

1 **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 **RAY W. GUMM**, of
10 Nathrop, Colorado, a person who was injured on the 27th day of
11 September, 1995, in the County of Douglas, State of Nevada, and
12 that WASHOE MEDICAL CENTER hereby claims a lien upon any money
13 due or owing or any claim for compensation, damages,
14 contribution, settlement or judgement from any other person or
15 persons, corporation or association alleged to have caused the
16 injury, or liable for the injury or payment of the expenses
17 herein incurred, said parties being the following:

18 **ITT HARTFORD INSURANCE**

19 The hospitalization was rendered to the injured party
20 between September 27, 1995, through October 26, 1995, account
21 number 54011549.

22 **ITEMIZED STATEMENT**

23 Hospitalization and related medical services were rendered
24 to the patient **RAY W. GUMM**, in accordance with the itemized
25 statement attached hereto as Exhibit "A" and by this reference
26 made a part hereof.

27 That ninety (90) days have not elapsed since the
28 termination of hospitalization; and that the claimant's demands
for such care or services are in the sum of TWO HUNDRED FORTY-
ONE THOUSAND FIVE HUNDRED SIX AND 34/100 DOLLARS (\$241,506.34),
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 11 day of November, 1995.

DURNEY, BRENNAN & SHEA

By: 

TOM BRENNAN

DURNEY, BRENNAN & SHEA
ATTORNEYS AT LAW
3500 LAKESIDE COURT, SUITE 145
RENO, NEVADA 89509
TELEPHONE (702) 829-9466 • TELECOPIER (702) 829-9498
PETER D. DURNEY
THOMAS R. BRENNAN
TERRANCE SHEA

1 WASHOE MEDICAL CENTER INC 77 PRINGLE WAY RENO, NV 89520-0109 702-328-4130		2	3 PATIENT CONTROL NO. 54011549		4 TYPE OF BILL 111	
5 FED. TAX NO. 88-0213754	6 STATEMENT COVERS PERIOD FROM 092795	7 COV D. 102695	8 N-C D. 29	9 C-I D.	10 L-R D.	11

12 PATIENT NAME GUMM, RAY W JR	13 PATIENT ADDRESS P O BOX 87, NATHROP CO 81236
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14 BIRTHDATE 03241931	15 SEX M	16 MS M	17 DATE 092795	18 HR 10	19 TYPE 1	20 SRC 7	21 D HR 18	22 STAT 05	23 MEDICAL RECORD NO. 0747964	24-30 CONDITION CODES				31
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32 OCCURRENCE CODE 01	33 OCCURRENCE DATE 092795	34 OCCURRENCE CODE	35 OCCURRENCE DATE	36 OCCURRENCE CODE	37 OCCURRENCE DATE	38 OCCURRENCE SPAN FROM THROUGH	39 VALUE CODES CODE AMOUNT 01 51300	40 VALUE CODES CODE AMOUNT 45 0800	41 VALUE CODES CODE AMOUNT
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38 RAY W JR GUMM P O BOX 87 NATHROP, CO 81236							39 VALUE CODES CODE AMOUNT 01 51300	40 VALUE CODES CODE AMOUNT 45 0800	41 VALUE CODES CODE AMOUNT
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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	539.00		2	107800		
2	110 ROOM-BOARD/PVT	635.00		2	127000		
3	200 INTENSIVE CARE OR (ICU)	997.00		25	2492500		
4	220 SPECIAL CHARGES			4	14698		
5	222 TECH SUPPT CHG			20	149278		
6	250 PHARMACY			1038	4406796		
7	255 DRUGS/INCIDENT RAD			2	29153		
8	272 STERILE SUPPLY			972	6070328		
9	274 PROSTH/ORTH DEV			26	79787		
10	300 LABORATORY			250	2147114		
11	309 LAB/OTHER			5	56220		
12	320 DX X-RAY			67	1272109		
13	333 RADIATION RX			6	119375		
14	350 CT SCAN			12	667239		
15	360 OR SERVICES			589	2147331		
16	370 ANESTHESIA			625	263804		
17	390 BLOOD/STOR-PROC			13	114400		
18	402 ULTRASOUND			4	53266		
19	410 RESPIRATORY SVC			341	2372577		
20	420 PHYSICAL THERP			7	56820		
21	430 OCCUPATION THER			3	31318		
22	440 SPEECH PATHOL			3	89980		
23	PAGE 01 OF 02						

50 PAYER A MISC AUTO INS 699 B STATE FARM 295 C SELF PAY WC 206	51 PROVIDER NO.	52 REL INFO Y Y Y	53 ASG BEV Y Y Y	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
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57 **DUE FROM PATIENT**

58 INSURED'S NAME A GUMM, RAY W JR B GUMM, RAY W JR C GUMM, RAY W JR	59 P.REL 01 01 01	60 CERT. - SSN - HIC. - ID NO. 4650 4650 0	61 GROUP NAME UNKNOWN BILL KELLY/AGE SELF PAY/WASHO	62 INSURANCE GROUP NO. 55PH848349 H4459827 060 REF IAF 100295 EM
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63 TREATMENT AUTHORIZATION CODES A B C	64 ESC 9 1 9	65 EMPLOYER NAME UNKNOWN BILL KELLY/AGENT SELF PAY/WASHOE CO.	66 EMPLOYER LOCATION
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67 PRIN. DIAG. CD. 80709	69 CODE 85226	69 CODE 86121	70 CODE 8056	71 CODE 8080	72 CODE 8604	73 CODE 4824	74 CODE 82382	75 CODE 8240	76 ADM. DIAG. CD. 80709	77 E-CODE 484	78
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79 P.C. 9	80 PRINCIPAL PROCEDURE CODE 0131	81 OTHER PROCEDURE DATE 101695	82 OTHER PROCEDURE DATE 7936	83 OTHER PROCEDURE DATE 100695	84 OTHER PROCEDURE DATE 7817	85 OTHER PROCEDURE DATE 100695	86 ATTENDING PHYS. ID NV065674	87 GOMEZ MYRON J
	88 OTHER PROCEDURE CODE C	89 OTHER PROCEDURE DATE 100695	90 OTHER PROCEDURE DATE 7939	91 OTHER PROCEDURE DATE 100695	92 OTHER PROCEDURE DATE	93 OTHER PROCEDURE DATE	94 OTHER PHYS. ID NV2992	95 DAWSON WILLIAM N

84 REMARKS a HARTFORD AARP INS b P O BOX 2285 c DENVER, CO 80222	EXHIBIT A	FC = C PT = P	85 PROVIDER REPRESENTATIVE X 374852	86 DATE 103195
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1 WASHOE MEDICAL CENTER INC 77 PRINGLE WAY RENO, NV 89520-0109 702-328-4130		2	3 PATIENT CONTROL NO. 54011549				4 TYPE OF BILL 111
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38 RAY W JR GUMM P O BOX 87 NATHROP, CO 81236			39 CODE 01	VALUE CODES AMOUNT 51300	40 CODE 45	VALUE CODES AMOUNT 0800	41 CODE	VALUE CODES AMOUNT
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42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	450 EMERG ROOM			7	48209		
2	460 PULMONARY FUNC			295	1080968		
3	480 CARDIOLOGY			4	71860		
4	510 CLINIC			1	5308		
5	730 EKG/ECG			2	17086		
6	740 EEG			1	44000		
7	942 EDUC/TRAINING			2	10364		
8	960 PRO FEE			2	3946		
23	001 02 OF 02 TOTAL CHARGE				24150634		

50 PAYER A MISC AUTO INS 699 B STATE FARM 295 C SELF PAY WC 206	51 PROVIDER NO.	52 REL INFO Y Y Y	53 AG BEN Y Y Y	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
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79 P.C. 9	80 PRINCIPAL PROCEDURE CODE 0131	81 OTHER PROCEDURE CODE 101695	82 ATTENDING PHYS. ID NV065674	83 OTHER PHYS. ID GOMEZ MYRON J
	84 OTHER PROCEDURE CODE 0353	85 OTHER PROCEDURE CODE 100695	86 OTHER PHYS. ID NV2992	87 OTHER PHYS. ID DAWSON WILLIAM N

84 REMARKS a HARTFORD AARP INS b P O BOX 2285 c DENVER, CO 80222	85 PROVIDER REPRESENTATIVE X BK 1195PG2403	86 DATE 103195
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EXHIBIT A

FC = C
PT = P

COPY

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

'95 NOV 15 P2:15

374852
BK 1195PG2404

LINDA SLATER
RECORDER
\$ 11.00 PAID K2 DEPUTY