

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

3 **WASHOE MEDICAL CENTER**  
4 **A NON-PROFIT NEVADA CORPORATION**  
5 **MILL AND KIRMAN**  
6 **RENO, NEVADA**

7 **(NRS 108.590 THROUGH NRS 108.660)**

8 **NOTICE IS HEREBY GIVEN** that WASHOE MEDICAL CENTER has  
9 rendered services in hospitalization for **MARTHA BROGIE**, a person  
10 who was injured on the 5th day of May, 2000, in the County of  
11 Douglas, State of Nevada, and that WASHOE MEDICAL CENTER hereby  
12 claims a lien upon any money due or owing or any claim for  
13 compensation, damages, contribution, settlement or judgment from  
14 any other person or persons, corporation or association alleged  
15 to have caused the injury, or liable for the injury or payment  
16 of the expenses herein incurred, said parties being the  
17 following:

18 **CALIFORNIA STATE AUTOMOBILE ASSOCIATION**

19 The hospitalization was rendered to the injured party on  
20 various dates between May 5, 2000, through May 11, 2000,  
21 account numbers 5100065159.

22 **ITEMIZED STATEMENT**

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

27 That ninety (90) days have not elapsed since the  
28 termination of hospitalization; and that the claimant's demands  
for such care or services are in the sum of TWENTY SEVEN  
THOUSAND NINE HUNDRED NINETY EIGHT DOLLARS and 37/100  
(\$27,998.37) after deducting credits and off sets, 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 27<sup>th</sup> day of May, 2000.

**DURNEY, BRENNAN & SHEA**

By: 

**TERRANCE SHEA**

0492997

BK0500PG6474

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

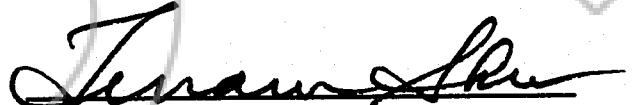
PETER D. DURNEY  
THOMAS R. BRENNAN  
TERRANCE SHEA

**VERIFICATION**

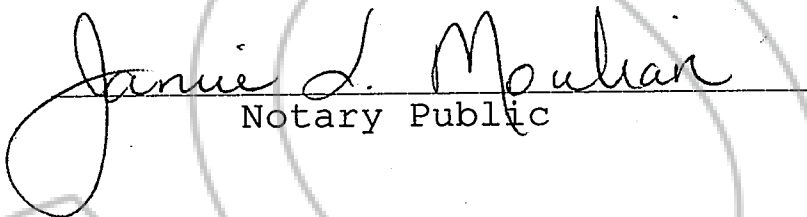
1 STATE OF NEVADA )  
2 : ss.  
3 COUNTY OF WASHOE )

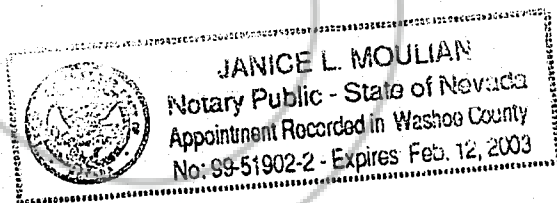
4 I, TERRANCE SHEA, the undersigned, being first duly  
5 sworn, under penalty of perjury, depose and say:

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 by TERRANCE SHEA, on this 27<sup>th</sup> day  
16 of May, 2000.

17   
18 Notary Public



19 lien.jlm5/25/00

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

0492997

BK0500PG6475

1 WASHOE MEDICAL CENTER INC  
 77 PRINGLE WAY  
 RENO, NV 89502-1474  
 775-982-4130

3 PATIENT CONTROL NO.  
 5100065159

APPROVED OMB NO. 0938-0279  
 4 TYPE OF BILL 111

5 FED. TAX NO. 3754  
 6 STATEMENT COVERED THROUGH 051100  
 7 COV. N-C D. 6  
 8 C-I 10 L-R 11

12 PATIENT NAME BROGIE, MARTHA  
 13 PATIENT ADDRESS 788 MAMMOTH WAY, GARDNERVILLE NV 89410

14 BIRTHDATE 06181921  
 15 SEX F  
 16 MARRIAGE STATUS W  
 17 ADMISSION PROGRAM 050500  
 18 DATE OF SERVICE 19 1 7  
 21 D HR 18  
 22 STAT 03  
 23 MEDICAL RECORD NO. 0904042

32 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	35 OCCURRENCE DATE	36 OCCURRENCE CODE	37 A OCCURRENCE FROM	37 B OCCURRENCE THROUGH
01	050500	26	051100			

38 MARTHA BROGIE  
 788 MAMMOTH WAY  
 GARDNERVILLE, NV 89410

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

42 REV. CD	43 DESCRIPTION	44 HCPCS/RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COV'D CHROS	49
1	120 ROOM-BOARD/SEMI	580.00		4	232000		
2	200 INTENSIVE CARE OR (ICU)	1131.00		2	226200		
3	222 TECH SUPPT CHG			1	3602		
4	250 PHARMACY			71	91649		
5	271 NON-STER SUPPLY			3	16917		
6	272 STERILE SUPPLY			125	887902		
7	300 LABORATORY			3	24962		
8	301 LAB/CHEMISTRY			1	5047		
9	305 LAB/HEMATOLOGY			6	48144		
10	306 LAB/BACT-MICRO			1	17640		
11	320 DX X-RAY			10	185863		
12	350 CT SCAN			5	302790		
13	360 OR SERVICES			1	385534		
14	370 ANESTHESIA			70	35686		
15	402 ULTRASOUND			1	1498		
16	410 RESPIRATORY SVC			1	25686		
17	420 PHYSICAL THERP			4	65409		
18	430 OCCUPATION THER			2	32606		
19	450 EMERG ROOM			2	20356		
20	460 PULMONARY FUNC			5	34006		
21	636 DRUG/DETAIL CODE				87782		
22	710 RECOVERY ROOM			3	49142		
23	PAGE 01 OF 02						

50 PAYER A MEDICARE A01  
 B MEDICARE B01  
 C BC OTHER 410

51 PROVIDER NO. 290001  
 290001  
 CC6040

52 FEE-ORIGINATOR INC. Y Y  
 53 FEE-ORIGINATOR ID. Y Y

54 PRIOR PAYMENTS  
 55 EST. AMOUNT DUE  
 56

**DUE FROM PATIENT**

57

58 INSURED'S NAME A BROGIE, MARTHA  
 B BROGIE, MARTHA  
 C BROGIE, MARTHA

59 P. REL 01  
 01  
 01

60 CERT. - SSN - HIC. - ID NO. 8110A  
 8110A  
 8110

61 GROUP NAME MEDICARE PART  
 MEDICARE B PRO  
 BLUE CROSS/BS

62 INSURANCE GROUP NO. 8110A  
 8110A  
 8110

63 TREATMENT AUTHORIZATION CODES A HV MECA  
 B HV MECA  
 C NON REQ

64 ESC 9  
 9  
 9

65 EMPLOYER NAME MEDICARE B PROFFE  
 BLUE CROSS/BS OTHER

66 EMPLOYER LOCATION

67 PRIN. DIAG. CD 86121  
 9222  
 8220

68 OTHER DIAG. CD 81344  
 84500  
 41401  
 V4582  
 4019  
 2449

76 ADX. DIAG. CD 86229  
 77 E-CODE E8120  
 78 468

79 P. CD 00  
 00  
 00

80 PRINCIPAL PROCEDURE CODE 7936  
 050600

81 OTHER PROCEDURE CODE A  
 B  
 C  
 D  
 E

82 ATTENDING PHYS. ID. C96291  
 MACLELLAN WARREN J B3

83 OTHER PHYS. ID. (A)  
 C96457  
 PORRAS MARIO E N7

84 REMARKS A MEDICARE PART A  
 B HOSPITAL INSURANCE  
 C OMAHA, NE 99999  
 D SVC = TRA  
 FC = M  
 PT = S

85 PROVIDER REPRESENTATIVE X  
 86 DATE 051500

EXHIBIT *A*

0492997

BK0500PG6476

1 WASHOE MEDICAL CENTER INC 77 PRINGLE WAY RENO, NV 89502-1474 775-982-4130		2		3 PATIENT CONTROL NO. 5100065159		4 TYPE OF BILL 111	
5 FED. TAX NO.	6 STATEMENT FROM	7 STATEMENT THROUGH	8 COV D.	9 N-C D.	10 C-I D.	11 L-R	12
3754	050500	051100	6				

12 PATIENT NAME BROGIE, MARTHA	13 PATIENT ADDRESS 788 MAMMOTH WAY, GARDNERVILLE NV 89410
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14 BIRTHDATE 06181921	15 SEX F	16 HS W	17 RATE 050500	18 DATE 19 1 7	21 D HR 18 03	22 STAT 0904042	23 MEDICAL RECORD NO.	31
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32 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	35 OCCURRENCE DATE	36 CODE	37 OCCURRENCE FROM	37 SPAN THROUGH
01	050500	26	051100			

38 VALUE CODES	39 VALUE CODES	40 VALUE CODES	41 VALUE CODES
a	b	c	d

MARTHA BROGIE  
788 MAMMOTH WAY  
GARDNERVILLE, NV 89410

42 REV. CD	43 DESCRIPTION	44 HCPCS/RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COV'D	49 CHROS
1 730	EKG/ECG			2	19416		
2							
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21							
22							
23 001	02 OF 02 TOTAL CHARGE				2799837		

50 PAYER	51 PROVIDER NO.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A MEDICARE A01	290001	Y Y		
B MEDICARE B01	290001	Y Y		
C BC OTHER 410	CC6040	Y Y		

57	<b>DUE FROM PATIENT</b>			
58 INSURED'S NAME	59 P. REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A BROGIE, MARTHA	01	08110A	MEDICARE PART	08110A
B BROGIE, MARTHA	01	08110A	MEDICARE B PRO	08110A
C BROGIE, MARTHA	01	08110	BLUE CROSS/BS	08110

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A HV MECA	9		
B HV MECA	9	MEDICARE B PROFFEE	
C NON REQ	9	BLUE CROSS/BS OTHER	

67 PRIN. DIAG. CD	68 ICD-9	69 OTHER DIAG. CD	70 ICD-9	71 ICD-9	72 ICD-9	73 ICD-9	74 ICD-9	75 ICD-9	76 ADX DIAG. CD	77 E-CODE	78
86121	9222	8220	81344	84500	41401	V4582	4019	2449	86229	E8120	468

79 P. Q	80 PRINCIPAL PROCEDURE CODE	81 OTHER PROCEDURE DATE	82 OTHER PROCEDURE DATE	83 OTHER PROCEDURE DATE	84 OTHER PROCEDURE DATE	85 OTHER PROCEDURE DATE	86 OTHER PROCEDURE DATE	87 OTHER PROCEDURE DATE	88 OTHER PROCEDURE DATE	89 OTHER PROCEDURE DATE	90 OTHER PROCEDURE DATE
9	7936	050600									

84 REMARKS	85 PROVIDER REPRESENTATIVE	86 DATE
MEDICARE PART A HOSPITAL INSURANCE OMAHA, NE 99999	SVC = TRA FC = M PT = S	X 051500

EXHIBIT A 0492997 BK0500PG6477

COPY

REQUESTED BY  
Durney Brennan & Shea  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2000 MAY 30 PM 2:21

LINDA SLATER  
RECORDER

\$ 11<sup>00</sup> PAID Ka DEPUTY

0492997

BK0500PG6478