

UMC

ORIGINAL

HOSPITAL LIEN UPON REAL PROPERTY

CHAPTER 108.662 OF NEVADA REVISED STATUTES

(As Amended by Chapter 545, June 7th, 1985)

NOTICE is hereby given that UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA has rendered services in hospitalization for Donohue, Frances D., a person who was admitted to UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA on the 25th day of March, 19 97 in the city of Pioche, Nevada, in the County of Lincoln, State of Nevada.

THAT UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA hereby claims a lien upon real property of which the owner on record is Donohue, Paul Richard & Donohue, Frances D.
. The description of the said property is as follows: 13 Main Street / Pioche, NV 89043
Lot 29, 30, 31, Block 26, Book 1, Page 11, Parcel I-112-06

THAT hospitalization was rendered between the 25th day of March, 19 97, and the 30th day of July, 19 97 for which an itemized statement is attached.

THAT UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA demands for such care or service in the sum of \$51,806.68 and that no part thereof has been paid except \$-0- and that there is now due and owing and remaining unpaid sum, after deducting all credits and offsets, the sum of \$51,806.68 in which amount lien upon real property is hereby claimed.



By HLM
Title: H. Lee Myers
Collections Manager
UNIVERSITY MEDICAL CENTER
1800 W. Charleston Blvd.
Las Vegas, NV 89102

SUBSCRIBED AND SWORN to before me this
10th day of March, 19 97.

Patricia A. Lindsay
Notary Public in and for the
County of Clark and State of Nevada

BOOK 133 PAGE 337

RETURN TO :

UNIVERSITY MEDICAL CENTER

1800 W. Charleston Blvd. • Las Vegas, Nevada 89102 • (702) 383-2000
An Equal Opportunity (including the handicapped) - Alternative Action Employer

Lincoln County

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| UNIV MEDICAL CENTER SO NV 1800 WEST CHARLESTON BLVD LAS VEGAS NV 89102 7023832000 | | I-250-0889-LIEN-REBILL | | 3 PATIENT CONTROL NO. 25953837 | | 111 | | | | | | | | | | | | | | | | | | | | | |
| 5 FED TAX NO. 886000436W | | 8 STATEMENT COVER PERIOD 032597 040297 | | 7 COV D. 8 | | 8 N.C.D. 9 C.I.D. 10 L.R.D. 11 014 | | | | | | | | | | | | | | | | | | | | | |
| 12 PATIENT NAME DONOHUE, FRANCES D | | 13 PATIENT ADDRESS 8445 S LAS VEGAS B LAS VEGAS NV 89123 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 BIRTH DATE 01291937 | | 15 SEX F | | 16 RACE W | | 23 MEDICAL RECORD NO. 436 | | | | | | | | | | | | | | | | | | | | | |
| 17 OCCURRENCE DATE | | 18 OCCURRENCE TIME | | 19 OCCURRENCE SPAN | | 20 OCCURRENCE CODE | | | | | | | | | | | | | | | | | | | | | |
| DONOHUE, FRANCES D 8445 S LAS VEGAS BLVD APT 1175 LAS VEGAS NV 89123 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 REV. CD | | 43 DESCRIPTION | | 44 HCPCS/RATES | | 45 SERV. DATE | | 46 SERV. UNITS | | 47 TOTAL CHARGES | | 48 DRUG CHARGE DEDUCT | | 49 | | | | | | | | | | | | | |
| 129 | | OTHR/2 BED | | 315.00 | | | | 8 | | 2520.00 | | | | | | | | | | | | | | | | | |
| 250 | | PHARMACY | | | | | | 203 | | 3131.89 | | | | | | | | | | | | | | | | | |
| 258 | | IV SOLUTION | | | | | | 34 | | 1828.97 | | | | | | | | | | | | | | | | | |
| 270 | | MED/SUR SUPPLRS | | | | | | 52 | | 1897.25 | | | | | | | | | | | | | | | | | |
| 300 | | LABORATORY | | | | | | 45 | | 3412.25 | | | | | | | | | | | | | | | | | |
| 320 | | DX X-RAY | | | | | | 5 | | 915.50 | | | | | | | | | | | | | | | | | |
| 350 | | CT SCAN | | | | | | 1 | | 753.25 | | | | | | | | | | | | | | | | | |
| 402 | | ULTRASOUND | | | | | | 1 | | 464.25 | | | | | | | | | | | | | | | | | |
| 410 | | RESPIRATORY SVC | | | | | | 1 | | 58.00 | | | | | | | | | | | | | | | | | |
| 420 | | PHYSICAL THERP | | | | | | 16 | | 540.00 | | | | | | | | | | | | | | | | | |
| 430 | | OCCUPATION THER | | | | | | 8 | | 289.50 | | | | | | | | | | | | | | | | | |
| 440 | | SPEECH PATHOL | | | | | | 12 | | 579.00 | | | | | | | | | | | | | | | | | |
| 450 | | EMERG ROOM | | | | | | 2 | | 420.00 | | | | | | | | | | | | | | | | | |
| 480 | | CARDIOLOGY | | | | | | 7 | | 1229.75 | | | | | | | | | | | | | | | | | |
| 610 | | MRI | | | | | | 1 | | 1159.50 | | | | | | | | | | | | | | | | | |
| 730 | | EKG/ECG | | | | | | 2 | | 162.50 | | | | | | | | | | | | | | | | | |
| 940 | | OTHER RX SVS | | | | | | 4 | | 106.00 | | | | | | | | | | | | | | | | | |
| 001 | | TOTAL | | | | | | 297 | | 19467.52 | | | | | | | | | | | | | | | | | |
| 50 PAYER LIEN | | 51 PROVIDER NO. | | 52L 52R 52M 52F 52S 52D 52U Y Y | | 54 PRIOR PAYMENTS | | 55 EST. AMOUNT DUE | | 56 | | | | | | | | | | | | | | | | | |
| 37 | | DUE FROM PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| 58 INSURED'S NAME DONOHUE, FRANCES D | | 59 CERT. SSN-HIC-4D NO. 01 | | 60 GROUP NAME | | 61 INSURANCE GROUP NO. | | | | | | | | | | | | | | | | | | | | | |
| 63 TREATMENT AUTHORIZATION CODES 3 | | 64 EMPLOYER NAME UNEMPLOYED | | 65 EMPLOYER LOCATION | | | | | | | | | | | | | | | | | | | | | | | |
| 67 PRN DRUG CD 431 | | 68 PRN DRUG CD 496 | | 69 PRN DRUG CD 250 | | 70 PRN DRUG CD 03 | | 71 PRN DRUG CD 599 | | 72 PRN DRUG CD 0 | | 73 PRN DRUG CD 041 | | 74 PRN DRUG CD 4 | | 75 PRN DRUG CD 401 | | 76 PRN DRUG CD 8 | | 77 PRN DRUG CD 342 | | 78 PRN DRUG CD 90 | | 79 PRN DRUG CD 436 | | 80 PRN DRUG CD 014 | |
| 81 PRN DRUG CD 9 | | 82 PRN DRUG CD C | | 83 PRN DRUG CD 000000 | | 84 PRN DRUG CD C | | 85 PRN DRUG CD C | | 86 PRN DRUG CD C | | 87 PRN DRUG CD C | | 88 PRN DRUG CD C | | 89 PRN DRUG CD C | | 90 PRN DRUG CD C | | 91 PRN DRUG CD C | | 92 PRN DRUG CD C | | 93 PRN DRUG CD C | | 94 PRN DRUG CD C | |
| 81 ATTENDING PHYS. ID NV077931 | | 82 OTHER PHYS. ID RYDER KATHRYN | | 83 OTHER PHYS. ID A | | 84 OTHER PHYS. ID B | | 85 OTHER PHYS. ID B | | 86 OTHER PHYS. ID B | | 87 OTHER PHYS. ID B | | 88 OTHER PHYS. ID B | | 89 OTHER PHYS. ID B | | 90 OTHER PHYS. ID B | | 91 OTHER PHYS. ID B | | 92 OTHER PHYS. ID B | | 93 OTHER PHYS. ID B | | 94 OTHER PHYS. ID B | |
| 85 REMARKS LIEN | | 86 PROVIDER REPRESENTATIVE X CATCH ALL | | 87 DATE 021098 | | | | | | | | | | | | | | | | | | | | | | | |

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Lincoln County

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| UNIV MEDICAL CENTER SO NV 1800 WEST CHELSEBTON BLVD LAS VEGAS NV 89102 7023832000 | | | | | | | | | | R-ORT-0030-LIEN-REBILL | | | | | | | | | | 3 PATIENT CONTROL NO. 85839934 | | | | | 133 | | | | | | | | | | | | | |
| 5 FED TAX NO. 886000436W | | | | | | | | | | 8 STATEMENT COVERED BY | | | | | 7 COVD. | | 8 IN-C.D. | | 9 CH.D. | | 10 L-R.D. | | 11 | | | | | | | | | | | | | | | |
| 12 PATIENT NAME DONOHUE, FRANCES D | | | | | | | | | | 13 PATIENT ADDRESS 8445 S LAS VEGAS B LAS VEGAS NV 89123 | | | | | | | | | | 14 BIRTHDATE 01291937 | | | | | 15 SEX F | | 16 MARITAL STATUS W | | 17 DATE OF BIRTH | | 18 DATE OF DEATH | | 19 DATE OF ADMISSION | | 20 DATE OF DISCHARGE | | 21 CONDITION CODES 9592 | |
| 22 OCCURRENCE | | | | | | | | | | 23 OCCURRENCE | | | | | 24 OCCURRENCE | | 25 OCCURRENCE | | 26 OCCURRENCE | | 27 OCCURRENCE | | 28 OCCURRENCE | | 29 OCCURRENCE | | 30 OCCURRENCE | | 31 OCCURRENCE | | | | | | | | | |
| DONOHUE, FRANCES D 8445 S LAS VEGAS BLVD APT 1175 LAS VEGAS NV 89123 | | | | | | | | | | 32 VALUE CODES | | | | | 33 VALUE CODES | | 34 VALUE CODES | | 35 VALUE CODES | | 36 VALUE CODES | | 37 VALUE CODES | | 38 VALUE CODES | | 39 VALUE CODES | | 40 VALUE CODES | | | | | | | | | |
| 42 REV. CD | | 43 DESCRIPTION | | | | | | | | | | 44 HOP/RATES | | 45 SERV. DATE | | 46 SERV. UNITS | | 47 TOTAL CHARGES | | 48 INS-COVERED CHARGES | | 49 | | | | | | | | | | | | | | | | |
| 700 | | CAST ROOM | | | | | | | | | | | | | | 34.75 | | | | | | | | | | | | | | | | | | | | | | |
| 001 | | TOTAL | | | | | | | | | | | | | | 34.75 | | | | | | | | | | | | | | | | | | | | | | |
| 50 PAYER LIEN | | | | | | | | | | 51 PROVIDER NO. | | | | | 52 LIEN | | 53 Y | | 54 PRIOR PAYMENTS | | 55 EST. AMOUNT DUE | | 56 | | | | | | | | | | | | | | | |
| 57 | | | | | | | | | | DUE FROM PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 58 INSURED'S NAME DONOHUE, FRANCES D | | | | | | | | | | 59 P. ID. 01 | | | | | 60 CERT.-SSN-INC-ID NO. | | | | | 61 GROUP NAME | | | | | 62 INSURANCE GROUP NO. | | | | | | | | | | | | | |
| 63 TREATMENT AUTHORIZATION CODES | | | | | | | | | | 64 EMPLOYER NAME 3 UNEMPLOYED | | | | | 65 EMPLOYER LOCATION | | | | | | | | | | | | | | | | | | | | | | | |
| 67 PRIN DIAG CD 959.2 | | | | | | | | | | 68 OTHER DIAG CODES | | | | | | | | | | 69 ADM DIAG CD 9592 | | | | | 70 E-CODE 445 | | | | | | | | | | | | | |
| 71 P.C. 80 9 | | | | | | | | | | 72 OTHER PROCEDURE | | | | | 73 ATTENDING PHYSICIAN ID C9556 SERPISANT ANTHONY B | | | | | | | | | | 74 OTHER PHYSICIAN ID A | | | | | | | | | | | | | |
| 75 OTHER PROCEDURE C 000000 | | | | | | | | | | 76 OTHER PROCEDURE | | | | | 77 OTHER PHYSICIAN ID B | | | | | | | | | | 78 OTHER PHYSICIAN ID | | | | | | | | | | | | | |
| 79 REMARKS LIEN | | | | | | | | | | 80 PROVIDER REPRESENTATIVE CATCH ALL | | | | | | | | | | 81 DATE 021098 | | | | | | | | | | | | | | | | | | |

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| UNIV MEDICAL CENTER SO NV 1800 WEST CHARLESTON BLVD LAS VEGAS NV 89102 7023832000 | | R-PTS-0030-I-TEN-REBILL | | 3 PATIENT CONTROL NO. R5945533 | | 133 | |
| 8 FED TAX NO. 886000436W | | 9 STATEMENT CONTROL NUMBER 052197 | | 7 COV D. 10 | | 8 N-C.D. 000 | |
| 12 PATIENT NAME DONOHUE, FRANCES D | | 13 PATIENT ADDRESS 8445 S LAS VEGAS B LAS VEGAS NV 89123 | | | | | |
| 14 BIRTHDATE 01291937 | | 15 SEX F | | 16 MARITAL STATUS M | | 17 OCCUPATION CODES 07 3 1 | |
| 18 MEDICAL RECORD NO. 01 724-394 | | 19 CONDITION CODES | | | | | |
| 20 OCCURRENCE | | 21 OCCURRENCE | | | | | |
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| 98 OCCURRENCE | | 99 OCCURRENCE | | | | | |
| 001 TOTAL | | | | 1 | | 1196.00 | |
| 50 PAYER LIEN | | 51 PROVIDER NO. | | 54 PRIOR PAYMENTS | | 55 EST. AMOUNT DUE | |
| 57 | | 58 | | 59 | | 60 | |
| 56 INSURED'S NAME DONOHUE, FRANCES D | | 59 CERT. - SSN-MIC. ID NO. 01 | | 61 GROUP NAME | | 62 INSURANCE GROUP NO. | |
| 63 TREATMENT AUTHORIZATION CODES 3 | | 64 EMPLOYER NAME UNEMPLOYED | | 65 EMPLOYER LOCATION | | | |
| 67 PRIN DIAG CD V57 1 | | 68 OTHER DIAG. CODES | | 76 ADM DIAG CD | | 77 E-CODE | |
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Lincoln County

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| UNIV MEDICAL CENTER SO NV ² 1800 WEST CHARLESTON BLVD LAS VEGAS NV 89102 7023832000 | | E-FMR-0030-LIEN-RBBLL | | 3 PATIENT CONTROL NO. 26125138 | | CPT 131 | |
| 5 FED TAX NO. 886000436W | | 8 ATTACHMENT CONTROL NO. 052897 052897 | | 7 COVD. | 8 INC.D. | 9 CH.D. | 10 L-R.D. |
| 12 PATIENT NAME DONOHUE, FRANCES D | | 13 PATIENT ADDRESS 8445 S LAS VEGAS B LAS VEGAS NV 89123 | | | | | |
| 14 BIRTHDATE 01291937 F W | | 15 SEX | | 22 MEDICAL RECORD NO. 01 724-394 | | 31 7804 | |
| 16 OCCURRENCE | | 17 COVERAGE | | 18 OCCURRENCE | | 19 COVERAGE | |
| 20 NAME CODE | | 21 ICD-9 | | 23 ICD-9 | | 24 ICD-9 | |
| DONOHUE, FRANCES D 8445 S LAS VEGAS BLVD APT 1175 LAS VEGAS NV 89123 | | 25 ICD-9 | | 26 ICD-9 | | 27 ICD-9 | |
| 28 REV. CD | | 43 DESCRIPTION | | 44 HCPCS RATES | | 45 SERV. DATE | |
| 29 | | 46 SERV. UNITS | | 47 TOTAL CHARGES | | 48 | |
| 250 PHARMACY | | 1 | | 1.22 | | | |
| 258 IV SOLUTION | | | | 26.23 | | | |
| 260 IV THERAPY | | | | 56.75 | | | |
| 270 MED/SUR SUPPLIES | | 7 | | 143.00 | | | |
| 300 LABORATORY | | | | 83.50 | | | |
| 450 EMERG ROOM | | | | 469.75 | | | |
| 730 EKG/ECG | | | | 81.25 | | | |
| 001 TOTAL | | 8 | | 861.70 | | | |
| 50 PAYER LIEN | | 51 PROVIDER NO. | | 52 CERT. STATE ID NO. | | 53 PRIOR PAYMENTS | |
| 54 EST. AMOUNT DUE | | 55 | | 56 | | 57 | |
| 58 | | DUE FROM PATIENT | | 59 | | 60 | |
| 61 INSURED'S NAME DONOHUE, FRANCES D | | 62 CERT. SSN/HIC-10 NO. 01 | | 63 GROUP NAME | | 64 INSURANCE GROUP NO. | |
| 65 TREATMENT AUTHORIZATION CODES | | 66 EMPLOYER NAME 3 UNEMPLOYED | | 67 EMPLOYER LOCATION | | 68 | |
| 69 PRIN DIAG CD 780.4 | | 70 OTHER DIAG. CODES 276.5 | | 71 ADM DIAG CD 7804 | | 72 E-CODE 065 | |
| 73 P.C. 9 | | 74 OTHER PROCEDURE | | 75 ATTENDING PHYS. ID E45423 HUGHES BEVERLY | | 76 OTHER PHYS. ID A | |
| 77 OTHER PROCEDURE | | 78 OTHER PROCEDURE | | 79 OTHER PHYS. ID B | | 80 | |
| 81 REMARKS LIEN | | 82 | | 83 | | 84 | |
| 85 PROVIDER REPRESENTATIVE X | | 86 DATE 021098 | | 87 | | 88 | |

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Lincoln County

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| UNIV MEDICAL CENTER SO NV 1800 WEST CHARLESTON BLVD LAS VEGAS NV 89102 7023832000 | | R-PTS-0030-LIEN-REBILL | | 3 PATIENT CONTROL NO. 85950475 | | 133 | |
| 12 PATIENT NAME DONOHUE, FRANCES D | | 13 PATIENT ADDRESS 8445 S LAS VEGAS B LAS VEGAS NV 89123 | | | | | |
| 14 BIRTHDATE 01291937 | | 15 SEX F | | 16 RACE W | | 17 MEDICAL RECORD NO. 01 724-394 | |
| 18 OCCURRENCE | | 19 COORDINATE | | 20 OCCURRENCE | | 21 | |
| 22 MEDICAL RECORD NO. | | 23 | | 24 | | 25 | |
| 26 | | 27 | | 28 | | 29 | |
| 30 | | 31 | | 32 | | 33 | |
| 34 | | 35 | | 36 | | 37 | |
| 38 | | 39 | | 40 | | 41 | |
| 42 REV. CD | | 43 DESCRIPTION | | 44 HCPC/RATES | | 45 SERV. DATE | |
| 46 SERV. UNITS | | 47 TOTAL CHARGES | | 48 | | 49 | |
| 253 | | PHARMACY/TAKE HOME | | | | 159.60 | |
| 420 | | PHYSICAL THERP | | | | 882.00 | |
| 430 | | OCCUPATION THER | | | | 783.00 | |
| 001 | | TOTAL | | | | 1824.60 | |
| 50 PAYER LIEN | | 51 PROVIDER NO. | | 52 | | 53 | |
| 54 | | 55 | | 56 | | 57 | |
| 58 INSURED'S NAME DONOHUE, FRANCES D | | 59 | | 60 | | 61 | |
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Lincoln County

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| UNIV MEDICAL CENTER SO NV ² 1800 WEST CHARLESTON BLVD LAS VEGAS NV 89102 7023832000 | | R-OPC-0030-LIEN-REBILL | | 3 PATIENT CONTROL NO. 86124658 | | CAPA 133 | |
| 5 FED TRK NO. 886000436W | | 8 STATEMENT COVERED PERIOD 061297 063097 | | 7 COVD 18 | | 9 C.D. 10 L.R.D. 11 134 | |
| 12 PATIENT NAME DONOHUE, FRANCES D | | | | 13 PATIENT ADDRESS 8445 S LAS VEGAS B LAS VEGAS NV 89123 | | | |
| 14 BIRTHDATE 01291937 | | 15 SEX F | | 16 MARITAL STATUS W | | 17 OCCURRENCE 09 1 2 2 | |
| 18 MEDICAL RECORD NO. 01 724-394 | | 19 CONDITION CODES | | 20 | | 21 | |
| 22 DONOHUE, FRANCES D 8445 S LAS VEGAS BLVD APT 1175 LAS VEGAS NV 89123 | | | | 23 | | | |
| 42 REV. CD 510 | | 43 DESCRIPTION CLINIC | | 44 HCP/RATES | | 45 SERV. DATE | |
| | | | | | | 46 SERV. UNITS | |
| | | | | | | 47 TOTAL CHARGES 80.00 | |
| | | | | | | 48 | |
| | | | | | | 49 | |
| 001 TOTAL | | | | | | 80.00 | |
| 50 PAYER LIEN | | 51 PROVIDER NO. | | 52 EST. AMOUNT DUE | | 53 | |
| | | | | Y Y | | | |
| | | | | 54 PRIOR PAYMENTS | | 55 | |
| | | | | | | | |
| | | | | 56 | | 57 | |
| 58 INSURED'S NAME DONOHUE, FRANCES D | | 59 CERT -SSN-INC-ID NO. 01 | | 60 GROUP NAME | | 61 INSURANCE GROUP NO. | |
| | | | | | | | |
| 62 TREATMENT AUTHORIZATION CODES | | 63 EMPLOYER NAME 3 UNEMPLOYED | | 64 EMPLOYER LOCATION | | | |
| | | | | | | | |
| 65 PRIN DIAG CD 401.1 250.91 | | 66 OTHER DIAG. CODES | | 67 ADM DIAG CD | | 68 E-CODE 134 | |
| 69 P.C. 9 | | 70 OTHER PROCEDURE | | 71 OTHER PROCEDURE | | 72 ATTENDING PHYS. ID NV070804 | |
| | | | | | | 73 EST. AMOUNT DUE 276495 WECHSLER JONATHAN | |
| | | | | | | 74 OTHER PHYS. ID A | |
| | | | | | | 75 OTHER PHYS. ID B | |
| 76 REMARKS LIEN | | 77 PROVIDER REPRESENTATIVE X | | 78 DATE 021098 | | | |

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Lincoln County

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| UNIV MEDICAL CENTER SO NV ² 1800 WEST CHELSESTON BLVD LAS VEGAS NV 89102 7023832000 | | E-EMR-0030-I TEN-RRBILL | | 3 PATIENT CONTROL NO. 26200402 | | C-PTA 133 | |
| 5 FED TAX NO. 886000436W | | 8 STATEMENT COVERED 062797 062797 | | 7 COV D. 1 | 8 N-C-D. | 9 C-I-D. | 10 L-R-D. 11 183 |
| 12 PATIENT NAME DONOHUE, FRANCES D | | | | 13 PATIENT ADDRESS 8445 S LAS VEGAS B LAS VEGAS NV 89123 | | | |
| 14 BIRTHDATE 01291937 | | 15 SEX F | | 16 MARITAL STATUS W | | 17 MEDICAL RECORD NO. 01724-394 | |
| 18 OCCURRENCE | | 19 OCCURRENCE | | 20 OCCURRENCE | | 21 OCCURRENCE | |
| DONOHUE, FRANCES D 8445 S LAS VEGAS BLVD APT 1175 LAS VEGAS NV 89123 | | | | | | | |
| 42 REV. CD | 43 DESCRIPTION | 44 HOPCRATES | 45 SERV. DATE | 46 SERV. UNITS | 47 TOTAL CHARGES | 48 EMP-COVERED CHARGES | 49 |
| 250 | PHARMACY | | | 1 | 6.89 | | |
| 258 | IV SOLUTION | | | | 26.23 | | |
| 260 | IV THERAPY | | | | 66.50 | | |
| 270 | MED/SUR SUPPLIES | | | 4 | 56.50 | | |
| 300 | LABORATORY | | | | 233.75 | | |
| 320 | DX X-RAY | | | | 203.00 | | |
| 450 | EMERG ROOM | | | | 319.00 | | |
| 730 | EKG/ECG | | | | 81.25 | | |
| 001 TOTAL | | | | 5 | 993.12 | | |
| 50 PAYER LIEN | | 51 PROVIDER NO. | | 52A EST. EMP. Y | 52B SEAR. Y | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE |
| DUE FROM PATIENT ▶ | | | | | | | |
| 56 INURED'S NAME DONOHUE, FRANCES D | | 57 P. 01 | 60 CERT.-SSN-HIC-ID NO. | | 61 GROUP NAME | | 62 INSURANCE GROUP NO. |
| 63 TREATMENT AUTHORIZATION CODES | | 64 EMPLOYER NAME 3 UNEMPLOYED | | 65 EMPLOYER LOCATION | | | |
| 67 PRIN DIAG CD 787.02 | 68 PRIN PROCEDURE 780.7 | OTHER DIAG. CODES | | | | 76 ADM DIAG CD 78702 | 77 E-CODE 183 |
| 79 P.C. 91 | 80 PRINCIPAL PROCEDURE A | 81 OTHER PROCEDURE C | 82 ATTENDING PHYS. ID NV237075 MCCOIRT JOHN D. | | 83 OTHER PHYS. ID A | | |
| 84 RECURS LIEN | | 85 PROVIDER REPRESENTATIVE X | | 86 DATE 021098 | | | |

COPY

NO. 110711

FILED AND RECORDED AT REQUEST OF
UNIVERSITY MEDICAL CENTER

MARCH 20, 1998

AT 15 MINUTES PAST 9 O'CLOCK

AM IN BOOK 133 OF OFFICIAL

RECORDS PAGE 337 LINCOLN

COUNTY, NEVADA

YURIKO SETZER

COUNTY RECORDER
Jessie Boucher DEPUTY