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142535

**HOSPITAL LIEN**

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

**(NRS 108.590, et. seq.)**

**NOTICE IS HEREBY GIVEN** that WASHOE MEDICAL CENTER has rendered services in hospitalization for JAMES BEN WILLIAMS, a person who was injured on the 23rd day of June, 1992, in the County of Eureka, 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 judgement 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:

**DAIRYLAND INSURANCE**

The hospitalization was rendered to the injured party between June 23, 1992, through August 21, 1992, Account Numbers [REDACTED] and [REDACTED]

**ITEMIZED STATEMENT**

For hospitalization and related medical services rendered to the patient JAMES BEN WILLIAMS, 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 ONE HUNDRED THIRTY TWO THOUSAND FIVE HUNDRED TWENTY TWO DOLLARS and 33/100 (\$132,522.33), 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 23rd day of September, 1992.

**DURNEY & BRENNAN, LTD.  
TERRANCE SHEA, ESQ.**

By:   
**TOM BRENNAN**

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TERRANCE SHEA, ESQ.  
ATTORNEY AT LAW

LAW OFFICES

3500 LAKESIDE COURT, SUITE 145

RENO, NEVADA 89509

TELEPHONE (702) 829-8466 • TELECOPIER (702) 322-3014

DURNEY & BRENNAN, LTD.

PETER D. DURNEY

THOMAS R. BRENNAN

JO LEE M. WICKES

**VERIFICATION**

STATE OF NEVADA        )  
                                  : ss.  
COUNTY OF WASHOE     )

I, Tom Brennan, being first duly sworn, under penalty of perjury, depose and say:

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

*[Handwritten Signature]*  
\_\_\_\_\_  
TOM BRENNAN

SUBSCRIBED AND SWORN TO BEFORE ME  
THIS 23<sup>rd</sup> DAY OF SEPTEMBER, 1992.

*[Handwritten Signature]*  
\_\_\_\_\_  
Notary Public

JANICE MOULIAN  
Notary Public - State of Nevada  
Appointment Recorded in Washoe County  
MY APPOINTMENT EXPIRES JAN. 23, 1995

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TERRANCE SHEA, ESQ.  
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DURNEY & BRENNAN, LTD.  
PETER D. DURNEY  
THOMAS R. BRENNAN  
JO LEE M. WICKES



08-26-92

WASHOE MEDICAL CENTER INC  
77 PRINGLE WAY  
RENO NV 89520

3 PATIENT CONTROL NUMBER  
4 TYPE OF BILL  
111

702-328-4130  
3 BC/BS PROV. NO. CC6040  
4 FEDERAL TAX NO. 88-0213754  
7 MEDICARE NO. 290001  
8 MEDICAID NO.

10 PATIENT'S LAST NAME WILLIAMS  
11 PATIENT'S FIRST NAME JAMES BEN  
11 PATIENT'S ADDRESS P.O. BOX 358  
11 PATIENT'S CITY HAWTHORNE  
11 PATIENT'S STATE NV  
11 PATIENT'S ZIP 89415

12 BIRTH DATE 04-13-64  
13 SEX M  
14 AGE 31  
15 DATE OF ADMISSION 07-08-92  
16 HRS 15  
17 TYPE S  
18 SRC 1  
19 A.M. 10  
20 D.M. 01  
21 STATE NV  
22 STATEMENT COVERS PERIOD FROM 07-08-92 THROUGH 08-21-92

23 COV.D.  
24 N.C.D.  
25 C.I.D.  
26 I.A.D.

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\*JAMES WILLIAMS  
P.O. BOX 358  
HAWTHORNE, NV 89415

FC = C  
PT = Y

50 DESCRIPTION	51 R. CODE	52 S. UNITS	53 TOTAL CHARGES	54	55	56 PT AMT
OTHER/ZBED	458.15	129 43	1970045	1970045		
PHARMACY		250 381	103838	103838		
DRUGS/TAKEHOME		253 3	1215	1215		
STERILE SUPPLY		272 29	56888	56888		
PROSTH/ORTH DEV		274 5	263497	263497		
LABORATORY		300 12	84065	84065		
LAB/OTHER		309 1	4905	4905		
DX X-RAY		320 2	32287	32287		
PHYSICAL THERP		420 90	662044	662044		
OCCUPATION THER		430 100	810815	810815		
SPEECH PATHOL		440 17	56010	56010		
EEG		740 1	23474	23474		
PSYCH SERVICES		910 2	6468	6468		
PERI VASCUL LAB		921 1	37704	37704		
EDUC/TRAINING		942 1	2695	2695		
PRO FEE		960 2	25765	25765		
<b>TOTAL CHARGE</b>	<b>001</b>		<b>4141715</b>	<b>4141715</b>		

57 PAYER	58 REL INFO	59 ASG BEN	60 DEDUCTIBLE	61 CO-INSURANCE	62 EST. RESPONSIBILITY	63 PRIOR PAYMENTS	64 EST. AMOUNT DUE
COMB INS CO A 475	Y	Y					
NV ST WELFARE 226	Y	Y					
SELF PAY 999	Y	Y					

**DUE FROM PATIENT**

66 INSURED'S NAME WILLIAMS, JAMES BEN

67 SEX M 68 P.B.L. 01 69 CERT.-SSN-HIC.-ID. NO. SSI COMPLET 0000000000.

70 GROUP NAME PRIVATE PER DA 71 INSURANCE GROUP NO. NEVADA MEDICAID APP SUB 7/15/92 P NONE LTR EUREKA 7/9/92

72 END C 73 ESC 1 74 EMPLOYER NAME PRIVATE PER DAY PLAN 75 EMPLOYER LOCATION RISI RANCH

76 PRINCIPAL AND OTHER DIAGNOSES DESCRIPTIONS REHABILITATION PROC NEC ; ALCOHOL ABUSE-UNSPEC V57.89 305.00 344.9

77 PRIN. CODE 78 OTHER DIAGNOSES CODES

79 PRINCIPAL AND OTHER PROCEDURES DESCRIPTIONS 80 PRINCIPAL PROCEDURE 81 OTHER PROCEDURE 82 OTHER PROCEDURE

83 ATTENDING PHYSICIAN ID. NV164383 HILL H HAYDON 84 OTHER PHYSICIAN ID. NV164383 HILL H HAYDON

85 REMARKS COMB INS CO A 475 5050 BROADWAY CHICAGO IL 60640

86 VERIFIED H-C STAY DATES FROM THROUGH 87 AMT. REIMBURSED 88 N-PYM CD 89 APPROV. BY 90 DATE APPROV.

91 I CERTIFY THAT THE CORRECTIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

92 PROVIDER REPRESENTATIVE X [Signature] 93 DATE

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PAYER COPY

COPY

BOOK 239 PAGE 170  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Dorney & Brennan, Ltd*  
'92 SEP 28 11:15  
EUREKA COUNTY, NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEE \$900  
**142535**

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