

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

VERIFICATION


STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

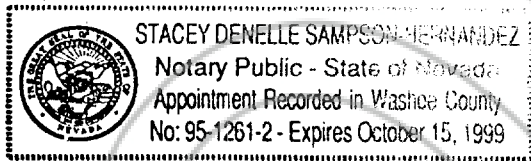
I, the undersigned, being first duly sworn, under penalty of perjury, depose and say:

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

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


Notary Public



lien.sdh

APPROVED OMR NO. 0030-0270

WASHOE MEDICAL CENTER INC
77 PRINGLE WAY
RENO, NV 89520-0109
775-982-4130

3 PATIENT CONTROL NO.
111

5 FED. TAX NO. 88-0213754
6 STATEMENT FROM 033199
7 COV. THROUGH 040299
8 N-C D. 2
9 C-1 D. 11
10 L-R

12 PATIENT NAME MCGHEE, MARLA
13 PATIENT ADDRESS 2151 PINYON #159, ELKO NV 89201

14 BIRTHDATE 01051963
15 SEX F
16 AGE 41
17 RATE 033199
18 HR 02
19 MIN 17
20 SEC 17
21 D BR 19
22 STAT 01
23 MEDICAL RECORD NO. 0867620

24 CONDITION CODES
25 26 27 28 29 30 31

32 OCCURRENCE CODE DATE 01 033099
33 OCCURRENCE CODE DATE 41 033099
34 OCCURRENCE CODE DATE
35 OCCURRENCE CODE DATE
36 CODE OCCURRENCE FROM SPAN THROUGH
37 A
B
C

38 MARLA MCGEE
2151 PINYON #159
ELKO, NV 89201

39 VALUE CODES AMOUNT 01 56100
40 VALUE CODES AMOUNT 45 2000
41 VALUE CODES AMOUNT

42 REV. CD 43 DESCRIPTION 44 HCPCS/RATES 45 SERV. DATE 46 SERV. UNITS 47 TOTAL CHARGES 48 NON-COV'D CHRG 49

1 120 ROOM-BOARD/SEMI 561.00 2 112200 112200
2 222 TECH SUPPT CHG 2 4444 4444
3 250 PHARMACY 36 33750 33750
4 272 STERILE SUPPLY 15 439561 439561
5 300 LABORATORY 1 6835 6835
6 301 LAB/CHEMISTRY 2 12734 12734
7 305 LAB/HEMATOLOGY 4 34172 34172
8 307 LAB/UROLOGY 1 5850 5850
9 320 DX X-RAY 9 122890 122890
10 350 CT SCAN 4 283345 283345
11 450 EMERG ROOM 1 5677 5677
12
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21
22
23 001 TOTAL CHARGES 1061458 1061458

50 PAYER SELF PAY 999
51 PROVIDER NO. Y Y
52 PMT PLAN EXT F60 Y Y
53 DUE FROM PATIENT 1061458

54 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56

57 INSURED'S NAME MCGHEE, MARLA
58 P REL 01
59 CERT. - SGN - HIC - ID NO. 01
60 GROUP NAME BEAUTICIAN
61 INSURANCE GROUP NO. LTREUREKA040299JM
62 PAYMENT OPTION 25.00 PER MONTH

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

67 PRIN DIAG CD 68 CODE 69 CODE 70 CODE 71 CODE 72 CODE 73 CODE 74 CODE 75 ADN DIAG CD 76 E-CODE 77 78

80 8054 30500 311 8054 E8160 243

81 OTHER PROCEDURE DATE 82 OTHER PROCEDURE DATE 83 OTHER PROCEDURE DATE 84 OTHER PROCEDURE DATE 85 OTHER PROCEDURE DATE 86 OTHER PROCEDURE DATE

87 REMARKS TAF/040299 JMG
SVC = TRA
FC = P
PT = S
00000

88 PROVIDER REPRESENTATIVE X
89 DATE 041599

UB-92 HCFA-1450 PAYER COPY

EXHIBIT A

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

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

COPY

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