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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 **CARLOS FERNANDEZ**, of Sparks, Nevada, a person who was injured on the 14th day of January, 2001, 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:

STAT FARM INSURANCE COMPANY
EMPIRE FIRE & MARINE INSURANCE

The hospitalization was rendered to the injured party beginning on January 14-16, 2001, account number 5100081891.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient **CARLOS FERNANDEZ**, 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 ELEVEN THOUSAND SEVEN HUNDRED SIXTY AND 50/100 DOLLARS (\$11,760.50), 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 6th day of March, 2001

DURNEY, BRENNAN & SHEA

By: 

TERRANCE SHEA, ESQ.

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0510175

BK0301PG2452

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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

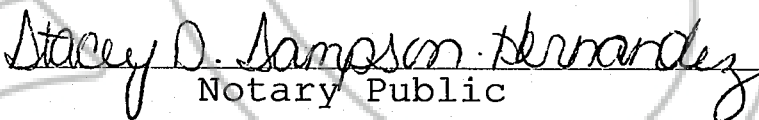
1
2 STATE OF NEVADA)
3 : SS.
4 COUNTY OF WASHOE)

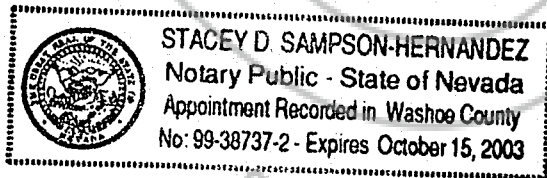
5 I, the undersigned, being first duly sworn, under
6 penalty of perjury, depose and say:

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

13
14 
15 **TERRANCE SHEA**

16 **SIGNED and SWORN** to before me,
17 by **TERRANCE SHEA**, on this 6th
18 day of March, 2001.

19 
20 Notary Public



22 lien.sdh

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26
27
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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

1 WASHOE MEDICAL CENTER INC 77 PRINGLE WAY RENO, NV 89502-1474 775-982-4130			3. IDENT CONTROL NO. 5100081891			4. TYPE OF BILL 111	
5 FED. TAX NO. 88-0213754	6 STATEMENT FROM 011401	7 COVERS THROUGH 011601	8 N-C D. 2	9 C-1 D 11	10 L-R		

12 PATIENT NAME FERNANDEZ, CARLOS	13 PATIENT ADDRESS 1029 RIVERVIEW, GARDNERVILLE NV 89410
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14 BIRTHDATE 09111955	15 SEX M	16 AGE 36	17 DATE OF ADMISSION 011401	18 ICD-9-CM TYPE SRC 1	19 ICD-9-CM TYPE SRC 7	20 ICD-9-CM TYPE SRC 13	21 D BR 01	22 STAT 01	23 MEDICAL RECORD NO. 0931889	24 CONDITION CODES 71 26 27 28 29 30		31
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32 OCCURRENCE CODE 01	33 OCCURRENCE DATE 011401	34 OCCURRENCE CODE	35 OCCURRENCE DATE	36 CODE	37 A OCCURRENCE FROM	37 B SPAN THROUGH	37 C	39 VALUE CODES AMOUNT 01 60200	40 VALUE CODES AMOUNT 45 1400	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
1	120 ROOM-BOARD/SEMI	602.00		2	120400	120400	
2	222 TECH SUPPT CHG			1	3742	3742	
3	250 PHARMACY			17	65081	65081	
4	255 DRUGS/INCIDENT RAD			1	37730	37730	
5	258 IV SOLUTIONS			4	25068	25068	
6	270 MED-SUR SUPPLIES			2	9787	9787	
7	272 STERILE SUPPLY			19	198550	198550	
8	305 LAB/HEMATOLOGY			3	29808	29808	
9	320 DX X-RAY			8	135839	135839	
10	324 DX X-RAY/CHEST			1	16836	16836	
11	351 CT SCAN/HEAD			1	77648	77648	
12	352 CT SCAN/BODY			2	106608	106608	
13	410 RESPIRATORY SVC			1	11860	11860	
14	450 EMERG ROOM			2	303132	303132	
15	460 PULMONARY FUNC			5	23875	23875	
16	730 EKG/EKG			1	10086	10086	
23	001 TOTAL CHARGES				1176050	1176050	

50 PAYER A SELF PAY 999	51 PROVIDER NO.	52 REL INFO Y	53 498 DEN Y	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
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57 DUE FROM PATIENT				
58 INSURED'S NAME A FERNANDEZ, CARLOS	59 P. REL 01	60 CERT. - SSN - HIC. - ID NO. 0	61 GROUP NAME COUNTRY CLUB	62 INSURANCE GROUP NO. 0

63 TREATMENT AUTHORIZATION CODES A	64 ESC 7	65 EMPLOYER NAME COUNTRY CLUB	66 EMPLOYER LOCATION
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67 PRIN DIAG. CD 80700	68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76 ADM. DIAG. CD 9591	77 E-CODE E8120	78 102
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79 P 00 PRINCIPAL PROCEDURE DATE	80 OTHER PROCEDURE A CODE DATE	81 OTHER PROCEDURE B CODE DATE	82 ATTENDING PHYS. (F) WATSON JOHN M
83 OTHER PROCEDURE C CODE DATE	84 OTHER PROCEDURE D CODE DATE	85 OTHER PROCEDURE E CODE DATE	86 OTHER PHYS. (D)

84 REMARKS SELF PAY -,- 00000	SVC = TRA FC = P PT = S	85 PROVIDER REPRESENTATIVE X	86 DATE 012401
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EXHIBIT A 0510175
BK0301PG2454

COPY

REQUESTED BY
Duane Brennan + Shea
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2001 MAR -9 PM 2: 39

LINDA SLATER
RECORDER

\$ *10.00* PAID *Bl* DEPUTY

0510175

BK0301PG2455