

1 SUPPLEMENTAL HOSPITAL LIEN
2 ON SETTLEMENT, JUDGMENT AND COMPROMISE
3 DATED NOVEMBER 21, 1996

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

8 (NRS 108.590 THROUGH NRS 108.660)

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

19 ALLSTATE INSURANCE COMPANY

20 The hospitalization was rendered to the injured party between
21 November 9, 1996, through November 18, 1996, Account Number
22 5100001360.

23 ITEMIZED STATEMENT

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

28 That the claimant's demands for such care or services are in
the sum of TWENTY-THREE THOUSAND ONE HUNDRED FORTY-NINE and 68/100
dollars (\$23,149.68), 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 5 day of December, 1996.

TOM BRENNAN
DURNEY, BRENNAN & SHEA
Attorneys for Washoe Medical Center

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

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BK 1296 PG 1102


VERIFICATION

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STATE OF NEVADA)
 : SS.
COUNTY OF WASHOE)

I, TOM BRENNAN, being first duly sworn, under penalty of perjury, depose and say:

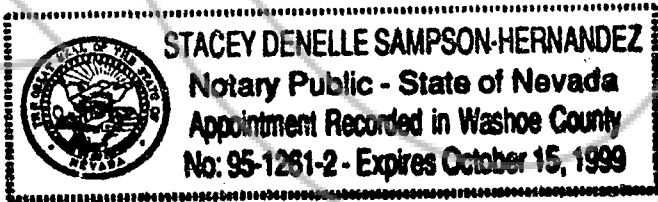
That WASHOE MEDICAL CENTER is the claimant herein named in the foregoing claim of lien; that I have read the same and know the contents thereof; that the same is true to the best of my knowledge, except as to those matters therein contained on information and belief, and as to those matters, I believe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



TOM BRENNAN, ESQ.

SUBSCRIBED and SWORN to before me, a Notary Public, on this 5th day of December, 1996.


Notary Public



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

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

3 PATIENT CONTROL NO.
5100001360
4 TYPE OF BILL
111

5 FED. TAX NO. 88-0213754
8 STATEMENT COVERS PERIOD FROM 110996 THROUGH 111896
7 COV D. 9
8 N-C D.
9 C-I D.
10 L-R D.
11

12 PATIENT NAME: JOE, MANDY
13 PATIENT ADDRESS: P O BOX 235, WOODFORDS CA 96120

14 BIRTHDATE: 02151979
15 SEX: F
18 MS: S
17 DATE: 110996
19 HR: 16
19 TYPE: 3
20 SRC: 1
21 D HR: 16
22 STAT: 01
23 MEDICAL RECORD NO.: 0786748
24-30 CONDITION CODES

32 OCCURRENCE CODE DATE: 01 110996
33 OCCURRENCE CODE DATE
34 OCCURRENCE CODE DATE
35 OCCURRENCE CODE DATE
36 OCCURRENCE SPAN FROM THROUGH
37 A B C

38 SANDRA JOE
P O BOX 235
WOODFORDS, CA 96120
39 VALUE CODES CODE AMOUNT: 01 51300
40 VALUE CODES CODE AMOUNT: 45 1100
41 VALUE CODES CODE AMOUNT

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	513.00		9	461700		
2	222 TECH SUPPT CHG			2	29708		
3	250 PHARMACY			61	155630		
4	272 STERILE SUPPLY			95	495023		
5	274 PROSTH/ORTH DEV			4	102573		
6	300 LABORATORY			12	87156		
7	320 DX X-RAY			16	230237		
8	360 OR SERVICES			106	440117		
9	370 ANESTHESIA			110	50249		
10	410 RESPIRATORY SVC			6	17177		
11	420 PHYSICAL THERP			9	98346		
12	430 OCCUPATION THER			1	4652		
13	450 EMERG ROOM			3	18153		
14	460 PULMONARY FUNC			6	30718		
15	710 RECOVERY ROOM			1	25691		
16	760 TREATMENT/OBSERVATION RM			1591	67838		
23	001 TOTAL CHARGES				2314968		

50 PAYER: INDIAN SERV Z55, SELF PAY 999
51 PROVIDER NO.: 88-0213754-A4
52 REL INFO: Y
53 ASC IEN: Y
54 PRIOR PAYMENTS
55 EST. AMOUNT DUE
56

57 DUE FROM PATIENT

58 INSURED'S NAME: JOE, MANDY, JOE, SANDRA
59 P.REL: 01, 03
60 CERT.-SSN-HIC-ID NO.: 55.757864
61 GROUP NAME: INDIAN HEALTH, UNKNOWN
62 INSURANCE GROUP NO.: WASHOE

63 TREATMENT AUTHORIZATION CODES
64 ESC: 9
65 EMPLOYER NAME: INDIAN HEALTH SERV N, UNKNOWN
66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.: 82101, 83100
68 CODE: 83100
69 CODE
70 CODE
71 CODE
72 CODE
73 CODE
74 CODE
75 CODE
76 ADM. DIAG. CD.: 82101
77 E-CODE
78: 212

79 P.C.: 9
80 PRINCIPAL PROCEDURE CODE DATE: 7855 111096
81 OTHER PROCEDURE CODE DATE: A 7971 110996, B 7857 110996
82 ATTENDING PHYS. ID: NV124118 BLAKEY RICHARD W
83 OTHER PHYS. ID: NV124118 BLAKEY RICHARD W

84 REMARKS: INDIAN SERVICE OF NV, PHS INDIAN HOSPITAL, SCHURZ, NV 89427
EXHIBIT [Signature]
SVC = ORT
FC = T
PT = S
85 PROVIDER REPRESENTATIVE: X
86 DATE: 112596

COPY

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

'96 DEC -9 A11 :03

402469
BK 1296 PG 1105

LINDA SLATER
RECORDER
\$10.00 PAID *ks* DEPUTY