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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 **DELOROUS R. BARBER**, of Carson City, Nevada, a person who was injured on the 23rd day of February, 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:

LIBERTY MUTUAL INSURANCE COMPANY

The hospitalization was rendered to the injured party on February 23-28, 2001, account number 5100083723.

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient **DELOROUS R. BARBER**, 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 TWENTY SIX THOUSAND FOUR HUNDRED SIX AND 57/100 DOLLARS (\$26,406.57), 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 31st day of March, 2001.

DURNEY, BRENNAN & SHEA

By: 

TERRANCE SHEA

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

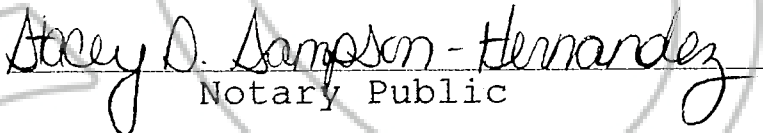
1 STATE OF NEVADA)
2 : SS.
3 COUNTY OF WASHOE)

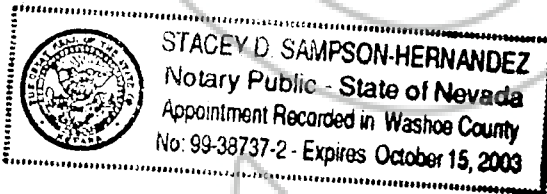
4 I, the undersigned, being first duly sworn, under
5 penalty of perjury, depose and say:

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 
14 **TERRANCE SHEA**

15 **SIGNED and SWORN** to before me,
16 by **TERRANCE SHEA**, on this 31st
17 day of March, 2001.

18
19 
20 Notary Public



21
22
23 lien.sdh

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 PATIENT CONTROL NO. 5100083723 | | 4 TYPE OF BILL 111 | |
| 5 FED. TAX NO. 88-0213754 | 6 STATEMENT FROM 022301 | 7 COVERED THROUGH 022801 | 8 COV D | 9 N-C D | 10 C-I D |

| | |
|---------------------------------------|--|
| 12 PATIENT NAME BARBER, DELOROUS R | 13 PATIENT ADDRESS 996 DESERT D, CARSON CITY NV 89705 |
|---------------------------------------|--|

| | | | | | | | | | | | | | | | | | |
|--------------------------|-------------|------------------------|-----------------------------|------------------------|--------------|--|--------------------|----|----|----|----|----|----|----|----|----|----|
| 14 BIRTHDATE 12171911 | 15 SEX F | 16 MARITAL STATUS W | 17 ADMISSION DATE 022301 | 18 ADMISSION TYPE 1 | 19 STAT 7 | 20 MEDICAL RECORD NO. 10 05 0934957 | 21 CONDITION CODES | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|--------------------------|-------------|------------------------|-----------------------------|------------------------|--------------|--|--------------------|----|----|----|----|----|----|----|----|----|----|

| 32 OCCURRENCE CODE | 33 OCCURRENCE DATE | 34 OCCURRENCE CODE | 35 OCCURRENCE DATE | 36 CODE | OCCURRENCE FROM | SPAN THROUGH | 37 A | 37 B | 37 C |
|--------------------|--------------------|--------------------|--------------------|---------|-----------------|--------------|------|------|------|
| 01 | 022301 | | | | | | | | |

| | | | | | | |
|--|--|--|--|----------------|----------------|----------------|
| 38 DELOROUS R BARBER 996 DESERT DR CARSON CITY, NV 89705 | | | | 39 VALUE CODES | 40 VALUE CODES | 41 VALUE CODES |
| | | | | a | b | c |
| | | | | d | e | f |

| 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 | 626.00 | | 3 | 187800 | | |
| 2 | 219 CCU/OTHER | 801.00 | | 2 | 160200 | | |
| 3 | 220 SPECIAL CHARGES | | | 2 | 4600 | 4600 | |
| 4 | 222 TECH SUPPT CHG | | | 3 | 31262 | | |
| 5 | 250 PHARMACY | | | 65 | 110750 | | |
| 6 | 255 DRUGS/INCIDENT RAD | | | 2 | 60925 | | |
| 7 | 258 IV SOLUTIONS | | | 6 | 39925 | | |
| 8 | 270 MED-SUR SUPPLIES | | | 2 | 12150 | 3975 | |
| 9 | 272 STERILE SUPPLY | | | 87 | 303050 | 3825 | |
| 10 | 301 LAB/CHEMISTRY | | | 8 | 61405 | | |
| 11 | 302 LAB/IMMUNOLOGY | | | 4 | 25600 | | |
| 12 | 305 LAB/HEMATOLOGY | | | 11 | 74700 | | |
| 13 | 307 LAB/UROLOGY | | | 1 | 6896 | | |
| 14 | 320 DX X-RAY | | | 5 | 98718 | | |
| 15 | 324 DX X-RAY/CHEST | | | 3 | 50508 | | |
| 16 | 350 CT SCAN | | | 1 | 28200 | | |
| 17 | 351 CT SCAN/HEAD | | | 1 | 90675 | | |
| 18 | 352 CT SCAN/BODY | | | 4 | 513293 | | |
| 19 | 360 OR SERVICES | | | 1 | 273625 | | |
| 20 | 370 ANESTHESIA | | | 48 | 44600 | | |
| 21 | 390 BLOOD/STOR-PROC | | | 2 | 11000 | | |
| 22 | 410 RESPIRATORY SVC | | | 1 | 18100 | | |
| 23 | PAGE 01 OF 02 | | | | | | |

| | | | | | | |
|----------------|-----------------|----|----|-------------------|--------------------|----|
| 50 PAYER | 51 PROVIDER NO. | 52 | 53 | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56 |
| A MEDICARE A01 | 290001 | Y | Y | | | |
| B MEDICARE B01 | 290001 | Y | Y | | | |
| C CIGNA G67 | | Y | Y | | | |

| | | | | |
|----------------------------|-----------|--------------------------------|---------------|------------------------|
| 57 DUE FROM PATIENT | | | | |
| 58 INSURED'S NAME | 59 P. REL | 60 CERT. - SSN - HIC. - ID NO. | 61 GROUP NAME | 62 INSURANCE GROUP NO. |
| A BARBER, DELOROUS R | 01 | 3364D | RETIRED | 3364D |
| B BARBER, DELOROUS R | 01 | 3364D | NA/RET | 3364D |
| C BARBER, DELOROUS R | 01 | 54772768701 | RETIRED | 0413994 |

| | | | |
|----------------------------------|--------|------------------|----------------------|
| 63 TREATMENT AUTHORIZATION CODES | 64 ESC | 65 EMPLOYER NAME | 66 EMPLOYER LOCATION |
| A HAVE MECCA | 9 | RETIRED | |
| B HAVE MECCA | 9 | RETIRED | |
| C POLICY CANCELLE | 9 | RETIRED | |

| | | | | | | | | | | | |
|-------------------|------|--------|------|------|-------|----|----|----|-----------------|-----------------|-----|
| 67 PRIN. DIAG. CD | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 ADX DIAG. CD | 77 E-CODE | 78 |
| 9221 | 4539 | 92400 | 4019 | 2720 | 71690 | | | | 9221 | E8120 | 280 |
| 79 P | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 |
| | 8604 | 022301 | | | | | | | F66586 | PLECHA EDWARD J | |
| | | | | | | | | | F66586 | PLECHA EDWARD J | |

| | | |
|--|-------------------------------|----------|
| 84 REMARKS | 85 PROVIDER REPRESENTATIVE | 86 DATE |
| MEDICARE PART A HOSPITAL INSURANCE OMAHA, NE 99999 | SVC = TRA FC = M PT = S | X 030601 |

0512248 EXHIBIT A

BK0401PG3257

| | | | | | |
|--|----------------------------|-------------------------------------|--------------|-----------------------|----------|
| 1 WASHOE MEDICAL CENTER INC 77 PRINGLE WAY RENO, NV 89502-1474 775-982-4130 | | 3 PATIENT CONTROL NO. 5100083723 | | 4 TYPE OF BILL 111 | |
| 5 FED. TAX NO. 88-0213754 | 6 STATEMENT FROM 022301 | 7 COVERS THROUGH 022801 | 8 COV D 5 | 9 N-C D. | 10 C-I D |

| | |
|---------------------------------------|--|
| 12 PATIENT NAME BARBER, DELOROUS R | 13 PATIENT ADDRESS 996 DESERT D, CARSON CITY NV 89705 |
|---------------------------------------|--|

| | | | | | | | | | | | | | | | | | |
|--------------------------|-------------|------|-------------------|----|----|----|----|----|----------------------------------|----|----|----|----|----|----|----|----|
| 14 BIRTHDATE 12171911 | 15 SEX F | 16 W | 17 DATE 022301 | 18 | 19 | 20 | 21 | 22 | 23 MEDICAL RECORD NO. 0934957 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|--------------------------|-------------|------|-------------------|----|----|----|----|----|----------------------------------|----|----|----|----|----|----|----|----|

| | | | | | | | | | |
|--------------------------|------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 32 OCCURRENCE CODE 01 | 33 OCCURRENCE DATE 022301 | 34 OCCURRENCE CODE | 35 OCCURRENCE DATE | 36 OCCURRENCE CODE | 37 OCCURRENCE DATE | 38 OCCURRENCE CODE | 39 OCCURRENCE DATE | 40 OCCURRENCE CODE | 41 OCCURRENCE DATE |
|--------------------------|------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|

| | | | |
|--|-----------------------|-----------------------|-----------------------|
| 38 DELOROUS R BARBER 996 DESERT DR CARSON CITY, NV 89705 | 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 | 49 CHRG |
|------------|---------------------------|----------------|---------------|----------------|------------------|--------------|---------|
| 1 | 420 PHYSICAL THERP | | | 2 | 20575 | | |
| 2 | 424 PHYS THERP/EVAL | | | 1 | 9150 | | |
| 3 | 450 EMERG ROOM | | | 2 | 303300 | | |
| 4 | 460 PULMONARY FUNC | | | 4 | 21400 | | |
| 5 | 710 RECOVERY ROOM | | | 2 | 54800 | | |
| 6 | 730 EKG/ECG | | | 2 | 23450 | | |
| 23 | 001 02 OF 02 TOTAL CHARGE | | | | 2640657 | | 12400 |

| | | | | |
|---|-------------------------------------|---------------------------------|--------------------|----|
| 50 PAYER A MEDICARE A01 B MEDICARE B01 C CIGNA G67 | 51 PROVIDER NO. 290001 290001 | 54 PRIOR PAYMENTS Y Y Y Y | 55 EST. AMOUNT DUE | 56 |
|---|-------------------------------------|---------------------------------|--------------------|----|

| | | | | |
|---|-----------------------------|---|---|---|
| 57 DUE FROM PATIENT | | | | |
| 58 INSURED'S NAME A BARBER, DELOROUS R B BARBER, DELOROUS R C BARBER, DELOROUS R | 59 P. REL 01 01 01 | 60 CERT. - SSN - HIC. - ID NO. 3364D 3364D 54772768701 | 61 GROUP NAME RETIRED NA/RET RETIRED | 62 INSURANCE GROUP NO. 3364D 3364D 0413994 |

| | | | |
|---|-----------------------|---|----------------------|
| 63 TREATMENT AUTHORIZATION CODES A HAVE MECCA B HAVE MECCA C POLICY CANCELLE | 64 ESC 9 9 9 | 65 EMPLOYER NAME RETIRED RETIRED RETIRED | 66 EMPLOYER LOCATION |
|---|-----------------------|---|----------------------|

| | | | | | | | | | | | |
|---------------------------|-----------------------|----------------------|---------------------|---------------------|----------------------|-------------|-------------|--------------------------|--------------------|----|----|
| 67 PRIN. DIAG. CD 9221 | 68 COND. CODE 4539 | 69 ICD-9-CM 92400 | 70 ICD-9-CM 4019 | 71 ICD-9-CM 2720 | 72 ICD-9-CM 71690 | 73 ICD-9-CM | 74 ICD-9-CM | 76 ADR. DIAG. CD 9221 | 77 E-CODE E8120 | 78 | 79 |
|---------------------------|-----------------------|----------------------|---------------------|---------------------|----------------------|-------------|-------------|--------------------------|--------------------|----|----|

| | | | | |
|-------------------------------------|-----------------------------------|---|--|--------------------|
| 80 PRINCIPAL PROCEDURE CODE 8604 | 81 OTHER PROCEDURE CODE 022301 | 82 ATTENDING PHYS. ID F66586 PLECHA EDWARD J | 83 OTHER PRG. ID (A) F66586 PLECHA EDWARD J | 84 OTHER PHYS. (B) |
|-------------------------------------|-----------------------------------|---|--|--------------------|

| | | | |
|--|-------------------------------|---------------------------------|-------------------|
| 84 REMARKS MEDICARE PART A HOSPITAL INSURANCE OMAHA, NE 99999 | SVC = TRA FC = M PT = S | 85 PROVIDER REPRESENTATIVE X | 86 DATE 030601 |
|--|-------------------------------|---------------------------------|-------------------|

EXHIBIT A

0512248
BK0401PG3258

COPY

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

2001 APR 13 AM 11:22

LINDA SLATER
RECORDER

\$ 11.00 PAID KJ DEPUTY

0512248

BK0401PG3259