

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

19 ALLSTATE INSURANCE COMPANY

20 The hospitalization was rendered to the injured party between
21 November 9, 1996, through November 20, 1996, Account Number
22 5100002129.

23 ITEMIZED STATEMENT

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

28 That the claimant's demands for such care or services are in
the sum of FOURTEEN THOUSAND ONE HUNDRED FORTY-ONE and 73/100
dollars (\$14,141.73), 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

402470

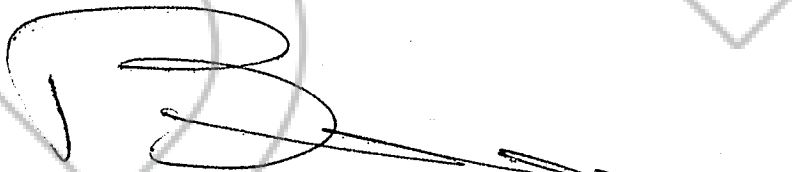
BK 1296 PG 1106

VERIFICATION

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

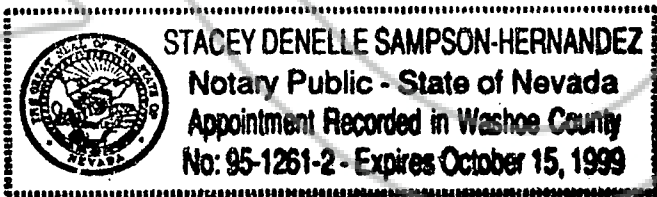
5 I, TOM BRENNAN, being first duly sworn, under penalty of
6 perjury, depose and say:

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

13 
14 _____
15 TOM BRENNAN, ESQ.

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

19 
20 _____
21 Notary Public



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

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

3 PATIENT CONTROL NO.
5100002129
4 TYPE OF BILL
111

5 FED. TAX NO. **88-0213754** 6 STATEMENT COVERS PERIOD FROM **110996** THROUGH **112096** 7 COV D. **11** 8 N-C D. 9 C-I D. 10 L-R D. 11

12 PATIENT NAME **FRED, ANNA GLENN** 13 PATIENT ADDRESS **30 CIRCLE DR, MARKLEVILLE CA 96120**

14 BIRTHDATE **04111976** 15 SEX **F** 16 MS **S** 17 DATE **110996** 18 HR **14** 19 TYPE **1** 20 SRC **7** 21 D HR **14** 22 STAT **06** 23 MEDICAL RECORD NO. **0787919** 24 25 26 27 28 29 30 31

32 OCCURRENCE CODE **01** DATE **110996** 33 OCCURRENCE CODE DATE 34 OCCURRENCE CODE DATE 35 OCCURRENCE CODE DATE 36 OCCURRENCE CODE DATE 37 A B C

38 ANNA GLENN FRED 30 CIRCLE DR MARKLEVILLE, CA 96120 39 VALUE CODES CODE **01** AMOUNT **51300** 40 VALUE CODES CODE **45** AMOUNT **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		11	564300		
2	222 TECH SUPPT CHG			3	15010		
3	250 PHARMACY			92	82330		
4	253 DRUGS/TAKEHOME			1	1310		
5	255 DRUGS/INCIDENT RAD			1	25564		
6	272 STERILE SUPPLY			42	239979		
7	300 LABORATORY			11	78364		
8	320 DX X-RAY			12	190192		
9	350 CT SCAN			2	90291		
10	420 PHYSICAL THERP			5	69924		
11	450 EMERG ROOM			4	23272		
12	460 PULMONARY FUNC			1	8763		
13	700 CAST ROOM			1	24874		
22	001 TOTAL CHARGES				1414173		

50 PAYER **MEDI CAL X73** 51 PROVIDER NO. **11-16885** 52 REL INFO **Y** 53 ASG BEN **Y** 54 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56

57 **DUE FROM PATIENT** 58 INSURED'S NAME **FRED, ANNA GLENN** 59 P.REL **01** 60 CERT. - SSN - HIC. - ID NO. 61 GROUP NAME **MEDI - CAL** 62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES 64 ESC **9** 65 EMPLOYER NAME 66 EMPLOYER LOCATION

67 PRIN. DIAG. CD. **8082** 68 CODE **8056** 69 CODE **8240** OTHER DIAG. CODES 70 CODE 71 CODE 72 CODE 73 CODE 74 CODE 75 CODE 76 ADM. DIAG. CD. **8082** 77 E-CODE 78 **236**

79 P.C. 80 PRINCIPAL PROCEDURE CODE DATE 81 OTHER PROCEDURE CODE DATE **A** OTHER PROCEDURE CODE DATE **B** OTHER PROCEDURE CODE DATE **C** OTHER PROCEDURE CODE DATE **D** OTHER PROCEDURE CODE DATE **E** OTHER PROCEDURE CODE DATE 82 ATTENDING PHYS. ID **NV124118 BLAKEY RICHARD W** 83 OTHER PHYS. ID **A** OTHER PHYS. ID **B**

84 REMARKS **MEDI - CAL P.O. BOX 15600C SACRAMENTO, CA 95813 EXHIBIT** SVC = TRA FC = R PT = S **X** 85 PROVIDER REPRESENTATIVE 86 DATE **112696**

COPY

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

'96 DEC -9 A11 :05

LINDA SLATER
RECORDER

\$ 10 ⁰⁰ PAID K2 DEPUTY

402470
BK 1296 PG 1109