

VERIFICATION

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STATE OF NEVADA)
: SS.
COUNTY OF WASHOE)

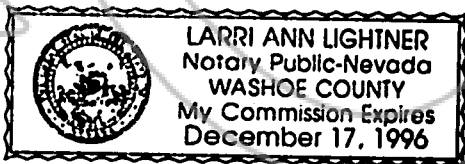
I, TERRANCE SHEA, being first duly sworn, under penalty of perjury, depose and say:

That WASHOE MEDICAL CENTER is the claimant herein named in the foregoing claim of lien; that I have read the same and know the contents thereof; that the same is true to the best of my knowledge, except as to those matters therein contained on information and belief, and as to those matters, I believe them to be true.

Terrance Shea
TERRANCE SHEA

SUBSCRIBED and SWORN to before me, a Notary Public, on this 25th day of February, 1994.

Larri Ann Lightner
Notary Public



lien.sup.1a1

LAW OFFICES
3500 LAKESIDE COURT, SUITE 145
RENO, NEVADA 89509
TELEPHONE (702) 829-9466 • TELECOMER (702) 322-3014

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

TERRANCE SHEA, ESQ.
ATTORNEY AT LAW

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

02-07-94 OMB NO. 0938-0270
3 PATIENT CONTROL NUMBER
53008629 **111**

8 BC / 88 PROV. NO. **CC6040** 9 FEDERAL TAX NO. **88-0213754** 7 MEDICARE ID. **290001** 8 MEDICAID NO. **11-16885**

10 PATIENT'S LAST NAME **BECCARD, LOREN** FIRST NAME **LOREN** INITIAL **L** 11 PATIENT'S ADDRESS **P O BOX 1631** CITY **GARDNERVILLE** STATE **NV** ZIP **89410**

12 BIRTH DATE **09-16-75** 13 SEX **M** 14 MAR **S** 15 ADMISSION TO DATE **01-25-94** 16 HIL **17** 17 TYPE NO END **7** 18 A.M. 20 D.M. 21 STAT **16 14 01** 22 STATEMENT COVERS PERIOD FROM **01-25-94** THROUGH **02-02-94**

23 OCCURRENCE 24 OCCURRENCE 25 OCCURRENCE 26 OCCURRENCE 27 OCCURRENCE

24 **LOREN BECCARD**
P O BOX 1631
GARDNERVILLE, NV 89410

38 CONDITION CODES 39 BLOOD RECORD (PTER) 40 IP. PROG. **PC = P**
PT = W

48 VALUE 49 VALUE 50 VALUE 51 VALUE

CD AMT **01 46800**

50 DESCRIPTION	51R. CODE	52 S. UNITS	53 TOTAL CHARGES	54	55	56 PT AMT
ROOM-BOARD/WARD	451.00	150	7	315700	315700	
INTENSIVE CARE OR (ICU)	908.00	200	1	90800	90800	
TECH SUPPORT CHG		222	2	10941	10941	
PHARMACY		250	159	476908	476908	
DRUGS/INCIDENT RAD		255	1	23254	23254	
STERILE SUPPLY		272	309	812623	812623	
LABORATORY		300	49	361441	361441	
LAB/OTHER		309	12	5484	5484	
PATHOL/HISTOL		312	1	14369	14369	
DX X-RAY		320	12	215344	215344	
CT SCAN		350	6	352207	352207	
OR SERVICES		360	96	369746	369746	
ANESTHESIA		370	110	45705	45705	
RESPIRATORY SVC		410	12	30569	30569	
PHYSICAL THERP		420	1	2000	2000	
EMERG ROOM		450	8	40968	40968	
RECOVERY ROOM		710	2	28854	28854	
EDUC/TRAINING		942	1	3143	3143	
TOTAL CHARGE	001			3200056	3200056	

57 PAYER **WORKMANS ALPINE INS** **SELF PAY 999**

58 DEDUCTIBLE 59 CO-INSURANCE 60 EST. RESPONSIBILITY 61 PRIOR PAYMENTS 62 EST. AMOUNT DUE

63 WORKMANS ALPINE INS **Y Y**

64 SELF PAY **Y Y**

65 BECCARD, LOREN **M 01** **6739** **AUTO POLICY** **6739**

66 BECCARD, LOREN **6739** **VERIFY** **LTR DOUGLAS 01269**

71 EID **9** 72 ESC **9** 73 EMPLOYER NAME **AUTO POLICY**

74 EMPLOYEE ID. **9** 75 EMPLOYER LOCATION **VERIFY**

76 PRINCIPAL AND OTHER DIAGNOSES DESCRIPTIONS **SPLEEN DISRUPTION-CLOS ; FX EIGHT/MORE RIB-CLO** 77 PRN. CODE **865.04** 78 OTHER DIAGNOSES CODES **807.08 860.4 913.0 211.2**

82 PRINCIPAL AND OTHER PROCEDURES DESCRIPTIONS **9 TOTAL SPLENECTOMY ; PART SM BOWEL RESECT N** 83 PRINCIPAL PROCEDURE **41.5** 84 OTHER PROCEDURE **01-25 45.62 01-25 34.09 01-25**

87 CD **88 APP. FROM** **89 APP. THROUGH** **90 GRC.** **91 TREATMENT AUTH.** **NV064575** **92 ATTENDING PHYSICIAN ID.** **NV064575** **93 OTHER PHYSICIAN ID.** **NV064575**

94 REMARKS **WORKMANS ALPINE INS** **VERIFY** **EXHIBIT A** **CARSON CITY, NV 89701**

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

331526 **PAYER COPY**
BK0394PG0755

COPY

REQUESTED BY
Durden + Brennan + Shea
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

94 NR-4 NO:56

331526

BK0394PG0756

SUZANNE BEAUDREAU
RECORDER

10/10 PAID *K2* DEPUTY