

HOSPITAL LIEN  
ON SETTLEMENT, JUDGMENT, AND COMPROMISE

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

(MRS 108.590, through 108.660 et. seq.)

NOTICE IS HEREBY GIVEN that WASHOE MEDICAL CENTER has rendered services in hospitalization for MARCIA PRAY, a person who was injured on the 5th day of July, 1997, 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 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:

NATIONWIDE INSURANCE

The hospitalization was rendered to the injured party between July 5, 1997, through July 14, 1997, Account Number [REDACTED]

ITEMIZED STATEMENT

For hospitalization and related medical services rendered to the patient MARCIA PRAY, 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 SEVENTY NINE THOUSAND TWO HUNDRED SEVENTY TWO DOLLARS and 14/100 (\$79,272.14), 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 17<sup>th</sup> day of August, 1997.

DURNEY, BRENNAN & SHEA

By:   
TERRANCE SHEA  
TOM BRENNAN

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PETER D. DURNEY  
THOMAS R. BRENNAN  
TERRANCE SHEA

DURNEY, BRENNAN & SHEA  
ATTORNEYS AT LAW  
3500 LAKEVIEW COURT, SUITE 145  
RENO, NEVADA 89509  
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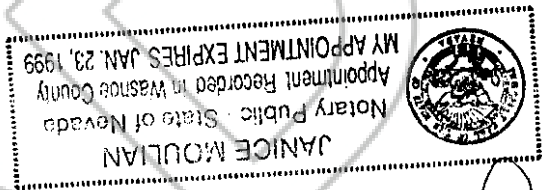
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Jan 23 8/97



*Janice Moulán*  
Notary Public

THIS 17<sup>th</sup> DAY OF AUGUST, 1997.

SUBSCRIBED AND SWORN TO BEFORE ME

*Terrance Shea*  
TERRANCE SHEA

I, TERRANCE SHEA, the undersigned, 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.

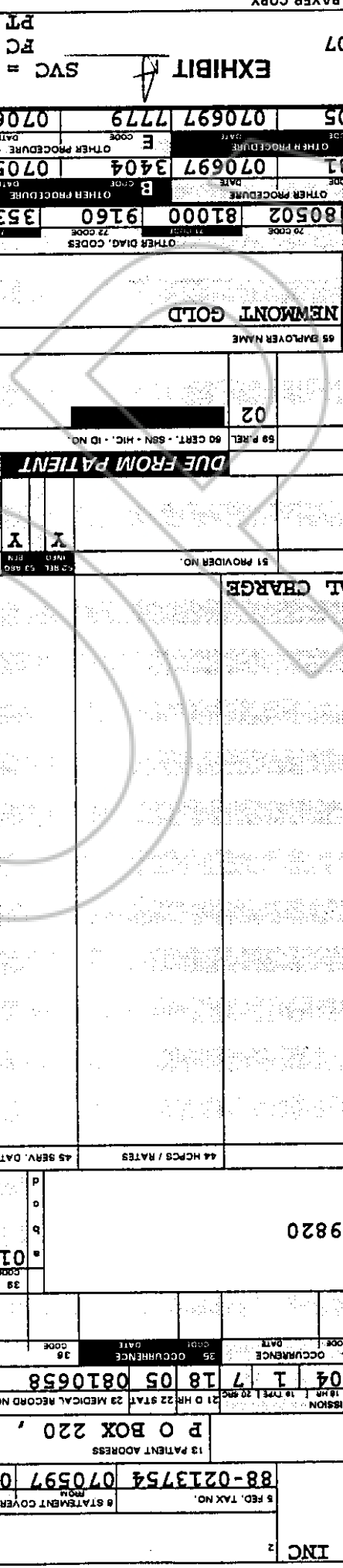
STATE OF NEVADA )  
                          ) : ss.  
COUNTY OF WASHOE )

**VERIFICATION**

UB-92 HCF-A-1480 PAYER COPY

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.				
95 PROVIDER REPRESENTATIVE <b>X</b> PT = S PC = C TRA = TRA <b>EXHIBIT A</b>		80 DATE <b>072597</b>		
89 REMARKS <b>GREAT WEST LIFE</b> <b>PO BOX 429</b> <b>PORTLAND, OR 97207</b>		79 P.C. 80 <b>81210</b>		
83 OTHER PROCEDURE <b>BOMBERGER RICHARD A</b> <b>NV064425</b>		81 A OTHER PROCEDURE <b>8054</b>		
83 OTHER PROCEDURE <b>FLEMING HILARI I</b> <b>NV096196</b>		81 D OTHER PROCEDURE <b>8105</b>		
83 OTHER PROCEDURE <b>81210</b>		81 E OTHER PROCEDURE <b>8105</b>		
82 ATTENDING PHYS. ID <b>81210</b>		81 B OTHER PROCEDURE <b>7931</b>		
76 ADM. DIAG. CD <b>81210</b>		82 CODE <b>8052</b>		
77 E-CODE <b>214</b>		79 CODE <b>8100</b>		
OTHER DIAG. CODES <b>3530</b>		79 CODE <b>9160</b>		
84 ESC <b>9</b>		79 CODE <b>8052</b>		
85 EMPLOYER NAME <b>NEWMONT GOLD</b>		79 CODE <b>8100</b>		
86 EMPLOYER LOCATION <b>NEWMONT GOLD</b>		79 CODE <b>9160</b>		
87 INSURED'S NAME <b>PRAY, VANCE A</b>		79 CODE <b>8054</b>		
88 GROUP NAME <b>NEWMONT GOLD</b>		79 CODE <b>8100</b>		
89 P-PANEL <b>02</b>		79 CODE <b>9160</b>		
90 CERT. - BSN - HIC - ID NO.		79 CODE <b>8052</b>		
91 GROUP NAME <b>NEWMONT GOLD</b>		79 CODE <b>8100</b>		
92 INSURANCE GROUP NO.		79 CODE <b>9160</b>		
<b>960 PRO FEE</b>		79 CODE <b>8054</b>		
50 PAYER <b>GREAT WEST 127</b>		79 CODE <b>8100</b>		
51 PROVIDER NO.		79 CODE <b>9160</b>		
52 REL. INFO. PIN <b>Y</b>		79 CODE <b>8054</b>		
53 PRIOR PAYMENTS <b>Y</b>		79 CODE <b>8100</b>		
54 EST. AMOUNT DUE <b>13170</b>		79 CODE <b>9160</b>		
<b>7927214</b>		79 CODE <b>8054</b>		
43 REV. CD.		79 CODE <b>8100</b>		
44 DESCRIPTION <b>960 PRO FEE</b>		79 CODE <b>8054</b>		
45 HCPCS / RATES		79 CODE <b>8100</b>		
46 SERV. DATE		79 CODE <b>9160</b>		
47 TOTAL CHARGES <b>13170</b>		79 CODE <b>8054</b>		
48 NON-COVERED CHARGES		79 CODE <b>8100</b>		
39 VALUE CODES <b>01</b>		79 CODE <b>8054</b>		
40 VALUE CODES <b>45</b>		79 CODE <b>8100</b>		
41 VALUE CODES <b>1000</b>		79 CODE <b>8054</b>		
12 PATIENT NAME <b>PRAY, MARCIA</b>		79 CODE <b>8100</b>		
13 PATIENT ADDRESS <b>P O BOX 220, BATTLE MOUNTAIN NV 89820</b>		79 CODE <b>8054</b>		
5 PATIENT CONTROL NO. <b>111</b>		79 CODE <b>8100</b>		
8 STATEMENT COVERS PERIOD <b>88-0213754</b>		79 CODE <b>8054</b>		
9 <b>070597</b>		79 CODE <b>8100</b>		
14 BIRTHDATE <b>05051962</b>		79 CODE <b>8054</b>		
15 SEX <b>M</b>		79 CODE <b>8100</b>		
16 MS. DATE <b>070597</b>		79 CODE <b>8054</b>		
17 DATE <b>04</b>		79 CODE <b>8100</b>		
18 HR. TYPE <b>1</b>		79 CODE <b>8054</b>		
21 O HR. 22 STAT <b>04</b>		79 CODE <b>8100</b>		
23 MEDICAL RECORD NO. <b>0810658</b>		79 CODE <b>8054</b>		
37 <b>01</b>		79 CODE <b>8100</b>		
38 <b>01</b>		79 CODE <b>8054</b>		
39 <b>45</b>		79 CODE <b>8100</b>		
40 <b>1000</b>		79 CODE <b>8054</b>		
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95 <b>1000</b>		79 CODE <b>8100</b>		

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12 PATIENT NAME PRAY, MARCIA  
13 PATIENT ADDRESS P O BOX 220, BATTLE MOUNTAIN NV 89820

14 BIRTHDATE 05051962 M M 070597 04 1 7 18 05 0810658  
15 SEX 18 MS  
16 ADMISSION 17 DATE 18 TIME 19 TYPE 20

32 OCCURRENCE DATE 01 070497 41 070497  
33 OCCURRENCE DATE  
34 OCCURRENCE DATE  
35 OCCURRENCE DATE

36 PATIENT VALUE CODES 01  
37 PATIENT VALUE CODES 53200 45  
38 PATIENT VALUE CODES 1000

43 REV. CD. 43 DESCRIPTION 120 ROOM-BOARD/SEMI 532.00  
44 HCPCS / RATES 45 SERV. DATE 46 SERV. UNITS 47 TOTAL CHARGES 48 NON-COVERED CHARGES 49

50 PAYER GREAT WEST 127  
51 PROVIDER NO. 52 REL. 53 ADD. 54 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56

57 INSURED'S NAME PRAY, VANCE A  
58 P. REL. 59 CENT. - BEN. - HIC. - ID NO. 60 GROUP NAME NEMMONT GOLD  
61 GROUP NAME NEMMONT GOLD  
62 INSURANCE GROUP NO. 63 EMPLOYER LOCATION

64 TREATMENT AUTHORIZATION CODES 9  
65 EMPLOYER NAME NEMMONT GOLD

66 PRN. DIAG. CD. 67 PRN. DIAG. CD. 68 CODE 69 CODE 70 CODE 71 CODE 72 CODE 73 CODE 74 CODE 75 CODE 76 CODE 77 E-CODE 78

79 ADM. DIAG. CD. 80 CODE 81 CODE 82 ATTENDING PHYS. ID. 83 OTHER PHYS. ID. 84 OTHER PHYS. ID.

85 REMARKS 91 0353 070697 7931 070697 3404 070597  
92 0309 070697 8105 070697 7779 070697  
93 0309 070697 8105 070697 7779 070697

94 REMARKS GREAT WEST LIFE  
95 PORTLAND, OR 97207  
96 DATE 072597

97 STATEMENT COVERS PERIOD 7 COV D. 8 N-C.D. 9 C-I.D. 10 L-R.D. 11  
98 STATEMENT TAX NO. 88-0213754 070597 071497 9

99 PATIENT CONTROL NO. 111  
100 TYPE OF BILL 111

APPROVED OMB NO. 0938-0272

PAYER COPY

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EXHIBIT SVC = TRA  
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