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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 **SHAWN STCYR**, a person who was injured on the 15th day of July, 1993, 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:

ALPINE AUTO INSURANCE

The hospitalization was rendered to the injured party between July 15, 1993, through July 18, 1993, Account Number 52024783.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient **SHAWN STCYR**, 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 **SIX THOUSAND TWO HUNDRED FORTY-SEVEN and 83/100 DOLLARS (\$6,247.83)**, 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 4th day of August, 1993.

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

By: *Terrance Shea*
TERRANCE SHEA, ESQ.

TERRANCE SHEA, ESQ.
ATTORNEY AT LAW

LAW OFFICES
3500 LAKESIDE COURT, SUITE 145
RENO, NEVADA 89509
TELEPHONE (702) 828-9486 • TELECOPIER (702) 322-3014

DURNEY & BRENNAN, LTD.
PETER D. DURNEY
THOMAS R. BRENNAN
JO LEE M. WICKES

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

3 PATIENT CONTROL NUMBER
52024783
4 TYPE OF BILL
111

5 RC / SS PROV. NO. 6 FEDERAL TAX NO. 7 MEDICARE NO. 8 MEDICAID NO. 9
88-0213754

10 PATIENT'S LAST NAME FIRST NAME INITIAL 11 PATIENT'S ADDRESS CITY STATE ZIP
STCYR, SHAWN 1170 JEWELL AVE CARSON CITY NV 89701

12 BIRTH DATE 13 SEX 14 M 15 S 16 A.D.M.S. 17 A.D.M.S. 18 A.D.M.S. 19 A.D.M.S. 20 A.D.M.S. 21 A.D.M.S. 22 STATEMENT COVERS PERIOD FROM 07-15-93 THROUGH 07-18-93

23 OCCURRENCE DATE 24 OCCURRENCE DATE 25 OCCURRENCE DATE 26 OCCURRENCE DATE 27 OCCURRENCE DATE 28 OCCURRENCE DATE 29 OCCURRENCE DATE 30 OCCURRENCE DATE 31 OCCURRENCE DATE 32 OCCURRENCE DATE 33 OCCURRENCE DATE 34 OCCURRENCE DATE 35 OCCURRENCE DATE 36 OCCURRENCE DATE 37 OCCURRENCE DATE 38 OCCURRENCE DATE 39 OCCURRENCE DATE 40 OCCURRENCE DATE 41 OCCURRENCE DATE 42 OCCURRENCE DATE 43 OCCURRENCE DATE 44 OCCURRENCE DATE 45 OCCURRENCE DATE 46 OCCURRENCE DATE 47 OCCURRENCE DATE 48 OCCURRENCE DATE 49 OCCURRENCE DATE 50 OCCURRENCE DATE 51 OCCURRENCE DATE 52 OCCURRENCE DATE 53 OCCURRENCE DATE 54 OCCURRENCE DATE 55 OCCURRENCE DATE 56 OCCURRENCE DATE 57 OCCURRENCE DATE 58 OCCURRENCE DATE 59 OCCURRENCE DATE 60 OCCURRENCE DATE

34 SHIRLEY A STCYR
539 SUPERIOR ST
COLORADO SPRGS, CO 80904
CONDITION CODES 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60
BLOOD RECORD (PT/TH) 00
44 SP. PROC. FC = C
PT = S
46 AMT 47 AMT 48 AMT 49 AMT 50 AMT
01 43659

60 DESCRIPTION	61 CODE	62 QUANTITY	63 TOTAL CHARGES	64	65	66 PT AMT
ROOM-BOARD/SEMI	462.79	120	2	92558	92558	
INTENSIVE CARE OR (ICU)	897.00	200	1	89700	89700	
TECH SUPPORT CHG		222	1	2885	2885	
PHARMACY		250	15	32245	32245	
STERILE SUPPLY		272	34	165876	165876	
PROSTH/ORTH DEV		274	1	9114	9114	
LABORATORY		300	19	133588	133588	
DX X-RAY		320	3	48394	48394	
EMERG ROOM		450	5	27797	27797	
PRO FEE		960	1	22626	22626	
TOTAL CHARGE	001			624783	624783	

67 PAYER
A POSSIBLE INS 777
B MISC INS 899
C SELF PAY 999
68 DEDUCTIBLE
69 CO-INSURANCE
70 EST. RESPONSIBILITY
71 PRIOR PAYMENTS
72 EST. AMOUNT DUE
DUE FROM PATIENT

73 REWARD NAME
A STCYR, GEORGE J F 03 008328645 POSSIBLE INS A 008328645
B STCYR, SHIRLEY A 7694 NATIONAL CASH GRP 4240
C STCYR, SHAWN 00 SELF PAY LTR CARSON 7/19/9

74 EMPLOYEE ID. 75 EMPLOYER LOCATION
M 1 POSSIBLE INS AUTO W/
NATIONAL CASH REGIST

76 PRINCIPAL AND OTHER DIAGNOSES DESCRIPTIONS 77 PRV. CODE 78 79 OTHER DIAGNOSES CODES 80
FRACTURE RIB NOS-CLOSED ; LIVER LACERATION NOS 807.00 864.05 285.1 E816.0
81 PRINCIPAL AND OTHER PROCEDURES DESCRIPTIONS 82 PRINCIPAL PROCEDURE 83 OTHER PROCEDURE 84 OTHER PROCEDURE
85 PRINCIPAL AND OTHER PROCEDURES DESCRIPTIONS 86 PRINCIPAL PROCEDURE 87 OTHER PROCEDURE 88 OTHER PROCEDURE

89 TREATMENT AUTH. 90 ATTENDING PHYSICIAN ID. 91 OTHER PHYSICIAN ID.
MORGAN WILLIAM W JR MORGAN WILLIAM W JR

92 REMARKS
DRG = 101
EXHIBIT A

93 CERTIFY THAT THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF
PROVIDER REPRESENTATIVE X
DATE

COPY

REQUESTED BY
Durney + Brennan Ltd
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

93 AUG -6 AIO :48

314463

BK0893PG1056

SUZANNE BEAUDREAU
RECORDER
\$ 8.00 PAID ko DEPUTY