

HOSPITAL LIEN
ON SETTLEMENT, JUDGMENT AND COMPROMISE

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

(NRS 108.590 THROUGH NRS 108.660)

NOTICE IS HEREBY GIVEN that WASHOE MEDICAL CENTER has rendered services in hospitalization for MARLA MCGHEE, of Elko, Nevada, a person who was injured on the 30th day of March, 1999, 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:

STATE FARM INSURANCE COMPANY

The hospitalization was rendered to the injured party beginning on March 31, 1999, through April 2, 1999, account number [REDACTED].

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient MARLA MCGHEE, 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 TEN THOUSAND SIX HUNDRED FOURTEEN AND 58/100 DOLLARS (\$10,614.58), 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 13th day of May, 1999.

DURNEY, BRENNAN & SHEA

BY: Terrance Shea
TERRANCE SHEA

DURNEY, BRENNAN & SHEA
ATTORNEYS AT LAW
547 SOUTH ARLINGTON AVENUE
RENO, NEVADA 89509
TELEPHONE (702) 329-4400 • TELECOPIER (702) 329-8806

PETER D. DURNEY
THOMAS R. BRENNAN
TERRANCE SHEA

VERIFICATION

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STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

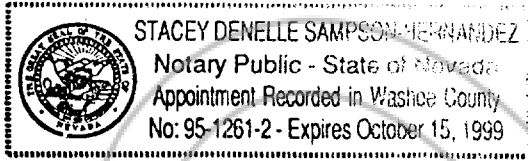
I, the undersigned, being first duly sworn, under penalty of perjury, depose and say:

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.

Terrance Shea
TERRANCE SHEA

SUBSCRIBED and SWORN to before me, a Notary Public, on this 13th day of May, 1999.

Stacey Denelle Sampson Hernandez
Notary Public



lien.sdh

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THOMAS R. BRENNAN
TERRANCE SHEA

1 WASHOE MEDICAL CENTER INC 77 PRINGLE WAY RENO, NV 89520-0109 775-982-4130				2				3 PATIENT CONTROL NO.				4 TYPE OF BILL 111																																			
5 FED. TAX NO.		6 STATEMENT FROM		7 COVERS THROUGH		8 N-C D.		9 C-1 D		10 L-R		11																																			
88-0213754		033199		040299		2																																									
12 PATIENT NAME MCGHEE, MARLA						13 PATIENT ADDRESS 2151 PINYON #159, ELKO NV 89201																																									
14 BIRTHDATE 01051963		15 SEX F		16 MARITAL STATUS S		17 ADMISSION DATE 033199		18 ADMISSION TIME 02		19 DISCHARGE DATE 01		20 DISCHARGE TIME 17																																			
21 D		22 STAT		23 MEDICAL RECORD NO. 19 01 0867620				24 CONDITION CODES 25 26 27 28 29 30																																							
32 OCCURRENCE CODE 01		33 OCCURRENCE DATE 033099		34 OCCURRENCE CODE 41		35 OCCURRENCE DATE 033099		36 OCCURRENCE FROM		37 SPAN THROUGH		38																																			
39 VALUE CODES AMOUNT 01 56100						40 VALUE CODES AMOUNT 45 2000		41 VALUE CODES AMOUNT		42		43																																			
42 REV. CD		43 DESCRIPTION		44 HCPCS/RATES		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COV'D CHRG																																			
120		ROOM-BOARD/SEMI		561.00				2		112200		112200																																			
222		TECH SUPPT CHG						2		4444		4444																																			
250		PHARMACY						36		33750		33750																																			
272		STERILE SUPPLY						15		439561		439561																																			
300		LABORATORY						1		6835		6835																																			
301		LAB/CHEMISTRY						2		12734		12734																																			
305		LAB/HEMATOLOGY						4		34172		34172																																			
307		LAB/UROLOGY						1		5850		5850																																			
320		DX X-RAY						9		122890		122890																																			
350		CT SCAN						4		283345		283345																																			
450		EMERG ROOM						1		5677		5677																																			
001		TOTAL CHARGES								1061458		1061458																																			
50 PAYER A SELF PAY 999 B PMT PLAN EXT F60 C				51 PROVIDER NO.				52 PRIORITY		53 PRIORITY		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56																															
								Y		Y																																					
								Y		Y																																					
												1061458																																			
57				DUE FROM PATIENT																																											
58 INSURED'S NAME A MCGHEE, MARLA B MCGHEE, MARLA C				59 P REF 01				60 CERT. - SSN - HIC - ID NO.				61 GROUP NAME BEAUTICIAN PAYMENT OPTION				62 INSURANCE GROUP NO. LTREUREKA040299JM 25.00 PER MONTH																															
63 TREATMENT AUTHORIZATION CODES				64 ESC				65 EMPLOYER NAME 9 BEAUTICIAN 9 BEAUTICIAN				66 EMPLOYER LOCATION																																			
67 PRIN DIAG CD 8054				68 CODE 30500				69 CODE 311				70 CODE				71 CODE				72 CODE				73 CODE				74 CODE				75 ADN DIAG CD 8054				76 E-CODE E8160				77				78 243			
79 P C				80 PRINCIPAL PROCEDURE CODE C				81 OTHER PROCEDURE DATE A				82 OTHER PROCEDURE DATE B				83 ATTENDING PHYS: ID WATSON JOHN M				84 OTHER PHYS: ID (A)				85 OTHER PHYS: ID (B)				86 PROVIDER REPRESENTATIVE X				87 DATE 041599															
84 REMARKS PAF/040299 JMG - -,- 00000				SVC = TRA FC = P PT = S																																											

UB-92 HCFA-1450

PAYER COPY

CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

EXHIBIT A

BOOK 327 PAGE 308

BOOK 327 PAGE 306
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Dorsey Brennan Shea
99 MAY 24 AM 9:08

EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. **172243** FEES 10.00

COPY

BOOK 327 PAGE 309