

174906

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 **GLENN DEMPSEY**, of Eureka, Nevada, a person who was injured on the 14th day of April, 2000, 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:

HARTFORD UNDERWRITERS

The hospitalization was rendered to the injured party on April 15-18, 2000, account number [REDACTED].

ITEMIZED STATEMENT

Hospitalization and related medical services were rendered to the patient **GLENN DEMPSEY**, 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 SEVEN THOUSAND FIVE HUNDRED FIFTY-SEVEN AND 50/100 DOLLARS (\$7,557.50), 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 29th day of June, 2000

DURNEY, BRENNAN & SHEA

By: Terrance Shea
TERRANCE SHEA

DURNEY, BRENNAN & SHEA
ATTORNEYS AT LAW
547 SOUTH ARLINGTON AVENUE
RENO, NEVADA 89509
TELEPHONE (775) 329-4400 • TELECOPIER (775) 329-8606

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

SIGNED and SWORN to before me,
by TERRANCE SHEA, on this 29th
day of June, 2000.

Janice L. Moulian
Notary Public



lien.sdh

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ATTORNEYS AT LAW
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RENO, NEVADA 89509
TELEPHONE (775) 329-4400 • TELECOPIER (775) 329-8806

PETER D. DURNEY
THOMAS R. BRENNAN
TERRANCE SHEA

WASHOE MEDICAL CENTER INC 77 PRINGLE WAY RENO, NV 89502-1474 775-982-4130			3 PATIENT CONTROL NO. 111			APPROVED OMR NO. 0030-0273																	
5 FED. TAX NO. 88-0213754			6 STATEMENT FROM 041500			7 COV. FROM 041800			8 N-C D. 3			9 C-I D. 18			10 L-R 11								
12 PATIENT NAME DEMPSEY, GLENN						13 PATIENT ADDRESS PO BOX 35, EUREKA NV 89316																	
14 BIRTHDATE 01071937			15 SEX M			16 MARITAL STATUS M			17 ADMISSION DATE 02 1 7 13 01			18 MEDICAL RECORD NO.			19 CONDITION CODES								
32 OCCURRENCE CODE 01			33 OCCURRENCE DATE 041500			34 OCCURRENCE CODE			35 OCCURRENCE DATE			36 OCCURRENCE CODE			37 OCCURRENCE DATE								
38 VALUE CODES AMOUNT a 01 58000						39 VALUE CODES AMOUNT b 45 0100			40 VALUE CODES AMOUNT			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			110 ROOM-BOARD/PVT			610.00						3			183000								
2			250 PHARMACY									28			14708								
3			255 DRUGS/INCIDENT RAD									1			36314								
4			271 NON-STER SUPPLY									9			22903								
5			272 STERILE SUPPLY									26			207904								
6			320 DX X-RAY									3			53104								
7			350 CT SCAN									1			84800								
8			410 RESPIRATORY SVC									1			5708								
9			420 PHYSICAL THERP									4			47800								
10			450 EMERG ROOM									2			20356								
11			460 PULMONARY FUNC									3			17448								
12			700 CAST ROOM									4			61705								
23			001 TOTAL CHARGES												755750								
50 PAYER GR WEST LIFE 557			51 PROVIDER NO.			52 Y Y			54 PRIOR PAYMENTS			55 EST. AMOUNT DUE			56								
57			DUE FROM PATIENT																				
58 INSURED'S NAME DEMPSEY, GLENN			59 P. REL. 01			60 CERT. - SSW - HIC. - ID NO.			61 GROUP NAME GREAT WEST CA			62 INSURANCE GROUP NO.											
63 TREATMENT AUTHORIZATION CODES BVO0Q9 02			64 EMP. 7			65 EMPLOYER NAME CORTEZ GOLD MINE			66 EMPLOYER LOCATION														
67 PRIOR DIAG. CD 81109			68 CODE 80709			69 OTHER DIAG. CD 8248			70 CODE 8242			71 ADE. DIAG. CD 80700			72 E-CODE E8120			73					
74 PRINCIPAL PROCEDURE CODE 80709			75 PROCEDURE DATE 02 01 13			76 OTHER PROCEDURE CODE 8248			77 OTHER PROCEDURE DATE 02 01 13			78 ATTENDING PHYS. ID WATSON ROBERT W			79 OTHER PHYS. ID (CA)			80 OTHER PHYS. ID (B)					
84 REMARKS GREAT WEST LIFE 455 MARKET ST #2000 SAN FRANCISCO, CA 941			SVC = TRA FC = C PT = P			85 PROVIDER REPRESENTATIVE X			86 DATE 042800														

EXHIBIT A

BOOK 335 PAGE 415

BOOK 335 PAGE 413
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Durney Brennan + Shea
00 JUL 10 AM 10:40

EUREKA COUNTY NEVADA
M.H. REBALEATI, RECORDER
FILE NO. FEES 10⁰⁰

174906

COPY

BOOK 335 PAGE 416