

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 108.660 et. seq.)**

8 **NOTICE IS HEREBY GIVEN** that WASHOE MEDICAL CENTER has
9 rendered services in hospitalization for **JENNA TRIGLIA**, a person
10 who was injured on the 11th day of February, 1996, in the County
11 of Douglas, State of Nevada, and that WASHOE MEDICAL CENTER hereby
12 claims a lien upon any money due or owing or any claim for
13 compensation, damages, contribution, settlement or judgment from
14 any other person or persons, corporation or association alleged to
15 have caused the injury, or liable for the injury or payment of the
16 expenses herein incurred, said parties being the following:

17 **DAIRYLAND INSURANCE**

18 The hospitalization was rendered to the injured party between
19 February 11, 1996, through February 11, 1996, Account Number
20 54018353.

21 **ITEMIZED STATEMENT**

22 For hospitalization and related medical services rendered to
23 the patient **JENNA TRIGLIA**, in accordance with the itemized
24 statement attached hereto as Exhibit "A" and by this reference
25 made a part hereof.

26 That ninety (90) days have not elapsed since the termination
27 of hospitalization; and that the claimant's demands for such care
28 or services are in the sum of **THREE THOUSAND EIGHT HUNDRED**
NINETEEN and 21/100 (\$3,819.21), 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 13th day of March, 1996.

DURNEY, BRENNAN & SHEA

By: 
TERRANCE SHEA

383297

BK0396PG2151

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
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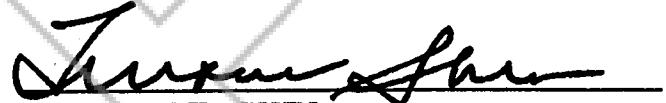
PETER D. DURNEY
THOMAS R. BRENNAN
TERRANCE SHEA

VERIFICATION


STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

I, TERRANCE SHEA, the undersigned, 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

SUBSCRIBED AND SWORN TO BEFORE ME
THIS 13th DAY OF MARCH, 1996.


Notary Public



jm\lien

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BK0396PG2152

1 WASHOE MEDICAL CENTER INC 77 PRINGLE WAY RENO, NV 89520-0109 702-328-4130		2		3 PATIENT CONTROL NO. 54018353		4 TYPE OF BILL 131		
5 FED. TAX NO. 88-0213754		6 STATEMENT COVERS PERIOD FROM 021196 THROUGH 021196		7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11

12 PATIENT NAME TRIGLIA, JENNA RENEE				13 PATIENT ADDRESS 677 LINDA WAY, GARDNERVILLE, NV 89410			
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14 BIRTHDATE 04181977	15 SEX F	16 MS M	17 DATE 021196	18 HR 17	19 TYPE 1	20 SRC 1	21 D HR 01	22 STAT 01	23 MEDICAL RECORD NO. 0762139	24	25	26	27	28	29	30	31
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32 OCCURRENCE CODE 01	33 OCCURRENCE DATE 021196	34 OCCURRENCE CODE	35 OCCURRENCE DATE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37 A	37 B	37 C
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38 JENNA RENEE TRIGLIA 677 LINDA WAY GARDNERVILLE, NV 89410			39 CODE 45	39 VALUE CODES AMOUNT 1400	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 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	222	TECH SUPPT CHG		1	3171		
2	250	PHARMACY		1	4367		
3	272	STERILE SUPPLY		1	5427		
4	300	ROUTINE VENIPUNCTURE	G0001	2	1004		
5	300	ALCOHOL DIAGNOSTIC	82055	1	8638		
6	300	PREGNANCY SERUM	84702	1	7757		
7	300	CBC	85025	1	8732		
8	300	HEMOGRAM	85027	1	5623		
9	320	CHEST - LIMITED (1)	71010	1	14259		
10	320	SPINE, CERVICAL - LTD	72040	1	18750		
11	320	SPINE, THORACIC	72070	1	16361		
12	320	SPINE, LUMBAR-LIMITED	72100	1	22769		
13	320	TRAUMA RM 15 MIN	76499	2	12938		
14	350	CT HEAD WITHOUT	70450	1	65763		
15	350	CT CERVICAL SPINE W/O	72125	1	90761		
16	350	CT RECONSTRUCT (WMC)	76375	1	10772		
17	410	RESPIRATORY SVC	94664	1	2732		
18	450	EMERG ROOM	99201	2	13034		
19	460	PULMONARY FUNC	94010	1	8763		
20	760	TREATMENT/OBSERVATION RM		1	60300		
21							
22							
23	001	TOTAL CHARGES			381921		

50 PAYER DAIRYLAND 507 SELF PAY 999		51 PROVIDER NO.		52 REL TO INFO Y Y Y Y		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56	
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57 DUE FROM PATIENT

58 INSURED'S NAME TRIGLIA, JENNA RENEE TRIGLIA, JENNA RENEE		59 P.REL 01 01	60 CERT. - SSN - HIC. - ID NO.		61 GROUP NAME NONE SELF PAY		62 INSURANCE GROUP NO. LTR TO DOUGLAS DL	
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63 TREATMENT AUTHORIZATION CODES		64 ESC 9 9	65 EMPLOYER NAME NONE PIZZA BARN		66 EMPLOYER LOCATION UNK, GARDNERVILLE NV89410 UNK, GARDNERVILLE NV89410	
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67 PRIN. DIAG. CD. 8500	68 CODE 49390	69 CODE 8470	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76 ADM. DIAG. CD. 8500	77 E-CODE	78
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79 P.C.	80 PRINCIPAL PROCEDURE CODE A	81 OTHER PROCEDURE CODE B	81 OTHER PROCEDURE CODE C	81 OTHER PROCEDURE CODE D	81 OTHER PROCEDURE CODE E	82 ATTENDING PHYS. ID NV062121 MACLELLAN WARREN J		83 OTHER PHYS. ID A	83 OTHER PHYS. ID B
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84 REMARKS DAIRYLAND INSURANCE VERIFY VERIFY, UT 84111 EXHIBIT A	85 PROVIDER REPRESENTATIVE FC = C PT = O X	86 DATE 021996
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COPY

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

'96 MAR 15 AM 10:26

LINDA SLATER
RECORDER

10.00 PAID *AS* DEPUTY

383297
BK 0396 PG 2154