

12

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

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

7 **(NRS 108.590 THROUGH NRS 108.660)**

8 **NOTICE IS HEREBY GIVEN** that WASHOE MEDICAL CENTER has  
9 rendered services in hospitalization for **MOLLIE L. CHARLTON**, of  
10 Reno, Nevada, a person who was injured on the 20th day of April,  
11 1994, in the County of Douglas, State of Nevada, and that WASHOE  
12 MEDICAL CENTER hereby claims a lien upon any money due or owing  
13 or any claim for compensation, damages, contribution, settlement  
14 or judgement from any other person or persons, corporation or  
15 association alleged to have caused the injury, or liable for the  
16 injury or payment of the expenses herein incurred, said parties  
17 being the following:

18 **STATE FARM INSURANCE COMPANY**  
19 **LARRY R. HICKS, ATTORNEY FOR PATIENT**  
20 **U.S.A.A. INSURANCE COMPANY**

21 The hospitalization was rendered to the injured party  
22 between April 20, 1994 through May 10, 1994, account number  
23 53012571 and between May 10, 1994, through May 22, 1994, account  
24 number 12320511.

25 **ITEMIZED STATEMENT**

26 Hospitalization and related medical services were rendered  
27 to the patient **MOLLIE L. CHARLTON**, in accordance with the  
28 itemized statement attached hereto as Exhibit "A" and by this  
reference made a part hereof.

That the claimant's demands for such care or services are  
in the sum of **EIGHTY EIGHT THOUSAND EIGHTY ONE AND 92/100**  
dollars (\$88,081.92), no part thereof has been paid; and that  
there is now due and owing an additional sum of **TEN THOUSAND**  
**THREE HUNDRED EIGHTY FOUR AND 72/100** dollars (\$10,384.72),  
bringing the total amount due to date **NINETY EIGHT THOUSAND FOUR**  
**HUNDRED SIXTY SIX AND 64/100 DOLLARS** (\$98,466.64), 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 30<sup>TH</sup> day of August, 1994.**

**DURNEY, BRENNAN & SHEA**

By: Terrance Shea  
**TERRANCE SHEA, ESQ.**

**DURNEY, BRENNAN & SHEA**  
**ATTORNEYS AT LAW**  
3500 LAKESIDE COURT, SUITE 145  
RENO, NEVADA 89509  
TELEPHONE (702) 829-9468 • TELECOPIER (702) 829-9498

PETER D. DURNEY  
THOMAS R. BRENNAN  
TERRANCE SHEA

**VERIFICATION**

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

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

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

12   
13 TERRANCE SHEA, ESQ.

14 **SUBSCRIBED and SWORN to before me,**  
15 **a Notary Public, on this 30<sup>th</sup> day**  
16 **of August, 1994.**

17   
18 Notary Public



DURNEY, BRENNAN & SHEA  
ATTORNEYS AT LAW  
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PETER D. DURNEY  
THOMAS R. BRENNAN  
TERRANCE SHEA

WASHOE MEDICAL CENTER INC  
 77 PRINGLE WAY  
 RENO, NV 89520-0109  
 702-328-4130

3 PATIENT CONTROL NO.  
**53012571** 121

8 FED. TAX NO. 8 STATEMENT COVERS PERIOD 7 COVD 8 N-CO. 9 C-I-D. 10 L-R-D. 11  
**88-0213754 042094 051094 20**

12 PATIENT NAME **CHARLTON, MOLLIE L** 13 PATIENT ADDRESS **5040 LAKERIDGE DR, RENO NV 89509**

14 BIRTHDATE 15 SEX 16 MR 17 DATE OF BIRTH 18 ADMISSION DATE 19 TIME OF ADMISSION 20 TIME OF DISCHARGE 21 D HR 22 STAT 23 MEDICAL RECORD NO. 24 CONDITION CODES 25 26 27 28 29 30 31  
**10311922 F M 042094 20 1 7 14 03 0695759**

32 OCCURRENCE DATE 33 OCCURRENCE DATE 34 OCCURRENCE DATE 35 OCCURRENCE DATE 36 OCCURRENCE DATE 37 A B C  
**01 042094**

38 MOLLIE L CHARLTON  
 5040 LAKERIDGE DR  
 RENO, NV 89509

39 VALUE CODES AMOUNT 40 VALUE CODES AMOUNT 41 VALUE CODES AMOUNT  
**01 46800 45 1500**

42 REV CD	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	110 ROOM-BOARD/PVT.	491.00		5	245500	245500	
2	120 ROOM-BOARD/SEMI	468.00		1	46800	46800	
3	150 ROOM-BOARD/WARD	451.00		1	45100	45100	
4	200 INTENSIVE CARE OR (ICU)	908.00		13	1180400	1180400	
6	220 SPECIAL CHARGES			1	2885	2885	
6	222 TECH SUPPT CHG			4	23796	23796	
7	250 PHARMACY			464	1260191	1260191	
8	272 STERILE SUPPLY			622	1844827	1844827	
9	300 LABORATORY			128	951537	951537	
10	312 PATHOL/HISTOL			1	9970	9970	
11	320 DX X-RAY			21	424036	424036	
12	350 CT SCAN			2	82132	82132	
13	360 OR SERVICES			101	385031	385031	
14	370 ANESTHESIA			85	34279	34279	
15	390 BLOOD/STOR-PROC			3	25500	25500	
16	410 RESPIRATORY SVC			749	2090885	2090885	
17	420 PHYSICAL THERP			6	48912	48912	
18	430 OCCUPATION THER			2	17656	17656	
19	450 EMERG ROOM			7	43853	43853	
20	480 CARDIOLOGY			1	16341	16341	
21	730 EXG/ECG			2	15542	15542	
22	942 EDUC/TRAINING			3	9429	9429	
23	PAGE 01 OF 02						

50 PAYER **SELF/MISC AUTO** 51 PROVIDER NO. **290001** 54 PRIOR PAYMENTS Y Y Y Y 55 EST. AMOUNT DUE 56  
**MEDICARE B**  
**METROPOLITAN 337**

57 **DUE FROM PATIENT**

58 INSURED'S NAME 59 P.REL. 60 CERT. - SEN - MC. - ID NO. 61 GROUP NAME 62 INSURANCE GROUP NO.  
**CHARLTON, MOLLIE L P 9638 AUTO/PASSANGER 49638**  
**CHARLTON, MOLLIE L P 9638 RETIRED 49638A**  
**CHARLTON, GEORGE H 1020 RETIRED 38801**

63 "TREATMENT" AUTHORIZATION CODES 64 EMPLOYER NAME 65 EMPLOYER LOCATION  
**9 AUTO/PASSANGER**  
**9 RETIRED**  
**9 RETIRED**

67 PRM DIAG CD 68 PRM DIAG CD 69 PRM DIAG CD 70 PRM DIAG CD 71 PRM DIAG CD 72 PRM DIAG CD 73 PRM DIAG CD 74 PRM DIAG CD 75 PRM DIAG CD 76 ADM. DIAG. CD 77 E-CODE 78  
**86504 18604 180709 19974 5601 181000 8730 0415 86504 486**

79 PC 80 PRINCIPAL PROCEDURE DATE 81 A CODE OTHER PROCEDURE DATE 82 B CODE OTHER PROCEDURE DATE 83 C CODE OTHER PROCEDURE DATE 84 D CODE OTHER PROCEDURE DATE 85 E CODE OTHER PROCEDURE DATE 86 ATTENDING PHYS. ID 87 OTHER PHYS. ID 88 OTHER PHYS. ID  
**9 415 042094 9672 042094 9604 042094**  
**3409 042094**  
**MORGAN WILLIAM W JR**  
**NV064425 BOMBERGER RICHARD A**

89 REVISED SELF/MISC AUTO 90 RENO, NV 89520 91 EXHIBIT **A** 92 FC = C 93 PT = P 94 PROVIDER REPRESENTATIVE 95 DATE  
**051494**

WASHOE MEDICAL CENTER INC  
77 PRINGLE WAY  
RENO, NV 89520-0109  
702-328-4130

3 PATIENT CONTROL NO.  
53012571  
121

5 FED. TAX NO. 88-0213754  
9 STATEMENT COVERS PERIOD 042094 051094  
7 COVD 8 NCD. 9 C-I-D. 10 L-R-D. 11 20

12 PATIENT NAME CHARLTON, MOLLIE L  
13 PATIENT ADDRESS 5040 LAKERIDGE DR, RENO NV 89509

14 BIRTHDATE 10311922  
15 SEX F  
16 MARR M  
17 ADMISSION DATE 042094  
18 TIME 20  
19 TYPE 1  
20 7  
21 D HRS 14  
22 STAT 03  
23 MEDICAL RECORD NO. 0695759

32 OCCURRENCE 01 042094  
34 OCCURRENCE  
36 OCCURRENCE SPAN

38 VALUE CODES AMOUNT  
a 01 46800 45 1500  
b  
c  
d

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
960	PRO FEE			2	3590	3590	
001 02 OF 02 TOTAL CHARGE						8808192	8808192

50 PAYER SELF/MISC AUTO MEDICARE B METROPOLITAN 337  
51 PROVIDER NO. 290001  
54 PRIOR PAYMENTS  
55 EST. AMOUNT DUE  
56  
57 DUE FROM PATIENT

58 INSURED'S NAME CHARLTON, MOLLIE L  
59 P-REL P  
60 CERT. - SEN - HIC. - ID NO. 9638  
61 GROUP NAME AUTO/PASSANGER  
62 INSURANCE GROUP NO. 9638  
CHARLTON, MOLLIE L P 9638 RETIRED 9638A  
CHARLTON, GEORGE H 1020 RETIRED 38801

63 TREATMENT AUTHORIZATION CODES NONE REQD  
64 ESC  
65 EMPLOYER NAME 9 AUTO/PASSANGER  
9 RETIRED  
9 RETIRED  
66 EMPLOYER LOCATION

67 PRN. DIAG. CD. 86504  
68 CODE 8604  
69 PROC. 80709  
70 PROC. 9974  
71 PROC. 5601  
72 PROC. 81000  
73 PROC. 8730  
74 CODE 0415  
75 ADM. DIAG. CD. 86504  
76 E-CODE 486

77 P.C. 9  
78 PRINCIPAL PROCEDURE 415  
79 DATE 042094  
80 OTHER PROCEDURE 9672  
81 DATE 042094  
82 OTHER PROCEDURE 9604  
83 DATE 042094  
84 OTHER PROCEDURE 3409  
85 DATE 042094  
86 OTHER PROCEDURE  
87 DATE

82 ATTENDING PHYS. ID MORGAN WILLIAM W JR  
83 OTHER PHYS. ID NV064425  
84 OTHER PHYS. ID BOMBERGER RICHARD A  
85 OTHER PHYS. ID B  
86 PROVIDER REPRESENTATIVE X  
89 DATE 051494

84 REMARKS SELF/MISC AUTO EXHIBIT A  
RENO, NV 89520  
FC = C  
PT = P  
UB-92 HCFA-1460 PAYER COPY  
345284 BK0994PG0009



WASHOE MEDICAL CENTER INC  
77 PRINGLE WAY  
RENO, NV 89520-0109  
702-328-4130

3 PATIENT CONTROL NO.  
12320511 221

6 FED. TAX NO. 88-0213754  
8 STATEMENT COVERS PERIOD 051094 052294  
7 COV D 8 N-C D 12  
9 C-I D 10 L-R D 11

12 PATIENT NAME CHARLTON, MOLLIE L  
13 PATIENT ADDRESS 5040 LAKERIDGE DR, RENO NV 89509

14 BIRTHDATE 10311922  
15 SEX F  
16 MBS M  
17 DATE OF BIRTH 051094  
18 SEX 15 19 DATE 3 20 SEX 1  
21 D M 22 STAT 11 06  
23 MEDICAL RECORD NO. 0695759

24 OCCURRENCE DATE 01 042094  
25 OCCURRENCE DATE  
26 OCCURRENCE DATE  
27 OCCURRENCE DATE  
28 OCCURRENCE DATE  
29 OCCURRENCE DATE  
30 OCCURRENCE DATE  
31 OCCURRENCE DATE

32 OCCURRENCE DATE 01 042094  
33 VALUE CODES 01 46800 45 1500  
34 VALUE CODES  
35 VALUE CODES  
36 VALUE CODES  
37 VALUE CODES  
38 VALUE CODES  
39 VALUE CODES  
40 VALUE CODES

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	120 ROOM-BOARD/SEMI	468.00		12	561600	561600	
2	250 PHARMACY			189	61559	61559	
3	272 STERILE SUPPLY			210	236454	236454	
4	300 LABORATORY			5	30484	30484	
5	410 RESPIRATORY SVC			21	26050	26050	
6	420 PHYSICAL THERP			7	62739	62739	
7	430 OCCUPATION THER			5	53308	53308	
8	942 EDUC/TRAINING			2	6286	6286	
23	001 TOTAL CHARGES				1038480	1038480	

50 PAYER SELF/MISC AUTO  
MEDICARE B  
METROPOLITAN 337  
51 PROVIDER NO. 295053  
54 PRIOR PAYMENTS  
55 EST. AMOUNT DUE  
56

57 DUE FROM PATIENT  
58 INSURED'S NAME CHARLTON, MOLLIE L  
59 P REL P  
90 CERT. - SSN - NIC. - ID NO. 9638  
91 GROUP NAME AUTO/PASSANGER  
92 INSURANCE GROUP NO. REF SS 051294 MM  
CHARLTON, MOLLIE L P 9638 RETIRED  
CHARLTON, GEORGE H 1020 RETIRED 38801

63 TREATMENT AUTHORIZATION CODES NONE REQ  
64 ESC 9 AUTO/PASSANGER  
9 RETIRED  
9 RETIRED  
65 EMPLOYER NAME  
66 EMPLOYER LOCATION

67 PRN. DIAG. CD. 86504 180709 81000  
68 OTHER DIAG. CODES  
69 CODE  
70 CODE  
71 86504 398

72 PC 73 PC  
74 PRINCIPAL PROCEDURE DATE  
75 OTHER PROCEDURE DATE  
76 OTHER PROCEDURE DATE  
77 OTHER PROCEDURE DATE  
78 ATTENDING PHYS. ID NV064425 BOMBERGER RICHARD A  
79 OTHER PHYS. ID A  
80 OTHER PHYS. ID B

84 REMARKS SELF/MISC AUTO  
RENO, NV 89520  
EXHIBIT A EC = F  
PT = N X  
85 PROVIDER REPRESENTATIVE  
86 DATE 052694

COPY

REQUESTED BY  
Darney Brennan & Shea  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'94 SEP -1 10:17

345284

BK0994PG0011

SUZANNE BEAUDREAU  
RECORDER  
s12<sup>90</sup> PAID ks DEPUTY