

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

VERIFICATION

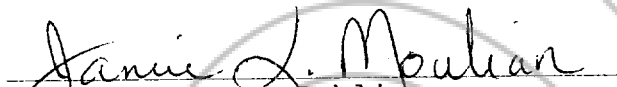
STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

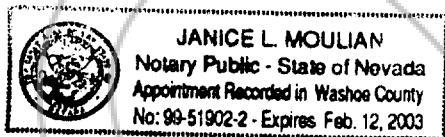
I, the undersigned, being first duly sworn, under penalty of perjury, depose and say:

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

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


Notary Public



lien.sdh

WASHOE MEDICAL CENTER INC 77 PRINGLE WAY RENO, NV 89502-1474 775-982-4130			APPROVED OMR NO. 0036-0273 PATIENT CONTROL NO. 111																				
5 FEB. TAX NO. 88-0213754			6 STATEMENT FROM 041500			7 COV 041800			8 N-C D. 3			9 C-I D. 18 L-E 11											
12 PATIENT NAME DEMPSEY, GLENN			13 PATIENT ADDRESS PO BOX 35, EUREKA NV 89316																				
14 BIRTHDATE 01071937 M M			15 SEX M			16 AGE 041500			17 DATE 02 1 7 13 01			23 MEDICAL RECORD NO.			31 CONDITION CODES								
32 OCCURRENCE CODE 01			33 OCCURRENCE DATE 041500			34 OCCURRENCE CODE 02			35 OCCURRENCE DATE 1 7 13 01			36 OCCURRENCE CODE 01			37 OCCURRENCE DATE 041500								
38 VALUE CODES 01 58000			39 VALUE CODES 45 0100			40 VALUE CODES 0100			41 VALUE CODES 0100			42 VALUE CODES 0100			43 VALUE CODES 0100								
42 REV. CD 110			43 DESCRIPTION ROOM-BOARD/PVT			44 HCPCS-RATES 610.00			45 SERV. DATE			46 SERV. UNITS 3			47 TOTAL CHARGES 183000			48 NON-COV'D CHRG			49		
250			PHARMACY									28			14708								
255			DRUGS/INCIDENT RAD									1			36314								
271			NON-STER SUPPLY									9			22903								
272			STERILE SUPPLY									26			207904								
320			DX X-RAY									3			53104								
350			CT SCAN									1			84800								
410			RESPIRATORY SVC									1			5708								
420			PHYSICAL THERP									4			47800								
450			EMERG ROOM									2			20356								
460			PULMONARY FUNC									3			17448								
700			CAST ROOM									4			61705								
001			TOTAL CHARGES												755750								
50 PAYER GR WEST LIFE 557			51 PROVIDER NO.			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			65 EMPLOYER NAME CORTEZ GOLD MINE			66 EMPLOYER LOCATION														
67 PRIOR DIAG. CD 81109			68 CODE 80709			69 CODE 8248			70 CODE 8242			71 CODE 80700			72 CODE E8120			73					
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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