

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

3
4 **SUPPLEMENTAL HOSPITAL LIEN**
ON SETTLEMENT, JUDGMENT AND COMPROMISE
5 **DATED MARCH 12, 2002**

6 **WASHOE MEDICAL CENTER**
7 **A NON-PROFIT NEVADA CORPORATION**
8 **MILL AND KIRMAN**
9 **RENO, NEVADA**

10 **(NRS 108.590 THROUGH NRS 108.660)**

11 **NOTICE IS HEREBY GIVEN** that WASHOE MEDICAL CENTER has rendered
12 services in hospitalization for **SCOTT SYLVESTER**, of Reno, Nevada, a person
13 who was injured on the 11th day of December, 2001, in the County of Douglas,
14 State of Nevada, and that WASHOE MEDICAL CENTER hereby claims a lien upon
15 any money due or owing or any claim for compensation, damages,
16 contribution, settlement or judgement from any other person or persons,
17 corporation or association alleged to have caused the injury, or liable for
18 the injury or payment of the expenses herein incurred, said parties being
19 the following:

20 **MELVIN LAUB, ESQ., ATTORNEY FOR PATIENT**
21 **GREAT AMERICAN INSURANCE**
22 **ALLSTATE INSURANCE**

23 The hospitalization was rendered to the injured party on December 11,
24 2001, through December 13, 2001, Account Number(s) 5100102093.


25 **ITEMIZED STATEMENT**

26 Hospitalization and related medical services were rendered to the
27 patient **SCOTT SYLVESTER**, in accordance with the itemized statement attached
28 hereto as Exhibit "A" and by this reference made a part hereof.

That the claimant's demands for such care or services are in the sum
of **TEN THOUSAND FIVE HUNDRED FORTY-THREE and 50/100 dollars (\$10,543.50)**,
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 9th day of October, 2002.

THIS IS NOT A LIEN ON WAGES OR A JUDGMENT AGAINST
THE ABOVE-REFERENCED PATIENT

29 
30 **TERRANCE SHEA, ESQ.**

DURNEY, BRENNAN & SHEA

Attorneys for Washoe Medical Center

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

0554640

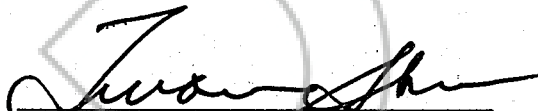
BK1002PG05121

VERIFICATION

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


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

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

11 
12 TERRANCE SHEA

13
14 STATE OF NEVADA)
15 : ss.
16 COUNTY OF WASHOE)

17 On this 9th day of October, 2002, personally appeared before
18 me, a Notary Public, Terrance Shea, known to me to be the person described
19 in and who executed the foregoing instrument on behalf of WASHOE MEDICAL
20 CENTER, INC.

21 
22 Larri Ann Picker
23 Notary Public



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

3 PATIENT CONTROL NO.
5100102093 116

5 FED. TAX NO. 88-0213754
6 STATEMENT COVERS FROM 121101 THROUGH 121301
7 COV L 2
8 N-C D
9 C-I D
10 L-R
11 REBL

12 PATIENT NAME SYLVESTER, SCOTT
13 PATIENT ADDRESS GENERAL DELIVERY, RENO NV 89501

14 BIRTHDATE 01211985
15 SEX M
16 MARRIAGE STATUS S
17 DATE OF BIRTH 121101
18 HR 20
19 TYPE 1
20 SRC 7
21 D BR 13
22 STAT 01
23 MEDICAL RECORD NO. 0965572

32 OCCURRENCE CODE 01
33 OCCURRENCE DATE 121101
34 OCCURRENCE CODE
35 OCCURRENCE DATE
36 OCCURRENCE CODE
37 A
B
C

38 VALUE CODES AMOUNT 01 65500
40 VALUE CODES AMOUNT 45 1100
41 VALUE CODES AMOUNT
SCOTT SYLVESTER
GENERAL DELIVERY
RENO NV 89501

42 REV. CD	43 DESCRIPTION	44 HCPCS/RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COV'D	49 CHROS
1	110 ROOM-BOARD/PVT	688.00		2	137600		
2	222 TECH SUPPT CHG			3	32720		
3	250 PHARMACY			10	13730		
4	258 IV SOLUTIONS			3	29430		
5	270 MED-SUR SUPPLIES			2	12710		
6	272 STERILE SUPPLY			6	52150		
7	305 LAB/HEMATOLOGY			3	25930		
8	324 DX X-RAY/CHEST			2	35260		
9	350 CT SCAN			2	59000		
10	351 CT SCAN/HEAD			2	220400		
11	352 CT SCAN/BODY			1	116260		
12	450 EMERG ROOM			2	317250		
13	460 PULMONARY FUNC			1	1910		
23	001 TOTAL CHARGES				1054350		

50 PAYER MISC AUTO INS 699
NV MEDICAID M72
51 PROVIDER NO. 11-16885
52 REL INFO Y
53 ASG BEN Y
54 PRIOR PAYMENTS
55 EST. AMOUNT DUE
56
57 DUE FROM PATIENT

58 INSURED'S NAME SYLVESTER, SCOTT
59 P. REL 01
60 CERT. - SSN - HIC. - ID NO. 62317395
61 GROUP NAME GREAT AMERICAN
62 INSURANCE GROUP NO. 47184400013

63 TREATMENT AUTHORIZATION CODES 9
64 ESC 9
65 EMPLOYER NAME UNK
66 EMPLOYER LOCATION

67 PRIN. DIAG. CD 87320
68 CODE 8700
69 CODE 87342
70 CODE 9182
71 CODE 95901
72 CODE
73 CODE
74 CODE
75 CODE
76 ADJ. DIAG. CD 87342
77 E-CODE E8121
78 072

80 PRINCIPAL PROCEDURE CODE 8659
81 OTHER PROCEDURE CODE A 0881
82 OTHER PROCEDURE CODE B 9822
83 OTHER PROCEDURE CODE C 2181
84 OTHER PROCEDURE CODE D
85 OTHER PROCEDURE CODE E
86 ATTENDING PHYS. ID NV062121
87 OTHER PHYS. ID (A) NV062121
88 OTHER PHYS. ID (B)

84 REMARKS SVC = TRA
FC = C
PT = P
85 PROVIDER REPRESENTATIVE X
86 DATE 122801

0554640

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COPY

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

2002 OCT 14 AM 8:52

LINDA SLATER
RECORDER

\$ 17⁰⁰ PAID Ka DEPUTY

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