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**HOSPITAL LIEN
ON SETTLEMENT, JUDGMENT AND COMPROMISE**

**WASHOE MEDICAL CENTER
A NON-PROFIT NEVADA CORPORATION
MILL AND KIRMAN
RENO, NEVADA**

(NRS 108.590 THROUGH NRS 108.660)

NOTICE IS HEREBY GIVEN that WASHOE MEDICAL CENTER has rendered services in hospitalization for DORIS KJER, of Gardnerville, Nevada, a person who was injured on the 9th day of January, 1998, in the County of Douglas, State of Nevada, and that WASHOE MEDICAL CENTER hereby claims a lien upon any money due or owing or any claim for compensation, damages, contribution, settlement or judgment from any other person or persons, corporation or association alleged to have caused the injury, or liable for the injury or payment of the expenses herein incurred, said parties being the following:

CALIFORNIA STATE AUTOMOBILE ASSOCIATION

The hospitalization was rendered to the injured party on January 9, 1998, through January 13, 1998, as account number 5100022671 and on January 13, 1998, through January 22, 1998, as account number 1100190857.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient DORIS KJER, in accordance with the itemized statement attached hereto as Exhibit "A" and by this reference made a part hereof.

That ninety (90) days have not elapsed since the termination of hospitalization; and that the claimant's demands for such care or services are in the sum of THIRTY NINE THOUSAND ONE HUNDRED THIRTY-NINE AND 69/100 DOLLARS (\$39,139.69), 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 17 day of February, 1998.

DURNEY, BRENNAN & SHEA

By: 

TOM BRENNAN
TERRANCE SHEA

DURNEY, BRENNAN & SHEA

ATTORNEYS AT LAW

547 SOUTH ARLINGTON AVENUE

RENO, NEVADA 89509

TELEPHONE (702) 329-4400 • TELECOPIER (702) 329-8806

PETER D. DURNEY

THOMAS R. BRENNAN

TERRANCE SHEA

VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

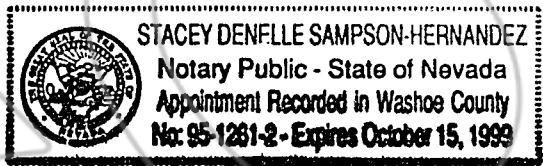
I, the undersigned, being first duly sworn, under penalty of perjury, depose and say:

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.

[Handwritten Signature]
TOM BRENNAN

SUBSCRIBED and SWORN to before me, a Notary Public, on this 17th day of February, 1998.

Stacey Denelle Sampson-Hernandez
Notary Public



licn.sdh

DURNEY, BRENNAN & SHEA
ATTORNEYS AT LAW
547 SOUTH ARLINGTON AVENUE
RENO, NEVADA 89509
TELEPHONE (702) 329-4400 • TELECOPIER (702) 329-8806

PETER D. DURNEY
THOMAS R. BRENNAN
TERRANCE SHEA

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

APPROVED OVR NO 0938-0773
 3 PATIENT CONTROL NO. 1100190857
 211

5 FED. TAX NO. 88-0213754
 6 STATEMENT FROM 011398
 7 COVERED THROUGH 012298
 8 COV E B N-C D. 9
 9 C-I D10 L-R 11

12 PATIENT NAME KJER, DORIS
 13 PATIENT ADDRESS 1173 AUTUMN HILLS, GARDNERVILLE NV 89410

14 BIRTHDATE 07261920
 15 SEX F
 16 M 011398
 17-19 DATE OF BIRTH 19 3 11
 20 ADMISSION OR HR 12
 21 D HR 01
 22 STAT 0827968
 23 MEDICAL RECORD NO.

32 OCCURRENCE CODE	33 OCCURRENCE CODE	34 OCCURRENCE CODE	35 OCCURRENCE CODE	36 OCCURRENCE CODE	37 A	37 B	37 C

39 VALUE CODE	40 VALUE CODE	41 VALUE CODE
a 01 54700		
b		
c		
d		

42 REV CD	43 DESCRIPTION	44 HCPCS/RATES	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COV'D CHRS	49
1 120	ROOM-BOARD/SEMI	547.00		9	492300		
2 250	PHARMACY			164	229802		
3 272	STERILE SUPPLY			15	16219		
4 300	LABORATORY			7	61985		
5 410	RESPIRATORY SVC			4	62868		
6 420	PHYSICAL THERP			8	75549		
7 430	OCCUPATION THER			3	32871		
8 460	PULMONARY FUNC			1	3525		
9 942	EDUC/TRAINING			1	3693		
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22							
23 001	TOTAL CHARGES				978812		

50 PAYER STATE FARM 683
 MEDICARE SNU A05
 AARP 310

51 PROVIDER NO. 295053

54 PRIOR PAYMENTS Y Y Y Y Y Y

55 EST. AMOUNT DUE

56

DUE FROM PATIENT

58 INSURED'S NAME KJER, DORIS
 59 P.REL 01
 60 CERT. - SSN - HIC. - ID NO. 3408
 61 GROUP NAME RETIRED
 62 INSURANCE GROUP NO. POLICY NOT AVIL

KJER, DORIS 01 3408A MEDICARE SKILL 3408A
 KJER, DORIS 01 6408 RETIRED 862-1

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

A 9 RETIRED
 B 9 MEDICARE SKILLED NUR
 C NONE REOD 9 RETIRED

67 PRIM DIAG CD 8244
 68 ADX DIAG CD 8509
 69 P.C 83107
 70 OTHER DIAG 87349 2449 27800 4019
 76 ADX DIAG CD 8244
 77 E-CODE 253

79 P.C 80 PRINCIPAL PROCEDURE DATE
 81 OTHER PROCEDURE DATE
 82 ATTENDING PHYSICIAN NV125565 BRAY TIMOTHY J
 83 OTHER PHYSICIAN ID: (A)
 84 OTHER PHYSICIAN ID: (B)

84 REMARKS ST FARM CA/AUTO
 6400 ST FARM DR SVC = SNU
 ROHNERT PARK, CA 9492 FC = C
 PT = N X

85 PROVIDER REPRESENTATIVE
 86 DATE 012998

EXHIBIT A
 0432938
 BK0298PG3311

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

3 PATIENT CONTROL NO.
5100022671
TYPE OF BILL 111

5 FED. TAX NO. 88-0213754
6 STATEMENT COVERED FROM 010998 THROUGH 011398
7 COV D, 8 N-C D, 9 C-1 D, 10 L-R, 11

12 PATIENT NAME: KJER, DORIS
13 PATIENT ADDRESS: 1173 AUTUMN HILLS, GARDNERVILLE NV 89410

14 BIRTHDATE: 07261920 F M 010998 20 1 17 18 03 0827968
21 SEX, 22 STAT, 23 MEDICAL RECORD NO., 24-31 CONDITION CODES

32 OCCURRENCE CODE, 33 OCCURRENCE DATE, 34 OCCURRENCE CODE, 35 OCCURRENCE DATE, 36 CODE, 37 A, B, C

38 DORIS KJER
1173 AUTUMN HILLS RD
GARDNERVILLE, NV 89410
39 VALUE CODES AMOUNT, 40 VALUE CODES AMOUNT, 41 VALUE CODES AMOUNT

Table with columns: 42 REV. CD, 43 DESCRIPTION, 44 HCPCS/RATES, 45 SERV. DATE, 46 SERV. UNITS, 47 TOTAL CHARGES, 48 NON-COV'D CHRG, 49. Rows include: 120 ROOM-BOARD/SEMI, 220 SPECIAL CHARGES, 222 TECH SUPPT CHG, 250 PHARMACY, 272 STERILE SUPPLY, 274 PROSTH/ORTH DEV, 300 LABORATORY, 320 DX X-RAY, 350 CT SCAN, 360 OR SERVICES, 370 ANESTHESIA, 410 RESPIRATORY SVC, 420 PHYSICAL THERP, 450 EMERG ROOM, 460 PULMONARY FUNC, 700 CAST ROOM, 710 RECOVERY ROOM, 730 EKG/ECG, 960 PRO FEE, 001 TOTAL CHARGES.

50 PAYER: STATE FARM 683, MEDICARE B, AARP 310
51 PROVIDER NO.: 290001
52 REL. DRUGS, 53 INST, 54 PRIOR PAYMENTS, 55 EST. AMOUNT DUE, 56

57 DUE FROM PATIENT
58 INSURED'S NAME: KJER, DORIS
59 P. REL, 60 CERT. - SSN - HIC. - ID NO., 61 GROUP NAME, 62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES, 64 ESC, 65 EMPLOYER NAME, 66 EMPLOYER LOCATION
A 9 RETIRED
B 9 RETIRED
C NONE REOD 9 RETIRED

67 PRIN. DIAG. CD, 68 CODE, 69 CODE, 70 CODE, 71 CODE, 72 CODE, 73 CODE, 74 CODE, 75 CODE, 76 ADX. DIAG. CD, 77 E-CODE, 78

79 P. Q, 80 PRINCIPAL PROCEDURE DATE, 81 OTHER PROCEDURE DATE, 82 OTHER PROCEDURE DATE, 83 ATTENDING PHYS. ID, 84 OTHER PHYS. ID (A), 85 OTHER PHYS. ID (B)

84 REMARKS: ST FARM CA/AUTO, 6400 ST FARM DR, ROHNERT PARK, CA 9492
SVC = TRA, FC = C, PT = S, 85 PROVIDER REPRESENTATIVE, 86 DATE: 013098

EXHIBIT A

0432938

BK0298PG3312

REQUESTED BY
Darney Bredend & Shee
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'98 FEB 19 A9:57

0432938

BK0298PG3313

LINDA SLATER
RECORDER

\$ 11.00 PAID K2 DEPUTY