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1 Mail To:  
2 Durney, Brennan & Shea  
3 547 South Arlington Ave.  
4 Reno, Nevada 89509

**HOSPITAL LIEN  
ON REAL PROPERTY**

**WASHOE MEDICAL CENTER  
A NON-PROFIT NEVADA CORPORATION  
MILL AND KIRMAN  
RENO, NEVADA**

**(NRS 108.662 THROUGH NRS 108.668)**

8 **NOTICE IS HEREBY GIVEN** that WASHOE MEDICAL CENTER has rendered  
9 services in hospitalization for **SHIRLEY GIOVACCHINI**, a person who  
10 became ill on the 9<sup>th</sup> day of May, 2000, in the State of Nevada, and  
11 that WASHOE MEDICAL CENTER hereby claims a lien upon any real  
12 property of SHIRLEY GIOVACCHINI, of Genoa, Nevada, and/or any  
13 persons liable for the payment of the expenses herein incurred, said  
14 parties being the following:

RANCH NO. 1 LTD., PARTNERSHIP

PARCEL NO. 1219-11-002-001  
17 PARCEL NO. 1319-09-072-025, 2276 MAIN STREET, GENOA, NEVADA  
18 PARCEL NO. 1319-10-401-001  
19 PARCEL NO. 1319-10-701-001

TRIMMER PEAK LTD., PARTNERSHIP

20 PARCEL NO. 1319-09-702-007, 197 NIXON STREET, GENOA, NEVADA  
21 PARCEL NO. 1319-09-702-014, 2277 MAIN STREET, GENOA, NEVADA  
22 PARCEL NO. 1319-09-702-015  
23 PARCEL NO. 1319-09-702-020  
24 PARCEL NO. 1319-15-000-01

25 The hospitalization was rendered to the injured party between  
26 May 9, 2000, through October, 8, 2001, Account Number(s) 1100522992,  
27 3102515248, 6102971659, 8100892176, 8100915258, 8100945131, 8100962169,  
28 8100988057, 8101024126.

27 ///  
28 ///

**DURNEY, BRENNAN & SHEA**  
ATTORNEYS AT LAW  
547 South Arlington Avenue, Reno, Nevada 89509  
(775) 329-4400 FAX (775) 329-8806

PETER D. DURNEY  
THOMAS R. BRENNAN  
TERRANCE SHEA

0552802

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1 ITEMIZED STATEMENT


2 Hospitalization and related medical services were rendered to  
3 the patient SHIRLEY GIOVACCHINI, in accordance with the itemized  
4 statement attached hereto as Exhibit "A" and by this reference made  
5 a part hereof.

6 That at least ninety (90) days and no more than three (3)  
7 years have elapsed since the termination of hospitalization; and  
8 that the claimant's demands for such care or services are in the sum  
9 of ONE HUNDRED FORTY-THREE THOUSAND NINE HUNDRED NINETY-SIX and  
10 51/100 DOLLARS (\$143,996.51), after deducting credits and offsets,  
11 with interest at the rate of Eighteen percent (18%) per annum  
12 commencing thirty (30) days from the date of discharge, in which  
13 amount lien is hereby claimed.

14 **DATED** this 19<sup>TH</sup> day of

15 **DURNEY, BRENNAN & SHEA**

16  
17 By:

18   
19 **TERRANCE SHEA, ESQ.**  
20  
21  
22  
23  
24  
25  
26  
27  
28

**VERIFICATION**

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

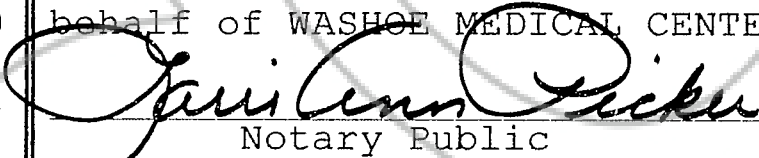
5 I, TERRANCE SHEA, being first duly sworn, under penalty  
6 of perjury, depose and say:

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

13   
14 **TERRANCE SHEA**

15 STATE OF NEVADA )  
16 : ss.  
17 COUNTY OF WASHOE )

18 On this 19<sup>th</sup> day of September, 2002, personally appeared  
19 before me, a Notary Public, Terrance Shea, known to me to be the  
20 person described in and who executed the foregoing instrument on  
21 behalf of WASHOE MEDICAL CENTER, INC.

22   
23 Notary Public



**D URNEY, BRENNAN & SHEA**  
ATTORNEYS AT LAW  
547 South Arlington Avenue, Reno, Nevada 89509  
(775) 329-4400 FAX (775) 329-8806

PETER D. DURNEY  
THOMAS R. BRENNAN  
TERRANCE SHEA

1 WASHOE MEDICAL CENTER I.I.  
 P.O. BOX 30006  
 RENO, NV 89502-1474  
 775-982-4130

2 J PATIENT CONTROL NO. 8101024126  
 4 TYPE OF BILL 131

5 FED. TAX NO. 88-0213754  
 6 STATEMENT COVERS FROM 100401 THROUGH 103101  
 7 COV D. B N-C D.  
 9 C-I D 10 L-R  
 11

12 PATIENT NAME GIOVACCHINI, SHIRLEY  
 13 PATIENT ADDRESS P O BOX 72, GENOA NV 89411

14 BIRTHDATE 09231939  
 15 SEX F  
 16 HT W  
 17 WT 100401  
 18 ADMISSION DATE 10  
 19 ICD-9-CM TYPE SRC 1  
 20 D BR 23  
 21 STAT 01  
 22 MEDICAL RECORD NO. 0552674  
 23-31 CONDITION CODES

32 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	35 OCCURRENCE DATE	36 CODE	37 A	37 B	37 C

38 SHIRLEY GIOVACCHINI  
 P O BOX 72  
 GENOA NV 89411

39 VALUE CODE	40 VALUE CODES	41 VALUE CODES

42 REV. CD	43 DESCRIPTION	44 HCPCS/RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COV'D CHRGS	49
1	220 SPECIAL CHARGES			1	2410	2410	
2	230 NURSING INCREM			2	6380	6380	
3	250 PHARMACY	J1642		1	1260	1260	
4	258 IV SOLUTIONS	J7040		2	14120	14120	
5	272 STERILE SUPPLY			8	18770	18770	
6	272 STERILE SUPPLY	A6257		2	2880	2880	
7	300 LABORATORY	G0001	100401	1	1620	1620	
8	301 LAB/CHEMISTRY	80053	100401	1	11770	11770	
9	302 LAB/IMMUNOLOGY	86850	100401	1	7740	7740	
10	302 LAB/IMMUNOLOGY	86900	100401	1	6380	6380	
11	302 LAB/IMMUNOLOGY	86901	100401	1	6280	6280	
12	302 LAB/IMMUNOLOGY	86920	100401	4	72800	72800	
13	305 LAB/HEMATOLOGY	85025	100401	2	19240	19240	
14	390 BLOOD/STOR-PROC	P9016		4	53200	53200	
15	390 BLOOD/STOR-PROC	P9034		1	51000	51000	
16	391 BLOOD/ADMIN			5	78340	78340	
23	001 TOTAL CHARGES				354190	354190	

50 PAYER SELF PAY 999  
 PMT PL 90 DAY F90

51 PROVIDER NO. [REDACTED]

52 REL INFO Y  
 53 ASG BEN Y

54 PRIOR PAYMENTS  
 55 EST. AMOUNT DUE  
 56

57 DUE FROM PATIENT

58 INSURED'S NAME GIOVACCHINI, SHIRLEY  
 GIOVACCHINI, SHIRLEY

59 P. REL 01  
 60 CERT. - SSN - HIC. - ID NO. [REDACTED]

61 GROUP NAME COURT HOUSE MU  
 PAYMENT OPTION \$88 IN 3 EQUAL PA

62 INSURANCE GROUP NO. [REDACTED]

63 TREATMENT AUTHORIZATION CODES NT ELIG PER EVE  
 64 ESC 9

65 EMPLOYER NAME COURT HOUSE MUSEUM  
 COURT HOUSE MUSEUM D

66 EMPLOYER LOCATION MAIN ST, GENOA NV 89411  
 MAIN ST, GENOA NV 89411

67 PRIM. DIAG. CD 20300  
 68 CODE  
 69 CODE  
 70 CODE  
 71 CODE  
 72 CODE  
 73 CODE  
 74 CODE  
 75 CODE  
 76 ADM. DIAG. CD  
 77 E-CODE  
 78

79 P. C 80 PRINCIPAL PROCEDURE CODE  
 81 OTHER PROCEDURE CODE A  
 82 OTHER PROCEDURE CODE B  
 83 OTHER PROCEDURE CODE C  
 84 OTHER PROCEDURE CODE D  
 85 OTHER PROCEDURE CODE E

82 ATTENDING PHYS. ID NV293689 HALL STEPHEN W  
 83 OTHER PHYS. ID (A)  
 OTHER PHYS. (B)

84 REMARKS SELF PAY  
 SVC = OND  
 FC = P  
 PT = D

85 PROVIDER REPRESENTATIVE X  
 86 DATE 110701

0552802

BK0902PG07485

1 WASHOE MEDICAL CENTER II.  
P.O. BOX 30006  
RENO, NV 89502-1474  
775-982-4130

2		3 PATIENT CONTROL NO. 6102971659		4 TYPE OF BILL 141	
5 FED. TAX NO. 88-0213754	6 STATEMENT FROM 091801	7 COVERS THROUGH 091801	8 N-C D.	9 C-I	10 L-R

12 PATIENT NAME: GIOVACCHINI, SHIRLEY  
13 PATIENT ADDRESS: P O BOX 72, GENOA, NV 89411

14 BIRTHDATE 09231939	15 SEX F	16 HS W	17 DATE 091801	18 ADM. HR 12	19 TYPE 1	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO. 0552674	31 CONDITION CODES 24 25 26 27 28 29 30				
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32 OCCURRENCE CODE	33 OCCURRENCE CODE	34 OCCURRENCE CODE	35 OCCURRENCE CODE	36 OCCURRENCE CODE	37 A	37 B	37 C

38 SHIRLEY GIOVACCHINI P O BOX 72 GENOA, NV 89411				39 VALUE CODES AMOUNT	40 VALUE CODES AMOUNT	41 VALUE CODES AMOUNT
a	b	c	d			

42 REV. CD	43 DESCRIPTION	44 HCPCS/RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COV'D CHRGS	49
1	305 LAB/HEMATOLOGY	85025	091801	1	9620	9620	
2	305 LAB/HEMATOLOGY	85095	091801	1	19980	19980	
3							
4							
5							
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12							
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16							
17							
18							
19							
20							
21							
22							
23	001 TOTAL CHARGES				29600	29600	

50 PAYER A SELF PAY 999	51 PROVIDER NO.	52 REL INFO Y	53 ASS BEN Y	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
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57 **DUE FROM PATIENT**

58 INSURED'S NAME A GIOVACCHINI, SHIRLEY	59 P.REL 01	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME COURT HOUSE MU	62 INSURANCE GROUP NO.
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63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME 9 COURT HOUSE MUSEUM	66 EMPLOYER LOCATION MAIN ST, GENOA NV 89411
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67 PRIM. DIAG. CD 20300	68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76 ADM. DIAG. CD	77 E-CODE	78
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79 P.C. 80 PRINCIPAL PROCEDURE DATE	81 OTHER PROCEDURE DATE	82 ATTENDING PHYS. ID NV293689 HALL STEPHEN W
83 OTHER PROCEDURE DATE	84 OTHER PROCEDURE DATE	83 OTHER PHYS. ID: (A)
84 REMARKS SELF PAY	85 OTHER PHYS. ID: (B)	86 DATE 092101

UB-92 HCFA-1450 PAYER COPY CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEROF.

0552802  
BK0902PG07486

1 WASHOE MEDICAL CENTER I...  
P.O. BOX 30006  
RENO, NV 89502-1474  
775-982-4130

2		3 PATIENT CONTROL NO. 8100988057		4 TYPE OF BILL 131	
5 FED. TAX NO. 88-0213754	6 STATEMENT COVERS FROM 091701	7 COV D. B N-C D. 100401	8 C-I D. L-R	11	

12 PATIENT NAME GIOVACCHINI, SHIRLEY			13 PATIENT ADDRESS P O BOX 72, GENOA, NV 89411		
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14 BIRTHDATE 09231939	15 SEX F	16 M5 W	17 DATE 090101	18 ADMISSION DATE 06	19 TYPE 1	20 SRG	21 D HR 01	22 STAT 01	23 MEDICAL RECORD NO. 0552674	24-30 CONDITION CODES				31
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32 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	35 OCCURRENCE DATE	36 OCCURRENCE CODE	37 OCCURRENCE FROM	37 OCCURRENCE THROUGH
				72	091701	100101

38 SHIRLEY GIOVACCHINI P O BOX 72 GENOA, NV 89411			39 VALUE CODES	40 VALUE CODES	41 VALUE CODES
			CODE	AMOUNT	CODE
			CODE	AMOUNT	CODE

42 REV. CD	43 DESCRIPTION	44 HCPCS/RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COV'D CHRGS	49
1	302 LAB/IMMUNOLOGY	86900	091801	1	6380	6380	
2	302 LAB/IMMUNOLOGY	86901	091801	2	12560	12560	
3	302 LAB/IMMUNOLOGY	86920	092801	2	36400	36400	
4	335 CHEMOTHERP-IV	Q0084	092701	2	36310	36310	
5	335 CHEMOTHERP-IV	Q0084	092801	1	22730	22730	
6	335 CHEMOTHERP-IV	Q0084	092901	1	22730	22730	
7	360 IV START	36000		1	5400	5400	
8	390 BLOOD/STOR-PROC	P9016		5	66500	66500	
9	391 BLOOD/ADMIN			4	77330	77330	
23	001 02 OF 02 TOTAL CHARGE				1263760	1263760	

50 PAYER A SELF PAY 999 B PMT PL 90 DAY E90	51 PROVIDER NO.	52 REL INFO Y	53 ASS BEN Y	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
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57 DUE FROM PATIENT		58 INSURED'S NAME A GIOVACCHINI, SHIRLEY B GIOVACCHINI, SHIRLEY	59 P.REL 01	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME COURT HOUSE MU	62 INSURANCE GROUP NO. 530268935
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63 TREATMENT AUTHORIZATION CODES A NT ELIG PER EVE B NT ELIG PE	64 ESC 9	65 EMPLOYER NAME COURT HOUSE MUSEUM	66 EMPLOYER LOCATION MAIN ST, GENOA NV 89411
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67 PRIN. DIAG. CD 20300	68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76 ADM. DIAG. CD	77 E-CODE	78
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79 P.C.	80 PRINCIPAL PROCEDURE CODE DATE	81 OTHER PROCEDURE CODE DATE	82 ATTENDING PHYS. ID NV293689 HALL STEPHEN W
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84 REMARKS A SELF PAY B - C - D -	SVC = OND FC = P PT = D	00000	85 PROVIDER REPRESENTATIVE X	86 DATE 100901
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0552802

BK0902PG07487

1 WASHOE MEDICAL CENTER I. P.O. BOX 30006 RENO, NV 89502-1474 775-982-4130		2		3 PATIENT CONTROL NO. 8100988057		4 TYPE OF BILL 131	
5 FED. TAX NO. 88-0213754	6 STATEMENT FROM 091701	7 COVERS THROUGH 100401	8 COV. B N-C D.	9 C-I	10 L-R	11	

12 PATIENT NAME GIOVACCHINI, SHIRLEY				13 PATIENT ADDRESS P O BOX 72, GENOA, NV 89411			
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14 BIRTHDATE 09231939	15 SEX F	16 MARRIAGE W	17 DATE OF ADMISSION 090101	18 TIME OF ADMISSION 06	19 TYPE OF ADMISSION 1	20 D BR	21 STAT 01	22	23 MEDICAL RECORD NO. 0552674	24 CONDITION CODES 25 26 27 28 29 30 31		
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32 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	35 OCCURRENCE DATE	36 CODE	37 OCCURRENCE FROM	37 OCCURRENCE THROUGH
				72	091701	100101

38 SHIRLEY GIOVACCHINI P O BOX 72 GENOA, NV 89411			39 VALUE CODES CODE AMOUNT	40 VALUE CODES CODE AMOUNT	41 VALUE CODES CODE 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	222 TECH SUPPT CHG			8	35440	35440	
2	230 NURSING INCREM			3	9570	9570	
3	250 PHARMACY			4	20400	20400	
4	250 PHARMACY	J1100		3	14280	14280	
5	250 PHARMACY	J1626		30	117600	117600	
6	250 PHARMACY	J1642		1	1260	1260	
7	250 PHARMACY	J2430		3	204360	204360	
8	250 PHARMACY	J9045		7	121730	121730	
9	250 PHARMACY	J9181		39	169260	169260	
10	250 PHARMACY	Q0166		1	18850	18850	
11	258 IV SOLUTIONS			1	7060	7060	
12	258 IV SOLUTIONS	J7040		1	7060	7060	
13	258 IV SOLUTIONS	J7050		9	56490	56490	
14	258 IV SOLUTIONS	J7060		1	4710	4710	
15	260 IV THERAPY	Q0081		4	76090	76090	
16	272 STERILE SUPPLY			17	45660	45660	
17	272 STERILE SUPPLY	A6257		1	1440	1440	
18	272 STERILE SUPPLY	E0781		2	25580	25580	
19	272 STERILE SUPPLY	E1399		1	16840	16840	
20	300 LABORATORY	G0001	091701	2	3240	3240	
21	302 LAB/IMMUNOLOGY	86850	091801	1	7740	7740	
22	302 LAB/IMMUNOLOGY	86870	092801	1	12760	12760	
23	PAGE 01 OF 02						

50 PAYER A SELF PAY 999 B PMT PL 90 DAY F90 C	51 PROVIDER NO.	52 REL INFO Y	53 ASG BEN Y	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
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57 <b>DUE FROM PATIENT</b>				
58 INSURED'S NAME A GIOVACCHINI, SHIRLEY B GIOVACCHINI, SHIRLEY C	59 P.REL 01	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME COURT HOUSE MU PAYMENT OPTION	62 INSURANCE GROUP NO. \$88 IN 3 EQUAL PA

63 TREATMENT AUTHORIZATION CODES A NT ELIG PER EVE B NT ELIG PE C	64 ESC 9	65 EMPLOYER NAME COURT HOUSE MUSEUM COURT HOUSE MUSEUMDA	66 EMPLOYER LOCATION MAIN ST, GENOA NV 89411 MAIN ST, GENOA NV 89411
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67 PRIM DIAG CD 20300	68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76 ADM DIAG CD	77 E-CODE	78
79 P.C 80 PRINCIPAL PROCEDURE CODE 81 OTHER PROCEDURE CODE 82 ATTENDING PHYS. ID NV293689 HALL, STEPHEN W 83 OTHER PHYS. ID (A) 84 OTHER PHYS. (B)	81 A CODE	81 B CODE	81 C CODE	81 D CODE	81 E CODE	81 F CODE	81 G CODE	81 H CODE	81 I CODE	81 J CODE	81 K CODE

84 REMARKS A SELF PAY B - C - D	SVC = OND FC = P PT = D	00000	85 PROVIDER REPRESENTATIVE X	86 DATE 100901
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0552802  
BK0902PG07488

1 WASHOE MEDICAL CENTER I.L. P.O. BOX 30006 RENO, NV 89502-1474 775-982-4130		2		3 PATIENT CONTROL NO. 8100962169		4 TYPE OF BILL 131	
5 FED. TAX NO. 88-0213754	6 STATEMENT FROM 081301	7 COVERS THROUGH 083101	8 COV D O N-C D.	9 C-I D I-R	10	11	

12 PATIENT NAME GIOVACCHINI, SHIRLEY	13 PATIENT ADDRESS P O BOX 72, GENOA, NV 89411
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14 BIRTHDATE 09231939	15 SEX F	16 MARRIAGE W	17 DATE OF ADMISSION 080101	18 TIME OF ADMISSION 05	19 TYPE OF ADMISSION 1	20 SOURCE OF PAYMENT 06	21 DAY OF MONTH 01	22 YEAR 0552674	23 MEDICAL RECORD NO.	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 CODE	37 OCCURRENCE FROM	37 OCCURRENCE THROUGH
				72	081301	081701

38 SHIRLEY GIOVACCHINI P O BOX 72 GENOA, NV 89411	39 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	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 CHRGS	49
1	222	TECH SUPPT CHG		1	1800	1800	
2	250	PHARMACY	J2430	3	204360	204360	
3	258	IV SOLUTIONS	J7060	1	4710	4710	
4	260	IV THERAPY	Q0081	2	32610	32610	
5	272	STERILE SUPPLY		3	8400	8400	
6	272	STERILE SUPPLY	E0781	1	12790	12790	
7	360	IV START	36000	1	1800	1800	
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23	001	TOTAL CHARGES			266470	266470	

50 PAYER A SELF PAY 999 B PMT PL 90 DAY F90	51 PROVIDER NO.	52 REL INFO Y	53 ASG BEN Y	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
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57	<b>DUE FROM PATIENT</b>					
58 INSURED'S NAME A GIOVACCHINI, SHIRLEY B GIOVACCHINI, SHIRLEY	59 P.REL 01 01	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME COURT HOUSE MU PAYMENT OPTION	62 INSURANCE GROUP NO. \$88 IN 3 EQUAL PA		

63 TREATMENT AUTHORIZATION CODES A NT ELIG PER EVE	64 ESC 9	65 EMPLOYER NAME COURT HOUSE MUSEUM COURT HOUSE MUSEUMDA	66 EMPLOYER LOCATION MAIN ST, GENOA NV 89411 MAIN ST, GENOA NV 89411
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67 PRIN. DIAG. CD 20300	68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76 ADM. DIAG. CD	77 E-CODE	78
79 P.C.	80 PRINCIPAL PROCEDURE CODE DATE	81 OTHER PROCEDURE CODE DATE	82 OTHER PROCEDURE CODE DATE	83 OTHER PROCEDURE CODE DATE	84 OTHER PROCEDURE CODE DATE	85 OTHER PROCEDURE CODE DATE	86 ATTENDING PHYS. ID NV293689 HALL STEPHEN W	87 OTHER PHYS. ID (A)	88 OTHER PHYS. ID (B)	89 PROVIDER REPRESENTATIVE X	90 DATE 091201

84 REMARKS SVC = OND FC = P PT = D	90 PROVIDER REPRESENTATIVE X	91 DATE 091201
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0552802

BK0902PG07489



WASHOE MEDICAL CENTER II P.O. BOX 30006 RENO, NV 89502-1474 775-982-4130		3 PATIENT CONTROL NO. 8100945131		4 TYPE OF BILL 131	
5 FED. TAX NO. 88-0213754	6 STATEMENT PHON. NO. 070301	7 COVERS THROUGH 073101	8 COV D. B N-C D.	9 C-I D.	10 L-R

12 PATIENT NAME GIOVACCHINI, SHIRLEY	13 PATIENT ADDRESS P O BOX 72, GENOA, NV 89411
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14 BIRTHDATE 09231939	15 SEX F	16 MS W	17 DATE 070101	18 TIME 06	19 TYPE 1	20 SRC 05	21 D 01	22 STAT 01	23 MEDICAL RECORD NO. 0552674	24-31 CONDITION CODES			
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32 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	35 OCCURRENCE DATE	36 CODE	37 OCCURRENCE FROM	37 OCCURRENCE THROUGH
				72	070301	070901

36 SHIRLEY GIOVACCHINI P O BOX 72 GENOA, NV 89411				39 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	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 CHRGS	49
1	222 TECH SUPPT CHG			1	1800	1800	
2	250 PHARMACY	J2430		3	204360	204360	
3	258 IV SOLUTIONS	J7060		1	4710	4710	
4	272 STERILE SUPPLY			4	10700	10700	
23	001 TOTAL CHARGES				221570	221570	

50 PAYER A SELF PAY 999 B PMT PL 90 DAY F90	51 PROVIDER NO.	52 REL INFO Y	53 ASS BEN Y	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
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**DUE FROM PATIENT**

58 INSURED'S NAME A GIOVACCHINI, SHIRLEY B GIOVACCHINI, SHIRLEY	59 P. REL 01	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME COURT HOUSE MU PAYMENT OPTION	62 INSURANCE GROUP NO. \$88 IN 3 EQUAL PA
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63 TREATMENT AUTHORIZATION CODES A NT ELIG PER EVE	64 ESC 9	65 EMPLOYER NAME COURT HOUSE MUSEUM	66 EMPLOYER LOCATION MAIN ST, GENOA NV 89411
		COURT HOUSE MUSEUMDA	MAIN ST, GENOA NV 89411

67 PRIM. DIAG. CD 20300	68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76 ADM. DIAG. CD	77 E-CODE	78
79 P. C	80 PRINCIPAL PROCEDURE CODE	81 OTHER PROCEDURE CODE	81 OTHER PROCEDURE DATE	82 ATTENDING PHYS. ID NV293689 HALL STEPHEN W	83 OTHER PHYS. ID (A)	84 REMARKS	85 PROVIDER REPRESENTATIVE X	86 DATE 080801			

84 REMARKS SVC = OND FC = P PT = D	85 PROVIDER REPRESENTATIVE X	86 DATE 080801
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0552802

BK0902PG07490

1 WASHOE MEDICAL CENTER II. P.O. BOX 30006 RENO, NV 89502-1474 775-982-4130		3 PATIENT CONTROL NO. 8100915258		4 TYPE OF BILL 131	
5 FED. TAX NO. 88-0213754	6 STATEMENT FROM 061501	7 COVERS THROUGH 063001	8 COV D	9 B-N-C-D	10 C-I-D

12 PATIENT NAME GIOVACCHINI, SHIRLEY	13 PATIENT ADDRESS P O BOX 72, GENOA, NV 89411
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14 BIRTHDATE 09231939	15 SEX F	16 KC W	17 DATE 060101	18 TYPE 06	19 SRC 1	20 06	21 D 01	22 STAT 0552674	23 MEDICAL RECORD NO.	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 CODE	37 OCCURRENCE FROM	37 SPAN THROUGH
				72	061501	062501

38 SHIRLEY GIOVACCHINI P O BOX 72 GENOA, NV 89411	39 VALUE CODES	40 VALUE CODES	41 VALUE CODES
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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	220 SPECIAL CHARGES			2	4600	4600	
2	250 PHARMACY	J1440		5	228000	228000	
3	258 IV SOLUTIONS	J7050		2	13500	13500	
4	260 IV THERAPY			2	6100	6100	
5	272 STERILE SUPPLY			9	25495	25495	
6	272 STERILE SUPPLY	A6257		1	1375	1375	
7	300 LABORATORY	G0001	061501	4	6200	6200	
8	301 LAB/CHEMISTRY	80053	061801	1	11250	11250	
9	302 LAB/IMMUNOLOGY	86850	061501	1	7400	7400	
10	302 LAB/IMMUNOLOGY	86900	061501	1	6100	6100	
11	302 LAB/IMMUNOLOGY	86901	061501	1	6000	6000	
12	305 LAB/HEMATOLOGY	85025	061501	6	55200	55200	
13	360 IV START	36000		1	3450	3450	
14	390 BLOOD/STOR-PROC	P9016		2	26600	26600	
15	390 BLOOD/STOR-PROC	P9034		2	102000	102000	
16	391 BLOOD/ADMIN			3	52950	52950	
17	940 OTHER THERAPEUTIC SVCS	90782		1	2500	2500	
23	001 TOTAL CHARGES				558720	558720	

50 PAYER A SELF PAY 999 B PMT PL 90 DAY F90 C	51 PROVIDER NO.	52 REL INFO Y	53 ASS EEM Y	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
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**DUE FROM PATIENT**

57	58 INSURED'S NAME A GIOVACCHINI, SHIRLEY B GIOVACCHINI, SHIRLEY C	59 P. REL 01	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME COURT HOUSE MU PAYMENT OPTION	62 INSURANCE GROUP NO. \$88 IN 3 EQUAL PA
----	--	-----------------	--------------------------------	---	--

63 TREATMENT AUTHORIZATION CODES A NT ELIG PER EVE B C	64 ESC 9	65 EMPLOYER NAME COURT HOUSE MUSEUM COURT HOUSE MUSEUMDA	66 EMPLOYER LOCATION MAIN ST, GENOA NV 89411 MAIN ST, GENOA NV 89411
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67 PRIM. DIAG. CD 20300	68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76 ADM. DIAG. CD	77 E-CODE	78
79 P.C.	80 PRINCIPAL PROCEDURE CODE	81 OTHER PROCEDURE CODE	82 ATTENDING PHYS. ID NV293689 HALL STEPHEN W	83 OTHER PHYS. ID (A)	84 REMARKS SELF PAY SVC = OND FC = P PT = D	85 PROVIDER REPRESENTATIVE X	86 DATE 070501				

84 REMARKS SELF PAY - - , - 00000	85 PROVIDER REPRESENTATIVE X	86 DATE 070501
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0552802

BK0902PG07491

WASHOE MEDICAL CENTER INC  
 P.O. BOX 30006  
 RENO, NV 89502-1474  
 775-982-4130

APPROVED OMB NO. 0938-0274  
 PATIENT CONTROL NO. 3102515248  
 TYPE OF BILL 111

5 FED. TAX NO. 88-0213754  
 STATEMENT FROM 052801  
 COVERED THROUGH 060501  
 7 COV D 8 N-C D 8  
 9 C-I 10 L-R 11

12 PATIENT NAME GIOVACCHINI, SHIRLEY  
 13 PATIENT ADDRESS P O BOX 72, GENOA NV 89411

14 BIRTHDATE 09231939  
 15 SEX F  
 16 M 052801  
 17 DATE 21 1 7  
 18 12 01 0552674  
 19 23 MEDICAL RECORD NO. 0552674  
 20 21 D BR 22 STAT

32 OCCURRENCE CODE  
 33 OCCURRENCE CODE  
 34 OCCURRENCE CODE  
 35 OCCURRENCE CODE  
 36 OCCURRENCE CODE  
 37 A  
 B  
 C

38 SHIRLEY GIOVACCHINI  
 P O BOX 72  
 GENOA, NV 89411

39 VALUE CODES  
 40 VALU CODES  
 41 VALUE CODES  
 a 01 62600  
 b  
 c  
 d

42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COV'D CHRG	49
1	117 ONCOLOGY/PVT	778.00		7	544600	544600	
2	164 R&B/STERILE	736.00		1	73600	73600	
3	220 SPECIAL CHARGES			4	9200	9200	
4	222 TECH SUPPT CHG			43	77775	77775	
5	250 PHARMACY			171	1102225	1102225	
6	258 IV SOLUTIONS			13	81000	81000	
7	271 NON-STER SUPPLY			2	1300	1300	
8	272 STERILE SUPPLY			74	354240	354240	
9	301 LAB/CHEMISTRY			11	119300	119300	
10	302 LAB/IMMUNOLOGY			3	19500	19500	
11	305 LAB/HEMATOLOGY			13	107200	107200	
12	306 LAB/BACT-MICRO			2	30600	30600	
13	307 LAB/UROLOGY			1	5800	5800	
14	324 DX X-RAY/CHEST			1	20850	20850	
15	390 BLOOD/STOR-PROC			6	230600	230600	
16	450 EMERG ROOM			2	41700	41700	
17							
18							
19							
20							
21							
22							
23	001 TOTAL CHARGES				2819490	2819490	

50 PAYER SELF PAY 999  
 51 PROVIDER NO. Y Y  
 54 PRIOR PAYMENTS  
 55 EST. AMOUNT DUE  
 56

57 DUE FROM PATIENT

58 INSURED'S NAME GIOVACCHINI, SHIRLEY  
 59 P.REL 01  
 60 CERT. - SSN - HIC. - ID NO.  
 61 GROUP NAME UNEMPLOYED  
 62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES 7  
 64 ESC  
 65 EMPLOYER NAME UNEMPLOYED  
 66 EMPLOYER LOCATION

67 PRIM DIAG CD 20300  
 68 PRN CD 2848  
 69 PROC CD 4019  
 70 OTHER DIAG 7847 05320  
 71 72 CODE  
 73 74 CODE  
 75 76 ADX DIAG CD 20300  
 77 E-CODE  
 78 403

79 P 00  
 80 PRINCIPAL PROCEDURE CODE  
 81 OTHER PROCEDURE A CODE  
 82 OTHER PROCEDURE B CODE  
 83 OTHER PROCEDURE C CODE  
 84 OTHER PROCEDURE D CODE  
 85 OTHER PROCEDURE E CODE  
 86 ATTENDING PHYS ID NV293689 HALL, STEPHEN W  
 87 OTHER PHYS ID (A)  
 88 OTHER PHYS (B)

84 REMARKS SELF PAY  
 SVC = MED  
 FC = P  
 PT = J  
 85 PROVIDER REPRESENTATIVE X  
 86 DATE 061201

0552802

BK0902PG07492

WASHOE MEDICAL CENTER INC  
 P.O. BOX 30006  
 RENO, NV 89502-1474  
 775-982-4130

APPROVED OMB NO. 0938-0270  
 PRINT CONTROL NO. 8100892176  
 TYPE OF BILL 131

5 FED. TAX NO. 88-0213754  
 STATEMENT FROM 052601  
 COVERED THROUGH 053101

12 PATIENT NAME GIOVACCHINI, SHIRLEY  
 13 PATIENT ADDRESS P O BOX 72, GENOA, NV 89411

14 BIRTHDATE 09231939  
 15 SEX F  
 16 WEIGHT W  
 17 HEIGHT 050101  
 18 ADMISSION DATE 05  
 19 HEALTH PLAN 1  
 20 D BR 06  
 21 STAT 01  
 23 MEDICAL RECORD NO. 0552674

32 OCCURRENCE CODE  
 33 OCCURRENCE CODE  
 34 OCCURRENCE CODE  
 35 OCCURRENCE CODE  
 36 CODE 72  
 OCCURRENCE FROM 052601  
 SPAN THROUGH 052801

37 VALUE CODES AMOUNT  
 40 VALUE CODES AMOUNT  
 41 VALUE CODES AMOUNT

SHIRLEY GIOVACCHINI  
 P O BOX 72  
 GENOA, NV 89411

42 REV. CD	43 DESCRIPTION	44 HCPCS/RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COV'D CHRG	49
1	250 PHARMACY			1	100	100	
2	258 IV SOLUTIONS	J7050		1	6750	6750	
3	272 STERILE SUPPLY			3	5275	5275	
4	302 LAB/IMMUNOLOGY	86850	052601	1	7400	7400	
5	302 LAB/IMMUNOLOGY	86900	052601	1	6100	6100	
6	302 LAB/IMMUNOLOGY	86901	052601	1	6000	6000	
7	390 BLOOD/STOR-PROC	P9016		2	26600	26600	
23	001 TOTAL CHARGES				58225	58225	

50 PAYER SELF PAY 999  
 51 PROVIDER NO.  
 54 PRIOR PAYMENTS  
 55 EST. AMOUNT DUE  
 56

A PMT PL 90 DAY F90

57 **DUE FROM PATIENT**

58 INSURED'S NAME GIOVACCHINI, SHIRLEY  
 59 P. REL 01  
 60 CERT. - SSN - HIC. - ID NO.  
 61 GROUP NAME COURT HOUSE MU  
 62 INSURANCE GROUP NO. \$88 IN 3 EQUAL PA

63 TREATMENT AUTHORIZATION CODES  
 64 EGC 9  
 65 EMPLOYER NAME COURT HOUSE MUSEUM  
 66 EMPLOYER LOCATION MAIN ST, GENOA NV 89411

67 PRIM DIAG. CD 20300  
 68 CODE  
 69 CODE  
 70 CODE  
 71 CODE  
 72 CODE  
 73 CODE  
 74 CODE  
 76 ADM. DIAG. CD  
 77 E-CODE  
 78

79 P.C. 80 PRINCIPAL PROCEDURE DATE  
 81 OTHER PROCEDURE DATE  
 82 ATTENDING PHYSICIAN NV293689 HALL, STEPHEN W  
 83 OTHER PHYSICIAN (A)  
 84 REMARKS SELF PAY  
 SVC = OND  
 FC = P  
 PT = D  
 85 PROVIDER REPRESENTATIVE X  
 86 DATE 060701

0552802

BK0902PG07493

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

PATIENT CONTROL NO.  
1100522992  
111

5 FPD. TAX NO. 88-0213754  
6 STATEMENT NO. 050900  
7 COV. L. A N-C D. 051300  
8 C-1 D10 L-R 4

12 PATIENT NAME: GIOVACCHINI, SHIRLEY  
13 PATIENT ADDRESS: PO BOX 72, GENOA NV 89411

14 BIRTHDATE: 09231939  
15 SEX: F  
16 NS: W  
17 DATE: 050900  
18 ADMISSION NO.: 13  
19 TYPE: 3  
20 SRC: 1  
21 D BR: 16  
22 STAT: 01  
23 MEDICAL RECORD NO.: 0552674

32 OCCURRENCE CODE: 01  
33 OCCURRENCE DATE: 050900  
34 OCCURRENCE CODE: 01  
35 OCCURRENCE DATE: 050900  
36 CODE: 01  
37 OCCURRENCE FROM: 050900  
38 SPAN THROUGH: 050900

39 VALUE CODES AMOUNT: 01 58000  
40 VALUE CODES AMOUNT: [Blank]  
41 VALUE CODES AMOUNT: [Blank]

42 REV. CD	43 DESCRIPTION	44 HCPCS/RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COV'D	49 CIROS
1	117 ONCOLOGY/PVT	720.00		4	288000		
2	222 TECH SUPPT CHG			11	25748		
3	250 PHARMACY			65	863631		
4	272 STERILE SUPPLY			32	190736		
5	300 LABORATORY			3	32442		
6	301 LAB/CHEMISTRY			5	32125		
7	305 LAB/HEMATOLOGY			2	19126		
23	001 TOTAL CHARGES				1451808		

50 PAYER: NV ST WELFARE 226  
51 PROVIDER NO.: [Blank]  
52 REL. INFO: Y  
53 DRG: Y  
54 PRIOR PAYMENTS: [Blank]  
55 EST. AMOUNT DUE: [Blank]  
56: [Blank]

57: DUE FROM PATIENT  
58 INSURED'S NAME: GIOVACCHINI, SHIRLEY  
59 P. REL: 01  
60 CERT. - SSN - HIC. - ID NO.: 00000019512  
61 GROUP NAME: MEDICAID NEVAD  
62 INSURANCE GROUP NO.: 00000019512

63 TREATMENT AUTHORIZATION CODES: HV EVE DFS  
64 ESC: 9  
65 EMPLOYER NAME: MEDICAID NEVADA PEND  
66 EMPLOYER LOCATION: GENOA COURT HOUSE

67 PRIN. DIAG. CD: V581  
68 ICD-9 CODE: 20300  
69 OTHER DIAG. CD: 261  
70 ICD-9 CODE: 78039  
71 OTHER DIAG. CD: 2859  
72 ICD-9 CODE: 2753  
73 OTHER DIAG. CD: 9070  
74 ICD-9 CODE: [Blank]  
75 ADM. DIAG. CD: V581  
76 E-CODE: [Blank]  
77: [Blank]  
78: 410

79 P. O. CODE: 9925  
80 PRINCIPAL PROCEDURE DATE: 050900  
81 OTHER PROCEDURE CODE: [Blank]  
82 OTHER PROCEDURE DATE: [Blank]  
83 OTHER PROCEDURE CODE: [Blank]  
84 OTHER PROCEDURE DATE: [Blank]  
85 PROVIDER REPRESENTATIVE: NV074302 MACKINTOSH FREDERICK  
86 DATE: 053100

84 REMARKS: NEV MEDICAID PENDING  
1350 E 9TH ST SPP  
RENO, NV 89512  
SVC = ONC  
FC = P  
PT = J

0552802

BK0902PG07494

COPY

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

2002 SEP 24 AM 9:49

LINDA SLATER  
RECORDER

\$27<sup>00</sup> PAID K2 DEPUTY

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BK0902PG07495