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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 **ELDON SATTERFIELD**, of Gardnerville, Nevada, a person who was injured on the 7th day of August, 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:

ALLSTATE INSURANCE COMPANY

The hospitalization was rendered to the injured party on August 7, 1998, account number 5100033611.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient **ELDON SATTERFIELD**, 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 FIVE THOUSAND TWO HUNDRED SIXTY-NINE AND 69/100 DOLLARS (\$5,269.69), 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 22nd day of September, 1998.

DURNEY, BRENNAN & SHEA

By: 

TERRANCE SHEA

VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

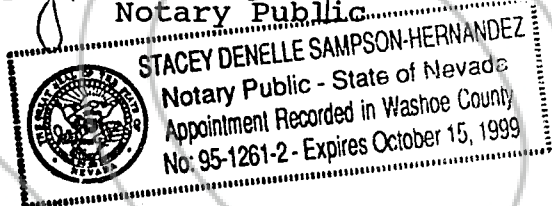
I, the undersigned, being first duly sworn, under penalty of perjury, depose and say:

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.

Terrance Shea
TERRANCE SHEA

SUBSCRIBED and SWORN to before me, a Notary Public, on this 22nd day of September, 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

WASHOE MEDICAL CENTER INC 77 PRINGLE WAY RENO, NV 89520-0109 702-328-4130				APPROVED OMB NO. 0930-0272		3 PATIENT CONTROL NO. 5100033611		4 TYPE OF BILL 131													
5 FED. TAX NO. 88-0213754		6 STATEMENT COVERS FROM THROUGH 080798 080798		7 COV T		8 H-C D		9 C-T		10 L-R		11									
12 PATIENT NAME SATTERFIELD, ELDON				13 PATIENT ADDRESS 757 MAMMOTH WAY, GARDNERVILLE, NV 89502																	
14 BIRTHDATE 11161955		15 SEX M		16 MARRIAGE STATUS S		17 ADMISSION DATE 080798		18 ADMISSION TYPE 22		19 MEDICAL RECORD NO. 01 0846916		20 CONDITION CODES									
21 OCCURRENCE CODE 01		22 OCCURRENCE DATE 080798		23 OCCURRENCE CODE 01		24 OCCURRENCE DATE 080798		25 OCCURRENCE CODE 01		26 OCCURRENCE DATE 080798		27 A									
28 ELDON SATTERFIELD 757 MAMMOTH WAY GARDNERVILLE, NV 89502				29 VALUE CODES AMOUNT 45 2100		30 VALUE CODES AMOUNT		31 VALUE CODES AMOUNT													
42 REV. CD		43 DESCRIPTION			44 HCPCS/RATES		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COV'D CHRG		49						
1		222 TECH SUPPT CHG							1		3481		3481								
2		250 PHARMACY							17		7989		7989								
3		250 PHARMACY			J1790				1		4586		4586								
4		250 PHARMACY			J2270				2		3654		3654								
5		255 DRUGS/INCIDENT RAD			A4644				1		35086		35086								
6		271 NON-STER SUPPLY			L3223				1		5311		5311								
7		272 STERILE SUPPLY							6		30866		30866								
8		272 STERILE SUPPLY			A4210				1		2107		2107								
9		272 STERILE SUPPLY			G0004				1		6620		6620								
10		300 COMP METABOLIC PANEL			80054		080798		1		10449		10449								
11		301 ALCOHOL DIAGNOSTIC			82055		080798		1		5232		5232								
12		301 CK-MB			82553		080798		1		6299		6299								
13		301 TROPONIN I			84484		080798		1		6846		6846								
14		305 COMPLETE BLOOD COUNT			85025		080798		2		18480		18480								
15		305 PROTHROMBIN TIME (PT)			85610		080798		1		5763		5763								
16		305 PARTIAL THROMBO TIME			85730		080798		1		6584		6584								
17		320 CHEST - LIMITED (1)			71010				1		15656		15656								
18		320 SPINE, CERVICAL COMP 4			72050				2		58620		58620								
19		320 PELVIS - AP			72170				1		15275		15275								
20		320 HAND 3+			73130				1		17103		17103								
21		320 FOOT-COMplete 3+			73630				1		16758		16758								
22		320 TRAUMA RM 15 MIN			76499				2		14204		14204								
23		PAGE 01 OF 02																			
50 PAYER A SELF PAY WC 206				51 PROVIDER NO.				52 INFO Y Y		53 ADJ. CEN		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 526969		56					
57				DUE FROM PATIENT																	
58 INSURED'S NAME A SATTERFIELD, ELDON				59 P. REL 01		60 CERT. - SSN - HIC. - ID NO.				61 GROUP NAME SELF PAY/WASHO		62 INSURANCE GROUP NO.									
63 TREATMENT AUTHORIZATION CODES A 9				64 FSC 9				65 EMPLOYER NAME NONE				66 EMPLOYER LOCATION REDWOOD CA94061									
67 PRIN. DIAG. CD 9120		68 CODE 9248		69 ICD9 4019		70 CODE V1051		71 OTHER DIAG 72 CODE		73 CODE		74 CODE		75 CODE		76 ADJ. DIAG CD 9120		77 E-CODE E8120		78	
79 PRIN. PROCEDURE CODE A		80 PRINCIPAL PROCEDURE DATE		81 OTHER PROCEDURE CODE B		82 OTHER PROCEDURE DATE		83 OTHER PROCEDURE CODE C		84 OTHER PROCEDURE DATE		85 OTHER PROCEDURE CODE D		86 OTHER PROCEDURE DATE		87 OTHER PROCEDURE CODE E		88 OTHER PROCEDURE DATE		89	
84 REMARKS SELF PAY/WC * RENO, NV 89520				SVC = TRA FC = F PT = O				90 PROVIDER REPRESENTATIVE X				91 DATE 082198									

UB-92 HCFA-1450

PAYER COPY

0450200

EXHIBIT A

BK0998PG4978

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

3 PATIENT CONTROL NO.
 5100033611

4 TYPE OF BILL
 131

5 PKD. TAX NO. 6 STATEMENT COVERS FROM THRU TO
 88-0213754 080798 080798

12 PATIENT NAME
 SATTERFIELD, ELDON

13 PATIENT ADDRESS
 757 MAMMOTH WAY, GARDNERVILLE, NV 89502

14 BIRTHDATE 15 SEX 16 RACE 17 RATE (DR. HM. 19) TYPE PROC 20 BR 21 STAT 22 MEDICAL RECORD NO. 23 CONDITION CODES 24

11161955 M S 080798 22 1 01 0846916

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

01 080798

38 ELDON SATTERFIELD
 757 MAMMOTH WAY
 GARDNERVILLE, NV 89502

39 VALUE CODES AMOUNT 40 VALUE CODES AMOUNT 41 VALUE CODES AMOUNT

a 45 2100

42 REV. CD	43 DESCRIPTION	44 HCPCS/RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COV'D CHRG	49
1	350 CT ABDOMEN WITH	74160		2	99138	99138	
2	450 EMERG ROOM	99284		1	5677	5677	
3	450 EMERG ROOM	99285		1	13992	13992	
4	730 ELECTROCARDIOGRAM	93005		1	9380	9380	
5	760 TREATMENT/OBSERVATION RM			1917	99648	99648	
6	960 EKG INTREP PRO FEE	93010		1	2165	2165	
23	001 02 OF 02 TOTAL CHARGE				526969	526969	

50 PAYER
 SELF PAY WC 206

51 PROVIDER NO. Y Y

54 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56

57 DUE FROM PATIENT 526969

58 INSURED'S NAME
 SATTERFIELD, ELDON

59 P. REL 60 CERT. - SSN - HIC. - ID NO. 61 GROUP NAME 62 INSURANCE GROUP NO.

01 SELF PAY/WASHO

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

9 NONE REDWOOD CA94061

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

9120 9248 4019 V1051 9120 E8120

79 P. 80 PRINCIPAL PROCEDURE CODE DATE 81 OTHER PROCEDURE CODE DATE 82 ATTENDING PHYS. ID
 A B C D E

NELSON LISA A

84 REMARKS
 SELF PAY/WC
 * RENO, NV 89520

SVC = TRA
 FC = F
 PT = O

85 PROVIDER REPRESENTATIVE 86 DATE
 X 082198

0450200

EXHIBIT A

BK0998PG4979

COPY

REQUESTED BY
Durney Brennan Shea

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'98 SEP 24 P2:22

0450200

BK0998PG4980

LINDA SLATER
RECORDER

\$11.50 PAID K2 DEPUTY