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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 **TAMI PEMBERTON** a person who was injured on the 25th day of June, 1999, 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 judgement 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:

FARMERS INSURANCE

The hospitalization was rendered to the injured party between June 25, 1999, through July 31, 1999, Account Number 5100048965.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient TAMI PEMBERTON, 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 FIVE THOUSAND TWENTY SIX DOLLARS and 64/100 DOLLARS (\$35,026.64), 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 19th day of August, 1999.



TERRANCE SHEA, ESQ.

TOM BRENNAN, ESQ.

DURNEY, BRENNAN & SHEA

Attorneys for Washoe Medical Center

DURNEY, BRENNAN & SHEA
ATTORNEYS AT LAW
547 SOUTH ARLINGTON AVENUE
RENO, NEVADA 89509
TELEPHONE (775) 329-4400 • TELECOPIER (775) 329-8806

PETER D. DURNEY
THOMAS R. BRENNAN
TERRANCE SHEA

0485972

BK0200PG1433

VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

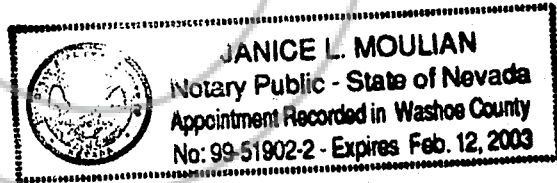
I, TERRANCE SHEA, the undersigned, being first duly sworn, under penalty of perjury, depose and say:

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 19th day of August 1999.

Janice L. Moulian
Notary Public



lien.jlm 8/18/99

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

0485972

BK0200PG1434

1 WASHOE MEDICAL CENTER INC 77 PRINGLE WAY RENO, NV 89520-0109 775-982-4130		2		3 PATIENT CONTROL NO. 5100048965		4 111	
5 FED. TAX NO. 88-0213754	6 STATEMENT FROM 062599	7 COVERS THROUGH 070699	8 COV D	9 N-C D.	10 C-I	11 D-L-R	11

12 PATIENT NAME PEMBERTON, TAMI	13 PATIENT ADDRESS P O BOX 968, BRIDGEPORT CA 93157
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14 BIRTHDATE 09151967	15 SEX F	16 HS S	17 RATE 062599	18 ADMISSION DATE 02	19 TYPE 1	20 SPC 7	21 D HR 20	22 STAT 01	23 MEDICAL RECORD NO. 0874994	24	25	26	27	28	29	30	31
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32 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	35 OCCURRENCE DATE	36 OCCURRENCE FROM	37 OCCURRENCE THROUGH	38 SPAN THROUGH
a 01	062499	41	062499			
b						
c						

38 TAMI PEMBERTON P O BOX 968 BRIDGEPORT, CA 93157	39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 VALUE CODES AMOUNT
	a 01	58000				
	b					
	c					

42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COV'D CHRGS	49
1	110 ROOM-BOARD/PVT	590.00		11	649000		
2	222 TECH SUPPT CHG			5	15008		
3	250 PHARMACY			134	401698		
4	255 DRUGS/INCIDENT RAD			2	112274		
5	271 NON-STER SUPPLY			33	61988		
6	272 STERILE SUPPLY			88	550610		
7	274 PROSTH/ORTH DEV			3	268566		
8	292 MED EQUIP/NEW			12	52986		
9	301 LAB/CHEMISTRY			3	26492		
10	305 LAB/HEMATOLOGY			2	12904		
11	320 DX X-RAY			22	352215		
12	341 NUC MED/DX			3	111803		
13	350 CT SCAN			9	503112		
14	360 OR SERVICES			51	185395		
15	370 ANESTHESIA			53	27585		
16	410 RESPIRATORY SVC			1	2758		
17	420 PHYSICAL THERP			3	26531		
18	450 EMERG ROOM			2	19669		
19	460 PULMONARY FUNC			3	16860		
20	710 RECOVERY ROOM			2	40862		
21	921 PERI VASCUL LAB			1	49930		
22	960 PRO FEE			1	14418		
23	001 TOTAL CHARGES				3502664		

50 PAYER BC OTHER 410	51 PROVIDER NO. CC6040	52	53	54 PRIOR PAYMENTS Y Y	55 EST. AMOUNT DUE	56
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57 **DUE FROM PATIENT**

58 INSURED'S NAME PEMBERTON, TAMI	59 P.REL 02	60 CERT. - SSN - HIC. - ID NO. 7644	61 GROUP NAME UNK	62 INSURANCE GROUP NO. 7644
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63 TREATMENT AUTHORIZATION CODES 7644	64 ESC 9	65 EMPLOYER NAME UNK	66 EMPLOYER LOCATION
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67 PRIM. DIAG. CD 82009	68 CODE 82521	69 CODE 7840	70 CODE 8910	71 CODE 9190	72 CODE 9248	73 CODE 7804	74 ADM. DIAG. CD 82009	75 E-CODE E8120	76 236
79 P.C.	80 PRINCIPAL PROCEDURE CODE 7905	81 PROCEDURE DATE 062599	82 OTHER PROCEDURE CODE 9344	83 OTHER PROCEDURE DATE 062599	84 OTHER PROCEDURE CODE 8659	85 OTHER PROCEDURE DATE 062599	86 ATTENDING PHYS. ID SHONNARD PAUL Y		
87 OTHER PROCEDURE CODE C							88 OTHER PHYS. ID (A) SHONNARD PAUL Y		
89 OTHER PROCEDURE CODE D							90 OTHER PHYS. ID (B)		

84 REMARKS BC BS OTHER P O BOX 9062 OXNARD, CA 93031	SVC = ORT FC = C PT = P	85 PROVIDER REPRESENTATIVE X	86 DATE 071599
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EXHIBIT A

0485972

BK0200PG1435

COPY

REQUESTED BY

Darney Brennan & Shea

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 FEB -8 PM 2: 19

LINDA SLATER
RECORDER

\$10⁰⁰ PAID KJ DEPUTY

0485972

BK0200PG1436