

20-


NOTICE OF HOSPITAL LIEN

(NRS 108.590-108.660)

Notice is hereby given that BARTON MEMORIAL HOSPITAL / CARSON VALLEY MEDICAL CENTER ("BARTON") has rendered services in hospitalization for PAUL HESSE, a person who was injured on or about March 28, 2002; and that BARTON hereby claims a lien upon any money due or owing or any claim for compensation, damages, contribution, settlement or judgment from any person alleged to have caused the injuries, or any other person, corporation or association liable for the injury. The hospitalization was rendered to the injured person commencing May 14, 2002. A copy of the itemized statement is attached hereto. The name of the person(s) causing the accident is unknown.

The amount claimed for such care or service is in the sum of \$638.70 (SIX HUNDRED THIRTY-EIGHT DOLLARS AND SEVENTY CENTS), and that no part thereof has been paid except \$0 (zero), and that there is now due and owing and remaining unpaid of such sum, after deducting all credits and offsets, the sum of \$638.70 (SIX HUNDRED THIRTY-EIGHT DOLLARS AND SEVENTY CENTS), in which amount lien is hereby claimed.

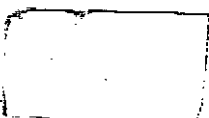
DATED: This 9th day of January, 2003.



JEFFREY K. RAHBECK, ESQ.
Attorney for Barton Memorial Hospital /
Carson Valley Medical Center
✓ P.O. Box 435
Zephyr Cove, Nevada 89448
(775) 588-5602 (office)
(775) 588-8548 (fax)

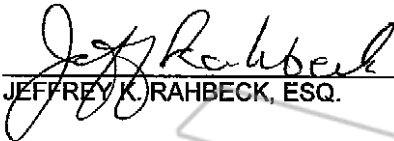
0563704

BK0103PG04345



STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

I, JEFFREY K. RAHBECK, ESQ., being first duly sworn, on oath say that I am the attorney for BARTON MEMORIAL HOSPITAL / CARSON VALLEY MEDICAL CENTER, named in the foregoing claim of lien; that I have read the same and know the contents thereof and believe the same to be true.



JEFFREY K. RAHBECK, ESQ.

Subscribed and Sworn to before me this
9th day of January, 2003.



NOTARY PUBLIC

 JILL A. JOHNSON
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 93-0504-5 - Expires June 10, 2005

0563704

BK0103PG04346

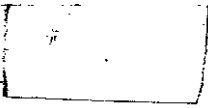


COPY

EXHIBIT "A"

0563704

BK0103PG04347





Healing Care With A Heart

PHYSICAL THERAPY INITIAL EVALUATION

Name Hesse, Paul Date of Injury/Onset 3.28.02
ICD-9 726.10 Date of Surgery N/A
Referring Physician Dr. Walls

Objective: R/L neck, shoulder, elbow, wrist, hand, forearm, upper extremity, working

Describe Incident: 3rd LIX (RSH 2 to MVA, hit (T-bone) car @ 45 miles per hour

Chief Complaint: forward came out (posterior?) then slammed back into seat & released from labor in ant/post from knees tendon

Pain Rating (10 = Worst Pain): 1 2 3 4 5 (8) 7 8 9 10 constant ache Pain 3-4/night

What Makes Pain Worse: crutch & abnd. reaching Better: Vicodin

Functional Limitations: lift daughter (23yr old) pain in JCS difficult to use/move

Medications: stopped vicodin for week, naproxin

Objective: Observation/Posture: otherwise healthy looking

Table with 3 columns: ROM, PROM, and CARROM. Rows include Elbow, Shoulder, Hip, and HKB.

Other: (R) 25.85.65 4/12 (L) 132, 122, 122

empty can - neg (R)
 CURC NO ARC
 Hawkins/Knapp (neg)
 Palpation: speeds neg for all bucket test

most tender ant/superior sh (ac-jointalix)

ASSESSMENT:

Problem List

1. *locking at 100 flex
2. 3/5 muscle strength
3. ↓ grip (R) hand
4. @/lb pain
- 5.

Short Term Goals

1. Full ROM Flexion
2. imp to 24/5
3. imp to equm (C)
4. d to 21/10
- 5.

Functional Outcome Goals

1. (E) HGP
2. Return to PLOT

PLAN:

Frequency & Duration: 2/week x 4wks

Treatment:

manual - STM
 20-30 min times
 Therex
 phono
 pt. edy
 Hip.
 e stim.

[Signature]
 Physical Therapist

0563704

BK0103PG04349

Name= HESSE, PAUL F MRUN= 80-12-41 PtServ= WBREHA
 Acct#= 800036819 Admit= 05/14/02 Disch= 05/31/02 30 DOB= 01/16/1956
 Status= B Biller= PAULA CFlow= A00491-1
 Primary FC= 15 HMO/PPO - TRADITIONAL Ins= HOMETOWN HEALTH PLAN
 Current FC= 15 HMO/PPO - TRADITIONAL Ins= HOMETOWN HEALTH PLAN
 F/Bill Dt= 06/10/02 F/Bill\$= 638.70 LIB Dt= 10/01/02 W/O Dt=
 Balance= 638.70 C= 638.70 P= 0.00 A= 0.00 W= 0.00

CHARGE DETAIL By Revenue Code: 800036819				HESSE, PAUL F			
Svc-Date	Chg Cod	Description	Qty	Chg-Date	User	Amount	
05/14/02	47703012	ULTRASOUND 15M	1	06/01/02	NLG	39.84	
05/17/02	47703012	ULTRASOUND 15M	1	06/01/02	SRF	39.84	
05/17/02	47700442	MANUAL THERAPY	1	06/01/02	SRF	53.66	
05/21/02	47703012	ULTRASOUND 15M	1	06/01/02	SRF	39.84	
05/21/02	47700442	MANUAL THERAPY	1	06/01/02	SRF	53.66	
05/22/02	47703012	ULTRASOUND 15M	1	06/01/02	SRF	39.84	
05/22/02	47704004	THER EX 15M	1	06/01/02	SRF	48.62	
05/30/02	47703001	E-STIM SUPERVIS	1	06/01/02	SRF	28.53	
05/30/02	47703012	ULTRASOUND 15M	1	06/01/02	SRF	39.84	
05/30/02	47700442	MANUAL THERAPY	1	06/01/02	SRF	53.66	
05/31/02	47703001	E-STIM SUPERVIS	1	06/03/02	SRF	28.53	
05/31/02	47703012	ULTRASOUND 15M	1	06/03/02	SRF	39.84	
Totals For Revenue Code 420 - PHYSICAL THERP						505.70	
05/14/02	47701001	INITIAL EVAL	1	06/01/02	NLG	133.00	
Totals For Revenue Code 424 - PHYS THERP/EVAL						133.00	

REQUESTED BY
Jeffrey Rabbeck
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

2003 JAN 13 AM 10:38

WERNER CHRISTEN
 RECORDER

20⁰⁰ PAID *12* DEPUTY

0563704

BK0103PG04351