV		274	9	89902	89902		
LABORATORY		300	13	90046	90046		
DX X-RAY		320	7	94301	94301		
CT SCAN		350	2	87130	87130		
OR SERVICES		360	266	839101	839101		
ANESTHESIA		370	275	102410	102410		
RESPIRATORY SVC		410	25	54224	54224		
PHYSICAL THERP		420	4	12830	12830		
OCCUPATION THER		430	2	5552	5552		
SPEECH PATHOL		440	5	21560	21560		
EMERG ROOM		450	7	39054	39054		
RECOVERY ROOM		710	2	27221	27221		
EKG/ECG		730	1	7331	7331		
PRO FEE		960	2	17432	17432		
TOTAL CHARGE		001		2979289	2979289		

57 PAYER 58 DEL OR AID 59 DEDUCTIBLE 60 CO INSURANCE 61 CO INSURANCE 62 EST AMOUNT DUE
FARMERS INS 522 Y Y
CHAMPUS Y Y
USAA LIFE INS 764 Y Y

DUE FROM PATIENT
63 PATIENT'S NAME 64 SEX 65 AIC 66 DATE OF BIRTH 67 GROUP NAME 68 INSURANCE GROUP NO
LEVY, LARRY M 01 1953 FARMERS INS GR CL#U980070
DENNINGER, CHARLES J 1953 CARSON DERMATO 718928/CARD
WRIGHT-BERRINGE, HAR 2383 CHAMPUS SUPPLE 1200872H2/CARD

69 EMPLOYER NAME 70 EMPLOYEE ID 71 EMPLOYER LOCATION
9 FARMERS INS GROUP
9 CARSON DERMATOLOGY

72 PRINCIPAL AND OTHER DIAGNOSES DESCRIPTIONS 73 ICD CODE 74 ICD CODE 75 ICD CODE 76 ICD CODE 77 ICD CODE
FX UPPER HUMERUS NEC-CL ; FX C5 VERTEBRA-CLOSE 812.09 805.05 854.00 303.00 812.21

78 PRINCIPAL AND OTHER PROCEDURES DESCRIPTIONS 79 ICD CODE 80 ICD CODE 81 ICD CODE 82 ICD CODE 83 ICD CODE
9 PART SHOULDER REPLACEMENT ; OPEN RED-IIT FI 81.81 10-15 79.31 10-15

84 PATIENT ID 85 PATIENT ID
NVO65075 JUELL BRIAN E NVO65075 JUELL BRIAN E

86 PATIENT'S HOME ADDRESS 87 PATIENT'S HOME ADDRESS 88 PATIENT'S HOME ADDRESS 89 PATIENT'S HOME ADDRESS
FARMERS INSURANCE CLAIMS DRG = 491
P.O. BOX 12067 292485
RENO, NV 89510 BOOK 1192 PAGE 821

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DOUGLAS CO., NEVADA

92 NOV -5 P4:52

SUZANNE BEAUDREAU
RECORDER

292485

\$ *8.00* PAID *Bh* DEPUTY

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