

1 **COMP**

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11 Attorneys for Plaintiff

12 **DISTRICT COURT**

13 **CLARK COUNTY, NEVADA**

14 ***

15 DEBORAH LOUISE POBLOCKI, individually,)

16 and on behalf of all others similarly situated,)

17 Plaintiff,)

CASE NO:

18 vs.)

DEPT NO:

19 UNIVERSAL HEALTH SERVICES, INC., a)

20 Delaware Corporation; VALLEY HOSPITAL)

21 MEDICAL CENTER, INC., a Nevada)

22 Corporation; and DOES I through X, inclusive,)

23 Defendants.)

24 **CLASS ACTION COMPLAINT**

25 COMES NOW, the Plaintiff, **DEBORAH LOUISE POBLOCKI**, individually, and on

26 behalf of all others similarly situated, by and through her attorneys of record, GERALD I.

27 GILLOCK, ESQ. and NIA C. KILLEBREW, ESQ., of the law offices of GILLOCK, MARKLEY

1 & KILLEBREW, P.C., and ARCHIE C. LAMB, JR., A. DAVID FAWAL and CHRIS W.
2 CANTRELL of the LAW OFFICES OF ARCHIE LAMB, LLC, and complains and alleges as
3 follows:
4

5 **INTRODUCTION**

6 1. This action is brought by Plaintiff Deborah Louise Poblocki on behalf of herself and
7 a nationwide Class of other similarly situated uninsured individuals seeking redress for the unfair,
8 unconscionable and illegal acts of the Defendants which has resulted in a loss of her property.
9 Plaintiff and the Class are seeking damages and declaratory and injunctive relief to end these
10 practices and prevent further losses.
11

12 2. Plaintiff and class members sought and received medical services and goods at
13 Defendant Valley Hospital Medical Center, Inc. (hereinafter “Valley Hospital”) and/or any other
14 hospitals owned, operated or managed by Defendant Universal Health Services, Inc., (hereinafter
15 “UHS”) and were charged unfair, illegal and unconscionable rates by Valley Hospital or UHS and/or
16 any of its hospitals for the medical services and goods rendered. Defendant Valley Hospital, UHS
17 and/or the other hospitals owned, operated or managed by UHS, billed Plaintiff and the Class rates
18 for medical services and goods that far exceeded the industry norm, several multiples greater than
19 the rate charged insured patients,¹ and exponentially greater than the actual cost of the services
20 provided. Defendants’ scheme to defraud Plaintiff and class members has resulted in a benefit to
21 Defendants in the amount of hundreds of millions of dollars. Defendants’ scheme to charge supra-
22 inflated rates for their medical services and goods to uninsureds would result in one of three
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27 ¹ “Insured” patients are those whose medical bills are covered by a third-party payor
28 (e.g., Medicare, Medicaid, and private insurance).

1 situations: (1) the uninsured class members would pay the unconscionable rates directly profiting
2 Defendants; (2) the uninsured class members either would not or could not pay these unconscionable
3 rates whereby Defendants would then claim these supra-inflated rates as a tax write-off; (3) if unable
4 to pay, the uninsured class members are subjected to harassing and predatory collection efforts,
5 including lawsuits which result in property liens and wage garnishment; or (4) if the uninsured is
6 unable to pay, the Defendants write these supra-inflated charges off as charity care or bad debt
7 resulting in an falsely inflated amount of charity and indigent care reported to the State and Federal
8 governments, which in turn increases the “Disproportionate Share Hospital” payments they receive
9 from the State and Federal government. The end result of the above has been added profits, tax
10 write-offs and/or government reimbursements that have been worth tens of millions of dollars to
11 Defendants.
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14 3. The Defendants’ illegal and improper actions and schemes are intended to defraud,
15 and do indeed defraud, some of the most vulnerable members of our society: persons lacking health
16 insurance. Even worse, the Defendants targeted, through their illegal and improper actions and/or
17 scheme, persons with acute and/or emergent conditions in immediate need of health care.
18

19 4. In some cases, the Defendants attempt to collect on the bills sent to an uninsured by
20 placing liens on the person’s home, garnishing wages, and seizing bank accounts of those that cannot
21 pay these unconscionable rates. The Defendants’ collection tactics are coercive, unfair and
22 fraudulent.
23

24 5. Defendants’ scheme seeks to benefit Defendants by gouging a large portion of the
25 nation’s forty-four (44) million uninsureds, who must pay the exorbitant medical bills charged by
26 Defendants out of his or her own pockets. Nevada has some of the highest hospital cost to charge
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1 ratios² in the United States, with most hospitals charging uninsureds 300% of costs. UHS is one of
2 the worst offenders with some hospitals charging uninsureds at rates almost 500% of costs. (Valley
3 Hospital Medical Center, Las Vegas; Desert Springs Hospital Medical Center, Las Vegas;
4 Summerlin Hospital Medical Center, Las Vegas; and Spring Valley Hospital Medical Center, Las
5 Vegas).

6
7 6. The Defendants' scheme and unconscionable, deceptive and unfair practices has
8 resulted in a financial windfall to Defendant UHS and Valley Hospital. UHS is one of the most
9 profitable health-care companies in the U.S. generating net revenues of \$3.6 billion and net income
10 of \$200 million in the 2002 fiscal year. Valley Hospital is one of the most financially successful
11 hospitals in Nevada generating almost \$800 million in total patient revenues and \$21 million in net
12 income in the 2002 fiscal year.

13
14 7. The Defendants' illegal, unfair, discriminatory and unconscionable acts and practices
15 contribute to a much greater damage to our society. The 44 million U.S. residents without health
16 insurance cost U.S. taxpayers between \$65 billion and \$130 billion per year in lost productivity
17 mainly because these uninsureds cannot afford the cost charged for adequate medical services, a
18 trend that can lead to decreased quality of life and shorter life span. (Institute of Medicine 2003
19 Study, Committee on the Consequences of Uninsurance)

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21
22 8. Similar to the public backlash against the tobacco industry, the public has started to
23 demand change from the hospital industry in billing and collection practices. The House
24 Subcommittee on Oversight and Investigations last summer launched an investigation into these

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27 ² Cost-to-Charge is a mathematical computation of the actual cost of providing medical
28 services and goods compared to the amount that the hospital charges for these services
and goods.

1 hospital billing and collection practices. Rep. James Greenwood, the chairman of the subcommittee,
2 revealed that “In the worst instance, hospitals simply apply outrageously high charges – higher than
3 what Medicare pays, higher than private payers – and then will relentlessly and sometimes
4 mercilessly pursue poor people for their money, even to the point of having them arrested.”
5

6 9. In Illinois, a protest was held against Illinois hospitals after a study sponsored by the
7 Hospital Accountability Project found discriminatory pricing with the highest gross charges and the
8 highest profit margin on the uninsured who paid their bills. Uninsureds there were paying 237%
9 more than the discount price for insureds.
10

11 10. While some in the hospital industry have undertaken initial reforms to prevent
12 discriminatory pricing, the Defendants have not, and continue to bill all uninsured patients at inflated
13 rates.
14

15 11. This lawsuit is brought to enjoin Defendants UHS and Valley Hospital from engaging
16 in their scheme to defraud, and their discriminatory, unfair, deceptive and unconscionable pricing,
17 billing and collection practices, and to obtain appropriate damages for Defendants’ past abuses.
18

18 **PARTIES**

19 12. Plaintiff Deborah Louse Poblocki is, and was at all times material hereto, a resident
20 citizen of Las Vegas, County of Clark, State of Nevada.
21

22 13. Defendant Universal Health Services, Inc., is a Delaware corporation, with its
23 principal place of business located at 367 South Gulph Road, King of Prussia, Pennsylvania. UHS
24 is one of the largest health care providers in the United States and operates approximately ninety (90)
25 hospitals, surgical centers, rehabilitation and psychiatric centers in twenty-five (25) states, including
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1 Valley Hospital Medical Center in Las Vegas, Nevada. UHS operates ten (10) hospitals and surgical
2 centers, in addition to fourteen (14) subsidiary entities in the State of Nevada alone.

3 14. Defendant Valley Hospital Medical Center, Inc., is a Nevada corporation, with its
4 principal place of business located at 620 Shadow Lane, Las Vegas, Nevada. Valley Hospital is a
5 large general medical surgical hospital with 365 beds that is owned and operated by Defendant UHS.
6

7 15. At all times relevant hereto, Defendants DOES I through X, were and now are
8 corporations, firms, partnerships, associations or other legal entities who committed the acts alleged
9 herein, and acted within the scope of their agency, with the consent, permission, authorization and
10 knowledge of the others, and in furtherance of both their interests and the interests of Defendant they
11 aided and abetted, and with whom they conspired, as set forth below; that the true names, identities
12 or capacities whether individual, corporate, associate or otherwise of the Defendants DOE
13 CORPORATIONS I through X, inclusive are presently unknown to Plaintiffs, who therefore sue said
14 Defendants by such fictitious names; that the Plaintiffs are informed and do believe and thereupon
15 allege that each of the Defendants sued herein as DOE CORPORATIONS I through X are
16 responsible in some manner for the events and happenings herein referred to, which thereby
17 proximately caused the injuries and damages to the Plaintiffs alleged herein; that when their true
18 names and capacities of such Defendants become known, Plaintiffs will ask leave of this Court to
19 amend this Complaint to insert the true names, identities and capacities, together with proper charges
20 and allegations.
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1 **FACTUAL ALLEGATIONS**

2 16. Defendant UHS, through its hospitals, including Defendant Valley Hospital, has
3 provided health care services to Plaintiff and class members. For the past few years charges for
4 medical services at Defendant Valley Hospital and all other hospitals owned, operated or managed
5 by UHS, have increased at rates far exceeding inflation. These charges bear no relation to the actual
6 costs of providing these medical services and many times are 300-500% of actual costs.
7

8 17. On or about December 30, 2002 Plaintiff sought medical treatment at Valley Hospital,
9 located at 620 Shadow Lane, Las Vegas, Nevada to repair a hernia. Upon arrival at Valley
10 Hospital, Plaintiff was informed that she would be required to make an immediate 50% down
11 payment before they would perform the needed operation for the hernia. A family member paid the
12 \$4,500 deposit on her credit card in order to allow Plaintiff to receive the surgery. Plaintiff then
13 underwent one-day outpatient surgery. For this one-day visit to Valley Hospital, Plaintiff was
14 charged \$10,400, which left a balance of \$5,900 after the deposit. On or about January 31, 2003,
15 Plaintiff developed a severe infection as a result of the hernia surgery and returned to Valley Hospital
16 for treatment. Once again, Valley Hospital refused to treat Plaintiff unless she paid a 50% deposit.
17 In need of immediate medical treatment, Plaintiff again persuaded a family member to pay the
18 \$4,783 deposit with a credit card. Plaintiff then underwent outpatient treatment for which she was
19 charged a total of \$9,273. After plaintiff's 50% deposit, this left her with a \$4,490 balance. Upon
20 information and belief, the rate at which Plaintiff was billed by Defendants for the medical services
21 and goods is exponentially greater than the actual cost of providing such medical services and goods.
22 This rate is also many times greater than what insureds would be charged for same medical services
23 and goods.
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1 18. Upon information and belief, Plaintiff alleges that Defendants charged Plaintiff and
2 members of the class supra-inflated rates for these medical services and/or goods simply because
3 they were uninsured.
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5 19. Upon information and belief, Plaintiff alleges that Defendants carried out the
6 aforesaid scheme to defraud by instituting a policy of “upcharging” the price of medical services and
7 goods for persons without health insurance coverage to unconscionable and unfair amounts; by
8 subjecting those unable to pay the supra-inflated charges to coercive, unfair and fraudulent collection
9 practices by Defendants and/or their agents, in an effort to collect the improper and exorbitant sums
10 charged; and garnishing the wages, seizing the bank accounts and placing liens on the homes of those
11 unable to pay the supra-inflated charges.
12

13 20. Defendants Valley Hospital, UHS and the other hospitals owned, operated or
14 managed by UHS charge these unfair, discriminatory and unconscionable rates to the Plaintiff and
15 other uninsureds for a number of reasons: (A) uninsured individuals lack the “bargaining power” of
16 insurance companies allowing Defendants and other hospitals to “gouge” them; (2) in many cases
17 the uninsured individual is admitted under emergent circumstances thereby disallowing him or her
18 the opportunity to “shop around” for lower medical charges; and (3) it allows hospitals to falsely
19 inflate the amount of charity and indigent care they actually provide in order to increase their
20 Disproportionate Share Hospital (DSH) payments.
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1 **CLASS ALLEGATIONS**

2 **Class Definitions**

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4 21. Plaintiff Poblocki brings this action on her own behalf and, pursuant to NRCPC
5 23(b)(1)(A), (b)(2), and/or (b)(3), as a class action on behalf of a Nationwide class of persons defined
6 as:

7 **Class.** All individuals in the United States, who, from August 6, 1994 to the date of
8 certification, received medical services or goods from Valley Hospital or any hospital owned,
9 operated or managed by UHS, and who were charged rates for medical services and goods that
10 exceed the rate that Defendants charge patients whose medical bills are paid by third-party payors.
11 Excluded from the class are (a) UHS and Valley Hospital, and their officers, affiliates, directors,
12 employees, and (b) the immediate family members of UHS and Valley Hospital's officers, directors
13 and employees (the "Class").

14 22. This class seeks certification of claims for declaratory and injunctive relief, and for
15 damages pursuant to NRS. §§ 207.400, 207.470, for conspiracy to violate NRS § 207.400(1)(a) and
16 (c), and for aiding and abetting in violation of NRS §207.400(1)(c) and (f), NRS § 41.600, NRS §
17 598.0923, and NRS § 598.0915.

18 **Rule 23(a)**

19 **Typicality**

20 23. The named Plaintiff and the members of the class each and all have tangible and
21 legally protectable interests at stake in this action.

22 24. The claims of the named class representative and the absent class members have a
23 common origin and share a common basis. Their claims originate from the same illegal,
24 extortionate, fraudulent, confiscatory, conspiratorial, and aiding and abetting practices of the
25 Defendants, and the Defendants act in the same way toward the Plaintiff and the members of the
26 class.

27 25. The proposed class representative states claims for which relief can be granted that
28 are typical of the claims of absent class members. If brought and prosecuted individually, the claims
of each class member would necessarily require proof of the same material and substantive facts, rely
upon same remedial theories, and seek the same relief.

1 h. Whether Defendants' overt and/or predicate acts in furtherance of the
2 conspiracy and/or direct acts in violation of NRS. §§ 207.400(1)(a) and (c)
3 proximately caused injury to the Plaintiff's and class members' business or
4 property.

5 i. Whether Defendants charged uninsured individuals more for medical
6 services and/or goods than insured individuals;

7 j. Whether Defendants charged uninsured individuals for medical
8 services and/or goods at a rate higher than the "usual and customary" rate for
9 such goods and services;

10 k. Whether Defendants have engaged in unfair and deceptive trade
11 practices that are injurious to the Uninsured patients of its hospitals;

12 l. Whether Defendants fraudulently concealed their scheme(s);

13 m. Whether Defendants are unjustly enriched by that benefit;

14 n. Whether Defendants should be enjoined from continuing their unfair,
15 discriminatory, and abusive conduct; and

16 o. Whether Defendants' conduct violates Nevada's Consumer Fraud Act

17 p. Whether Defendants' conduct in violates Nevada's Unfair Trade
18 Practices Act, NRS §589A.200.

19
20 **Adequate Representation**

21 29. The named Plaintiff is willing and prepared to serve the Court and proposed class in
22 a representative capacity with all of the obligations and duties material thereto. The Plaintiff will
23 fairly and adequately protect the interest of the class and has no interests adverse to, or which directly
24 and irrevocably conflict with, the interests of other members of the class.

25 30. The self-interests of the named class representative are co-extensive with and not
26 antagonistic to those of the absent class members. The proposed representative will undertake to
27 well and truly protect the interests of the absent class members.

1 (b) As a result, individual class members have no interest in prosecuting and
2 controlling separate actions;

3 (c) It is desirable to concentrate litigation of the Class Members claims in this
4 single forum; and
5

6 (d) The proposed class action is manageable.
7

8 **RICO ALLEGATIONS UNDER NEVADA LAW**

9 **THE UHS ENTERPRISE**

10 37. Plaintiff, the class members and Defendants are "persons" within the meaning of NRS
11 207.400(1).

12 38. Based upon Plaintiff's current knowledge, and pursuant to NRS § 207.380, the
13 following persons constitute a union or group of individuals associated in fact that Plaintiff refers
14 to as the "UHS Enterprise": (1) Defendants; (2) other hospitals owned, operated or managed by
15 UHS; (3) other hospitals that treat uninsured individuals; and (4) the American Hospital Association
16 and other trade associations or organizations to which defendants are members.

17 39. The UHS Enterprise is an ongoing organization which engages in, and whose
18 activities affect, interstate commerce. Among other things Defendant UHS operates over ninety (90)
19 hospitals, surgical centers, rehabilitation and psychiatric centers in twenty-five (25) states.

20 40. While the Defendants participate in and are members and part of the HCA Enterprise,
21 and are a part of it, they also have an existence separate and distinct from the enterprise.

22 41. In order to successfully extort, defraud and/or obtain money by false pretenses, from
23 tens of thousands of its patients by "upcharging" or "supra-inflating" the cost of medical services
24 and goods to persons without insurance coverage, Defendants implemented a scheme or artifice.

25 42. The UHS Enterprise provides Defendants, with that system and ability, and their
26 control of and participation in it is necessary for the successful operation of their scheme.
27 Defendants control and operate the UHS Enterprise as follows:

1 (a) By setting and/or allowing Valley Hospital and other hospitals owned,
2 operated or managed by UHS to set charges for medical goods and services to the uninsured at supra-
3 inflated rates. The rate that these charges are set depends on the geographic location with the
4 proximity and type of other hospitals in the area the central factor. Explicit or implicit
5 communications between hospitals in a given geographic area to set prices at comparable rates
6 allows these hospitals to continue to “gouge” the uninsured by giving them no cheaper alternative.

7 (b) Becoming members of trade associations/organizations like the American
8 Hospital Association which provide guidance to Defendants and other hospitals on their billing
9 practices to uninsured individuals. These associations and organizations print publications that
10 encourage UHS, Valley Hospital and other hospitals to inflate their chargemaster prices which they
11 use as the starting point to negotiate discounts with insurance companies. However, uninsureds are
12 charged the full chargemaster price which is on average almost 400% of the actual cost of providing
13 the medical service or good.³ The associations and organizations also advise UHS, Valley Hospital
14 and other hospitals to falsely argue that the Medicare anti-kickback provisions prevent them from
15 offering lower rates of medical goods and services to uninsureds.⁴

16 43. As set forth above, the UHS Enterprise has an ascertainable structure separate and
17 apart from the pattern of racketeering activity in which the Defendants engage.
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23 **PREDICATE ACTS**
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25 ³ The 400% figure is an average for all UHS hospitals. Valley Hospital, on average,
26 charges uninsureds almost 500% over the actual costs for medical services and goods
provided.

27 ⁴ HHS Secretary Tommy Thompson recently revealed that nothing in the Medicare
28 regulations require hospitals to charge uninsureds at these supra-inflated rates.

1 (b) material which concealed or failed to disclose that Defendants were charging
2 Plaintiff and Class Members for medical services and/or goods at supra-inflated rates;

3 (c) upon information and belief, material which concealed or failed to disclose
4 that Plaintiff was entitled to a complete, itemized list of all charges incurred at Defendant Valley
5 Hospital and other hospitals owned, operated or managed by UHS; and

6 (d) material which concealed or failed to disclose that by charging Plaintiff and
7 the class at these supra-inflated rates, Defendants would receive a larger share of DSH funds.

8
9 48. Other matter and things sent through or received from the Postal Service, commercial
10 carrier or interstate wire transmission by Defendants included information or communications in
11 furtherance of or necessary to effectuate the scheme.

12 49. The Defendants' misrepresentations, acts of concealment and failures to disclose were
13 knowing and intentional, and made for the purpose of deceiving Plaintiff and the class and obtaining
14 their property for the Defendants' gain.

15 50. The Defendants either knew or recklessly disregarded the fact that the
16 misrepresentations and omissions described above were material, and Plaintiff and the class relied
17 on the misrepresentations and omissions as set forth above.

18 51. As a result, Defendants have obtained money and property belonging to the Plaintiff
19 and class members, and Plaintiff and the class have been injured in their business or property by the
20 Defendants' overt acts of mail and wire fraud.

21
22 **Extortion**

23 52. Defendants have also carried out and/or attempted to carry out the schemes described
24 above, and thereby obtained the property of Plaintiff and members of the class, by inducing them to
25 part with their property out of fear of economic loss and other interests, both tangible and intangible.

26 53. Specifically, Defendants have forced Plaintiff and members of the class to pay supra-
27 inflated rates for medical services and goods which far exceed the rate which is usual and customary;

1
2 80. Plaintiff and class members incorporate and reallege all of the preceding paragraphs
3 as if fully set out herein.

4 81. This claim arises under NRS § 30.030, which authorizes Nevada district courts to
5 declare rights, status and other legal relations, and associated declaratory relief.

6 82. As set forth in Counts I, II and III above, Defendants have violated NRS §§
7 207.400(1)(a), and (c), and will continue to do so in the future.

8
9 83. Enjoining the Defendants from committing these RICO violations in the future and/or
10 declaring their invalidity is appropriate as the Plaintiff and the Class have no adequate remedy at law,
11 and will, as set forth above, suffer irreparable harm in the absence of the Court's declaratory and
12 injunctive relief.

13
14 **COUNT V**
15 **CONSUMER FRAUD: VIOLATION OF N.R.S. § 41.600**

16 84. Plaintiff and class members incorporate and reallege all of the preceding paragraphs
17 as if fully set out herein.

18 85. Upon information and belief, Plaintiff and class members believe that Defendants'
19 conduct described herein constitutes Consumer Fraud within the meaning of N.R.S. 41.600, which
20 allows private causes of actions for consumers who are the victim of a deceptive trade practice as
21 defined by N.R.S. 598.0915 to 598.0925 inclusive.

22
23 86. Defendants unlawfully and with the intent to deceive, engaged in a deceptive trade
24 practice as defined by N.R.S. 598.0923 when they failed to disclose to Plaintiff and class members
25 that they would be charged significantly higher rates for medical goods and services than insured or
26 partially insured individuals.

1 87. Defendants' fraudulent conduct in violation of N.R.S. 41.600 was implemented
2 and/or executed within the State of Nevada, which has an interest in ensuring that its residents do
3 not engage in such immoral, unethical and oppressive behavior.
4

5 88. Additionally, Defendants' conduct constitutes a "deceptive trade practice" within the
6 meaning of N.R.S. 598.0923 in that it violates a state of federal statute or regulation relating to the
7 sale of goods or services, including but not limited to: (1) N.R.S. 439B.400, which forbids hospitals
8 from charging differing rates for the same medical goods or services to inpatients; and (2) N.R.S.
9 439B.260, which requires major hospitals to reduce an uninsured patient's total billed charges by
10 at least thirty percent.
11

12 89. As a direct and proximate result of the aforementioned conduct, Plaintiff and the class
13 members have suffered ascertainable actual economic damages. Furthermore, Defendants have
14 received and continues to receive payments which rightfully belong to the Plaintiff and members of
15 the class, and have unlawfully reaped huge profits at their and the public's expense. Defendants'
16 illegal conduct will continue and, as set forth above, the Plaintiff and class members have no
17 adequate remedy at law and will suffer irreparable harm without appropriate declaratory and/or
18 injunctive relief.
19

20 **COUNT VI**
21 **UNJUST ENRICHMENT**

22 90. Plaintiff and class members incorporate and reallege all of the preceding paragraphs
23 as if fully set out herein.
24

25 91. By visiting and receiving health care services and goods from Defendant Valley
26 Hospital and any other hospital owned, operated or managed by Defendant UHS, Plaintiff and class
27 members conferred a benefit upon Defendants.
28

1 will continue and, as set forth above, the Plaintiff and class members have no adequate remedy at
2 law and will suffer irreparable harm without appropriate declaratory and/or injunctive relief.

3
4 106. In violating NUTPA Defendants acted willfully and with reckless disregard for the
5 rights and interests of Plaintiff and class members, entitling them to punitive as well as
6 compensatory damages.

7
8 **COUNT VIII**
MONEY HAD AND RECEIVED

9 107. Plaintiff and class Members incorporate and reallege all of the preceding paragraphs
10 as if fully set out herein.

11 108. Defendants hold money which, in equity and good conscience and under law belongs
12 to Plaintiff and the Class Members and/or hold money of Plaintiff and Class Members which was
13 improperly paid to Defendants because of mistake and/or hold money of Plaintiff and Class
14 Members because of breach of Defendants' duty of fair dealing.

15
16 109. Plaintiff and class members claim of the Defendants all amounts paid by them to the
17 Defendants as a result of Defendants' scheme for money had and received. Plaintiff and Class
18 Members are entitled to an order requiring the Defendants to make an accounting to this Court of
19 all proceeds it has obtained or collected in as a result of the imposition of its "upcharges," and that
20 upon such an accounting having been made, an order determining that such amounts constitute an
21 unjust enrichment of the Defendants, and that such amounts be paid into this Court, for
22 administration by this Court for the benefit of Plaintiff and Class Members.
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1 **PRAYER FOR RELIEF**

2 **AS TO COUNTS I, II and III-** A judgment in favor of Plaintiff and Class members against all
3 Defendants for treble the amount of damages suffered by reason of being charged supra-inflated rates
4 for medical services and goods through Defendants’ predicate acts and violations of NRS §§
5 207.400(1)(a) and (c), together with treble the amount of interest due on payments delayed or
6 withheld through the Defendants’ predicate acts and RICO violations.
7

8 **AS TO COUNT IV-** An injunction enjoining and prohibiting Defendants from engaging in the
9 violations of law set forth hereinabove.
10

11 **AS TO COUNT V-** A judgment in favor of Plaintiff and Class members against all Defendants for
12 the amount of damages suffered by reason of being charged supra-inflated rates for medical services
13 and goods through Defendants deceptive trade practices, along with attorneys fees.
14

15 **AS TO COUNT VI-** An order requiring Defendants to make restitution to Plaintiff and all members
16 of the Class for all amounts by which Defendants were unjustly enriched as a result of Defendants’
17 illegal, unfair, fraudulent and deceptive practices. Also, that all profits obtained by Defendants as
18 a result of Defendants’ illegal, unfair, fraudulent and deceptive practices be placed into a
19 constructive trust for the benefit of the Plaintiff and the Class.
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21 **AS TO COUNT VII-** A judgment in favor of Plaintiff and Class members against all Defendants
22 for treble the amount of damages suffered by reason of being charged supra-inflated rates for medical
23 services and goods through Defendants’ violations of the Nevada Unfair Trade Practices Act; and
24 reasonable attorneys’ fees together with such costs as this Court finds reasonable.
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1 **AS TO COUNT VIII-** An order requiring the Defendants to make an accounting to this Court of
2 all proceeds they have obtained or collected in as a result of the imposition of their “upcharges,” and
3 that upon such an accounting having been made, an order determining that such amounts constitute
4 an unjust enrichment of the Defendants, and that such amounts be paid into this Court, for
5 administration by this Court for the benefit of Plaintiff and Class Members.
6

7 DATED this _____ day of August, 2004

8 GILLOCK, MARKLEY & KILLEBREW

9
10 By: _____
11 GERALD I. GILLOCK, ESQ.
12 Nevada Bar No. 000051
13 NIA C. KILLEBREW, ESQ.
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15 428 South 4th Street
16 Las Vegas, Nevada 89101
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18 **OF COUNSEL:**

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24 P.O. Box 2088 (zip code 35201)
25 Birmingham, AL 35203
26 (205) 324-4644
27 Attorneys for Plaintiff

28 U:\Chris\Uninsureds\UHS.Nevada Complaint.wpd

1 SERVE DEFENDANTS VIA CERTIFIED MAIL AT THE FOLLOWING ADDRESSES:

2

3 Universal Health Services, Inc.
4 C/o CT Corporation System
5 1635 Market Street
6 Philadelphia, Pennsylvania 19103

7 Valley Hospital Medical Center, Inc.
8 c/o Corporation Trust Company of Nevada
9 6100 Neil Road, Suite 500
10 Reno, Nevada 89511

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