

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 **RAMI NASER**, a person who
10 was injured on the 11th day of February, 1996, in the County of
11 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 **FARMERS INSURANCE**

18 The hospitalization was rendered to the injured party between
19 February 11, 1996, through February 28, 1996, Account Number
20 54017983.

21 **ITEMIZED STATEMENT**

22 For hospitalization and related medical services rendered to
23 the patient **RAMI NASER**, in accordance with the itemized statement
24 attached hereto as Exhibit "A" and by this reference made a part
25 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 ONE HUNDRED SEVENTY THREE THOUSAND
TWO HUNDRED TWENTY ONE and 00/100 (\$173,221.00), 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 15th day of March, 1996.

DURNEY, BRENNAN & SHEA

By: 
TERRANCE SHEA

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

384159

BK0396PG4398

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
TERRANCE SHEA

SUBSCRIBED AND SWORN TO BEFORE ME
THIS 5TH DAY OF MARCH, 1996.

Janice Moulian
Notary Public



jm\lien

384159

BK0396PG4399

DURNEY, BRENNAN & SHEA
ATTORNEYS AT LAW
3500 LAKESIDE COURT, SUITE 145
RENO, NEVADA 89509
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PETER D. DURNEY
THOMAS R. BRENNAN
TERRANCE SHEA

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1 WASHOE MEDICAL CENTER INC 77 PRINGLE WAY RENO, NV 89520-0109 702-328-4130		2		3 PATIENT CONTROL NO. 54017983		4 TYPE OF BILL 111	
5 FED. TAX NO. 88-0213754		6 STATEMENT COVERS PERIOD FROM 021196		7 COV D. 022896		8 N-C D. 17	
9 C-I D.		10 L-R D.		11			

12 PATIENT NAME NASER, RAMI H				13 PATIENT ADDRESS 1438 21ST AVE, SAN FRANCISCO CA 94122			
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14 BIRTHDATE 06271964		15 SEX M		16 MS S		17 DATE 021196		18 HR 22		19 TYPE 1		20 SRC 7		21 O HR 14		22 STAT 05		23 MEDICAL RECORD NO. 0761294		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 CODE		37 OCCURRENCE DATE		38 OCCURRENCE CODE		39 OCCURRENCE DATE		40 OCCURRENCE CODE		41 OCCURRENCE DATE		42 OCCURRENCE CODE		43 OCCURRENCE DATE		44 OCCURRENCE CODE		45 OCCURRENCE DATE		46 OCCURRENCE CODE		47 OCCURRENCE DATE		48 OCCURRENCE CODE		49 OCCURRENCE DATE	
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38 VALUE CODES 01 51300				39 VALUE CODES 45 2000				40 VALUE CODES				41 VALUE CODES			
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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	200 INTENSIVE CARE OR (ICU)	997.00		17	1694900		
2	220 SPECIAL CHARGES			16	42662		
3	222 TECH SUPPT CHG			4	19222		
4	250 PHARMACY			684	3762759		
5	255 DRUGS/INCIDENT RAD			2	29153		
6	272 STERILE SUPPLY			589	2998883		
7	274 PROSTH/ORTH DEV			1	4617		
8	300 LABORATORY			222	1815429		
9	320 DX X-RAY			26	604636		
10	350 CT SCAN			8	463733		
11	360 OR SERVICES			433	1677095		
12	370 ANESTHESIA			455	194712		
13	390 BLOOD/STOR-PROC			20	137800		
14	402 ULTRASOUND			2	47674		
15	410 RESPIRATORY SVC			326	2427770		
16	420 PHYSICAL THERP			6	70194		
17	450 EMERG ROOM			2	248132		
18	460 PULMONARY FUNC			253	923187		
19	480 CARDIOLOGY			2	35930		
20	921 PERI VASCUL LAB			2	87872		
21	942 EDUC/TRAINING			2	10364		
22	960 PRO FEE			2	25376		
23	001 TOTAL CHARGES				17322100		

50 PAYER CA AUTO ASSOC 307 BC OTHER 410		51 PROVIDER NO. CC6040		54 PRIOR PAYMENTS Y Y Y Y		55 EST. AMOUNT DUE		56	
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57 DUE FROM PATIENT

58 INSURED'S NAME NASER, RAMI H NASER, RAMI H		59 P.REL 01 01		60 CERT. - SSN - HIC. - ID NO. 005192555259 1038		61 GROUP NAME AAA UNIVERSITY OF		62 INSURANCE GROUP NO. 005 1 925 5525 9 XDU545691038	
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63 TREATMENT AUTHORIZATION CODES 960430386		64 ESC 9		65 EMPLOYER NAME AAA UNIVERSITY OF CA		66 EMPLOYER LOCATION	
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67 PRIN. DIAG. CD. 80035		68 CODE 7803		69 CODE 5185		70 CODE 2762		71 CODE 2535		72 CODE 2869		73 CODE 86121		74 CODE 2768		75 CODE		76 ADM. DIAG. CD. 80035		77 E-CODE 483		78	
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79 P.C. 9		80 PRINCIPAL PROCEDURE 311 022296		81 OTHER PROCEDURE A 0202 021296		82 OTHER PROCEDURE B 0159 021296		83 OTHER PHYS. ID NV062121		84 OTHER PHYS. ID MACLELLAN WARREN J	
85 OTHER PROCEDURE C 0212 021296		86 OTHER PROCEDURE D 5425 021296		87 OTHER PROCEDURE E 5411 022296		88 OTHER PHYS. ID NV062121		89 OTHER PHYS. ID MACLELLAN WARREN J		90 OTHER PHYS. ID B	

84 REMARKS CALIF ST AUTO ASSOC VERIFY 00000		85 PROVIDER REPRESENTATIVE FC = C BT = I X		86 DATE 030496	
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COPY

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

'96 MAR 27 P2:21

LINDA SLATER
RECORDER

1000 PAID K2 DEPUTY

384159

BK0396PG4401