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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 KEVIN STAGE, 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, through August 10, 1998, account number 5100033728.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient KEVIN STAGE, 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 TEN THOUSAND ONE HUNDRED FORTY-EIGHT AND 05/100 DOLLARS (\$10,149.05), 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 22<sup>nd</sup> day of September, 1998.

DURNEY, BRENNAN & SHEA

By: 

TERRANCE SHEA

VERIFICATION

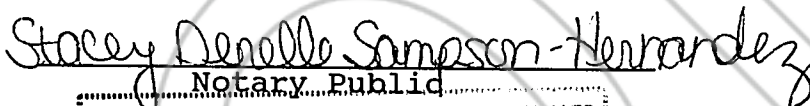
1 STATE OF NEVADA )  
2 : ss.  
3 COUNTY OF WASHOE )

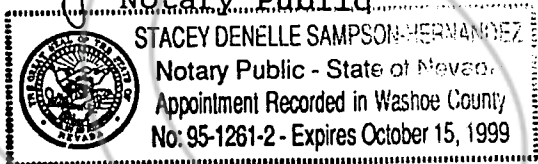
4 I, the undersigned, being first duly sworn, under  
5 penalty of perjury, depose and say:

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

12   
13 TERRANCE SHEA

14 SUBSCRIBED and SWORN to before me,  
15 a Notary Public, on this 22nd day  
16 of September, 1998.

17   
18 Notary Public



24 lien.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				3 PATIENT CONTROL NO. 5100033728		4 TYPE OF BILL 111	
5 FED. TAX NO. 88-0213754		6 STATEMENT COVERS FROM TO 080898 081098		7 COV D B N-C D 2		8 C-I D10 L-R 11	

12 PATIENT NAME STAGE, KEVIN				13 PATIENT ADDRESS PO BOX 5144, GARDNERVILLE NV 89410			
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14 BIRTHDATE 10011957		15 SEX M		16 MARITAL STATUS S		17 ADMISSION DATE 04 2 1		18 DISCHARGE DATE 21 05 0846927		23 MEDICAL RECORD NO.		24 CONDITION CODES		25	
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32 OCCURRENCE CODE DATE 01 080798		33 OCCURRENCE CODE DATE 41 080798		34 OCCURRENCE CODE DATE		35 OCCURRENCE CODE DATE		36 OCCURRENCE FROM TO		37 A B C	
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38 KEVIN STAGE PO BOX 5144 GARDNERVILLE, NV 89410				39 VALUE CODES AMOUNT 01 54700		40 VALUE CODES AMOUNT 45 2100		41 VALUE CODES AMOUNT	
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42 REV. CD	43 DESCRIPTION	44 HCPCS/RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COV'D CHRG	49
120	ROOM-BOARD/SEMI	561.00		2	112200	112200	
222	TECH SUPPT CHG			6	8296	8296	
250	PHARMACY			23	48624	48624	
255	DRUGS/INCIDENT RAD			1	35086	35086	
272	STERILE SUPPLY			36	139766	139766	
300	LABORATORY			2	20898	20898	
301	LAB/CHEMISTRY			5	39358	39358	
305	LAB/HEMATOLOGY			4	30827	30827	
307	LAB/UROLOGY			1	5850	5850	
320	DX X-RAY			12	207292	207292	
350	CT SCAN			5	282827	282827	
410	RESPIRATORY SVC			5	13790	13790	
450	EMERG ROOM			3	33661	33661	
460	PULMONARY FUNC			2	13240	13240	
730	EKG/ECG			2	18760	18760	
960	PRO FEE			2	4330	4330	
001	TOTAL CHARGES				1014805	1014805	

50 PAYER A SELF PAY WC 206 B PMT PLAN EXT F60		51 PROVIDER NO.		52 REL. AFO 53 AVG. COV		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56	
<b>DUE FROM PATIENT</b>						1014805					

58 INSURED'S NAME A STAGE, KEVIN B STAGE, KEVIN		59 P. REL. 01		60 CERT. - SSN - HIC. - ID NO.		61 GROUP NAME NONE PAYMENT OPTION		62 INSURANCE GROUP NO. LTRDOUGLAS081098 25.00 PER MONTH			
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53 TREATMENT AUTHORIZATION CODES A 9 B 9		55 EMPLOYER NAME 9 NONE 9 DENNYS				56 EMPLOYER LOCATION					
--	--	--	--	--	--	----------------------	--	--	--	--	--

67 PRIN. DIAG. CD 8911		68 ICD-9-CM CODE 9248		69 OTHER DIAG. CD 9190		70 OTHER ICD-9-CM CODE 9591		76 ADM. DIAG CD 8911		77 E-CODE E8120		78 445	
79 F. C. 80 PRINCIPAL PROCEDURE CODE B 8659		81 OTHER PROCEDURE CODE 080898		82 ATTENDING PHYS. ID PLECHA EDWARD J		83 OTHER PHYS. ID (CA) PLECHA EDWARD J		84 OTHER PHYS. ID (B)		85 PROVIDER REPRESENTATIVE X		86 DATE 082198	

84 REMARKS * SELF PAY/WC RENO, NV 89520 SVC = TRA FC = F PT = S											
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0450201

EXHIBIT A

BK0998PG4983

WASHOE MEDICAL CENTER INC 77 PRINGLE WAY RENO, NV 89520-0109 702-328-4130										PATIENT CONTROL NO. 5100033728		111				
FED. TAX NO. 88-0213754					STATEMENT COVERS FROM THROUGH 080898 081098			COV. B H-C D. 2		C-I D10 L-R 11						
PATIENT NAME STAGE, KEVIN						PATIENT ADDRESS PO BOX 5144, GARDNERVILLE NV 89410										
BIRTHDATE 10011957		SEX M		ADMISSION DATE 080898		D OF STAT 04 2 1		MEDICAL RECORD NO. 21 05 084627		CONDITION CODES						
OCCURRENCE CODE 01		OCCURRENCE DATE 080798		OCCURRENCE CODE 41		OCCURRENCE DATE 080798		OCCURRENCE FROM		SPAN THROUGH						
PATIENT NAME KEVIN STAGE PO BOX 5144 GARDNERVILLE, NV 89410						VALUE CODES AMOUNT 01 54700		VALUE CODES AMOUNT 45 2100		VALUE CODES AMOUNT						
REV. CD		DESCRIPTION			HCPCS/RATES		SERV. DATE		SERV. UNITS		TOTAL CHARGES		NON-COV'D CHRG			
120		ROOM-BOARD/SEMI			561.00				2		112200		112200			
222		TECH SUPPT CHG							6		8296		8296			
250		PHARMACY							23		48624		48624			
255		DRUGS/INCIDENT RAD							1		35086		35086			
272		STERILE SUPPLY							36		139766		139766			
300		LABORATORY							2		20898		20898			
301		LAB/CHEMISTRY							5		39358		39358			
305		LAB/HEMATOLOGY							4		30827		30827			
307		LAB/UROLOGY							1		5850		5850			
320		DX X-RAY							12		207292		207292			
350		CT SCAN							5		282827		282827			
410		RESPIRATORY SVC							5		13790		13790			
450		EMERG ROOM							3		33661		33661			
460		PULMONARY FUNC							2		13240		13240			
730		EKG/ECG							2		18760		18760			
960		PRO FEE							2		4330		4330			
001		TOTAL CHARGES									1014805		1014805			
PAYER A SELF PAY WC 206 B PMT PLAN EXT F60					PROVIDER NO.					PRIOR PAYMENTS		EST. AMOUNT DUE		56		
					DUE FROM PATIENT							1014805				
INSURED'S NAME A STAGE, KEVIN B STAGE, KEVIN					CERT. - SEN - HIC. - ID NO. 01					GROUP NAME NONE PAYMENT OPTION		INSURANCE GROUP NO. LTRDOUGLAS081098 25.00 PER MONTH				
TREATMENT AUTHORIZATION CODES A 9 B 9					EMPLOYER NAME NONE DENNYS					EMPLOYER LOCATION						
PRINCIPAL DIAG. CD 8911 9248 9190 9591					OTHER DIAG. CD					ADM. DIAG CD 8911		E-CODE E8120		78 445		
PRINCIPAL PROCEDURE CODE 8659 080898					OTHER PROCEDURE CODE					ATTENDING PHYS. YD PLECHA EDWARD J						
OTHER PROCEDURE CODE					OTHER PROCEDURE CODE					OTHER PHYS. (A) PLECHA EDWARD J						
OTHER PROCEDURE CODE					OTHER PROCEDURE CODE					OTHER PHYS. (B)						
REMARKS SELF PAY/WC * RENO, NV 89520					SVC = TRA FC = F PT = S					PROVIDER REPRESENTATIVE X DATE 082198						

REQUESTED BY *Darney Brennan & Shea*

IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'98 SEP 24 P2:24

LINDA SLATER  
RECORDER

\$ 11.00 PAID *KJ* DEPUTY

0450201

BK0998PG4985