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**HOSPITAL LIEN
ON SETTLEMENT, JUDGMENT AND COMPROMISE**

**WASHOE MEDICAL CENTER
A NON-PROFIT NEVADA CORPORATION
MILL AND KIRMAN
RENO, NEVADA**

(NRS 108.590 THROUGH NRS 108.660)

NOTICE IS HEREBY GIVEN that WASHOE MEDICAL CENTER has rendered services in hospitalization for **BRYAN C. JAMES**, a person who was injured on the 2nd day of October, 1992, in the County of Douglas, State of Nevada, and that WASHOE MEDICAL CENTER hereby claims a lien upon any money due or owing or any claim for compensation, damages, contribution, settlement or judgement from any other person or persons, corporation or association alleged to have caused the injury, or liable for the injury or payment of the expenses herein incurred, said parties being the following:

DAIRYLAND INSURANCE COMPANY
FARMERS INSURANCE COMPANY

The hospitalization was rendered to the injured party between October 2, 1992, through October 14, 1992, Account Number 52011715.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient **BRYAN C. JAMES**, 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 are in the sum of FORTY-TWO THOUSAND SIX HUNDRED and 97/100 DOLLARS (\$42,600.97), 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 17 day of December, 1992.

**DURNEY & BRENNAN, LTD.
TERRANCE SHEA, ESQ.**

By: 
THOMAS R. BRENNAN, ESQ.

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

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

3 PATIENT CONTROL NUMBER
52011715

4 TYPE OF BILL
111

5 BC/RIS PROV. NO. [REDACTED] 6 FEDERAL TAX NO. **88-0213754** 7 MEDICARE NO. [REDACTED] 8 MEDICAID NO. **11-16885**

PATIENT'S LAST NAME **JAMES** FIRST NAME **DRYAN C** INITIAL [REDACTED] 11 PATIENT'S ADDRESS **P O BOX 122** CITY **COLEVILLE** STATE **CA** ZIP **96107**

12 BIRTH DATE **03-16-67** 13 SEX **M** 14 MARRIAGE STATUS **S** 15 ADMISSION DATE **10-02-92** 16 ICD 9 CODE **18** 17 ICD 9 CODE **1** 18 ICD 9 CODE **7** 19 A.H. **17** 20 D.H. **13** 21 BIRTH DATE **01** 22 STATEMENT COVERED PERIOD FROM **10-02-92** THROUGH **10-14-92**

23 OCCURRENCE DATE **01** 24 DATE **10-02-92** 25 OCCURRENCE DATE [REDACTED] 26 OCCURRENCE DATE [REDACTED] 27 OCCURRENCE DATE [REDACTED] 28 OCCURRENCE DATE [REDACTED] 29 OCCURRENCE DATE [REDACTED] 30 OCCURRENCE DATE [REDACTED]

PATIENT'S NAME **DRYAN C JAMES**
 ADDRESS **P O BOX 122**
COLEVILLE, CA 96107

31 CONDITION CODES [REDACTED] 32 BLOOD RECORD (PMS) [REDACTED] 33 FC = **S**
 34 PT = **S**

35 VALUE [REDACTED] 36 VALUE [REDACTED] 37 VALUE [REDACTED] 38 VALUE [REDACTED]

39 CD **01** 40 AMT **436.59**

DESCRIPTION	31R CODE	32S UNITS	33 TOTAL CHARGES	34	35	36 PT AMT
ROOM-BOARD/SEMI INTENSIVE CARE OR (ICU)	436.59	120	10	436590	436590	
TECH SUPPORT CHG	846.23	200	2	169246	169246	
PHARMACY		222	3	21777	21777	
DRUGS/INCIDENT RAD		250	172	805045	805045	
STERILE SUPPLY		255	1	21938	21938	
LABORATORY		272	286	1019465	1019465	
DX X-RAY		300	48	339888	339888	
CT SCAN		320	15	217761	217761	
OR SERVICES		350	4	211803	211803	
ANESTHESIA		360	137	527002	527002	
RESPIRATORY SVC		370	140	53900	53900	
PHYSICAL THERP		410	31	105679	105679	
EMERG ROOM		420	3	11913	11913	
CAST ROOM		450	4	206573	206573	
RECOVERY ROOM		700	2	37003	37003	
EKG/ECG		710	2	27221	27221	
EDUC/TRAINING		730	1	7331	7331	
PRO FEE		942	1	5929	5929	
		960	2	34033	34033	
TOTAL CHARGE	001			4260097	4260097	

65 PAYER **AMEDI CAL PEND X70**
POSSIBLE INS 777
SELF PAY 999

66 BEL 67 ADD 68 DEDUCTIBLE 69 CO INSURANCE 70 EST RESPONSIBILITY 71 PRIOR PAYMENTS 72 EST. AMOUNT DUE

Y Y Y Y

DUE FROM PATIENT

73 PATIENT'S NAME **JAMES DRYAN C** 74 SSN-IPC-ID NO **559292056** 75 GROUP NAME **0** 76 INSURANCE GROUP NO **SAWS MAILED 10/7/**

JAMES DRYAN C
JAMES DRYAN C
JAMES DRYAN C

VERIFY
POSSIBLE INS A
SELF PAY
VERIFY

77 EMPLOYER NAME **1** 78 EMPLOYEE ID **0** 79 EMPLOYER LOCATION

80 PRINCIPAL AND OTHER DIAGNOSES DESCRIPTIONS **SMALL INTEST INJ NEC-CL ; BRAIN INJ NEC-COMA N** 81 ICD 9 CODE **863.29** 82 ICD 9 CODE **854.06** 83 ICD 9 CODE **868.04** 84 ICD 9 CODE **863.89** 85 ICD 9 CODE **863.44**

86 PRINCIPAL AND OTHER PROCEDURES DESCRIPTIONS **RIGHT HEMICOLECTOMY ; SIGMOIDECTOMY ; SKIN** 87 ICD 9 CODE **45.73** 88 ICD 9 CODE **10-02** 89 ICD 9 CODE **45.76** 90 ICD 9 CODE **10-02** 91 ICD 9 CODE **86.59** 92 ICD 9 CODE **10-02**

93 ATTENDING PHYSICIAN ID **NV062121** 94 ATTENDING PHYSICIAN ID **NV062121**
MACLELLAN WARREN J **MACLELLAN WARREN J**

95 MARKS

96 VERIFIED H-C STAY DATES FROM [REDACTED] THROUGH [REDACTED] 97 FOR PATIENT/REIMBURSEMENT USE ONLY [REDACTED]

98 AMT. REIMBURSED [REDACTED] 99 H-PTM CD [REDACTED] 100 APPROV. BY [REDACTED] 101 DATE APPROV. [REDACTED]

EXHIBIT A
ORG = 486
295787
BOOK 1292 PAGE 3512

102 PROVIDER REPRESENTATIVE **X** 103 DATE

104 PAYER COPY

COPY

REQUESTED BY
Murray & Brennan Ltd.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

92 DEC 21 P2:55

SUZANNE BEAUDREAU
RECORDER
\$ *8.00* PAID *LP* DEPUTY
295787
BOOK 1292 PAGE 3513