## St. Anthony Medical Center, Inc.

NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

You are hereby notified that ST. ANTHONY MEDICAL CENTER, Main at Franciscan,
Crown Point, Indiana, 46307, intends, pursuant to I.C. 32-8-26-3 et seq.,
to hold a Hospital Lien for all reasonable and necessary charges for hospital
care, treatment, or maintenance of Richard A. Heilman Jr 135448-
who resides at 257 Navajo, Lowell, IN 46356
who was admitted to the hospital on April 23, 1988, was discharged
on April 26, 1988, and whose bill for each service is in the amount
of \$4,265.75
To the best of the Hospital's knowledge, the patient or his legal representative
claims that the following named individuals and/or entities are liable for
damages for the patient's illness or injury.
. State Farm Insurance Co.
121 B Mill Street
Lowell, IN 46356
Policy #: 5606497C2114B Adjustor: Leon Morrow
Richard A. Heilman Sr. (Insured)
. Richard A. herrman St. (Insured)
Department Of Insurance
· 311 West Washington, Indianapolis, IN 46204
m T
This lien is being filed pursuant to I.C. 32-8-26-3, in the Office of the
Recorder of Lake County.
TO THE PERSON OF
ST. ANTHONY MEDICAL CENTER
By: MILLA SAMOLIANS
- Julian James Comment
Laura L. Slacian
Collection Supervisor
) SS:
COUNTY OF LAKE )
Laura L. Slacian , being the Collection Supervisor
for the above named ST, ANTHONY MEDICAL CENTER, being duly sworn upon his/her
oath, says that the fact stated in the foregoing are true.
This Instrument was prepared by:
Mus Hacian Salla Hacian
Laura L. Slacian
Subscribed and sworn to before me, a Notary Public, this day of
June, 1988.
$\frac{1900}{1000}$
X Hully M. Heelrell
Shirley A. Hedrick Notary Public
My Commission Expires: A resident of all County
T. 26 CA
J 28 47

Revised 9-15/87

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