

985741

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 Michael Coates -/36550-	
who resides at Ten Oaks Traler Park,	
who was admitted to the hospital onJ	
	ose bill for each service is in the amount
of \$2,191.95	
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.	
Gary Greenbauer Insurance Co.	
7863 Broadway - P. O. Box 1111	1. Merrillyille. IN 46411
	: 12-0184972 Adjustor: Cher Slamery
Department of Insurance	
311 W. Washington	
Indianapolis, IN 46204	20.00 S
	12 13 15 15 15 15 15 15 15 15 15 15 15 15 15
This lien is being filed pursuant to I Recorder of \underline{Lake} County.	.C. 32-8-26-3, in the Office of the
	ST. ANTHONY MEDICAL CENTER
	SI. ANTHONY JULISTOAL CLISTER.
and the state of t	By: Alla Slacean
and the state of t	Laura L. Slacian
STATE OF INDIANA)	Collection Supervisor
) SS:	ourcetion bupervisor
COUNTY OF LAKE)	
Laura L. Slacian , being	the Collection Supervisor
	L CENTER, being duly sworn upon his/her
oath, says that the fact stated in the	
This Instrument was prepared by:	
/ Null Tollician	Maria Salaria
Laura L. Slacian	Laura L. Slacian
Subscribed and sworn to before me, a No	otary Public, this If day of
June, 19 FS.	
	XV 11 11.41. 11. 11.
	Shirley A. Hedrick Notary Public
My Commission Expires:	A resident of Latter County
528-89	

Revised 9-15/87

(219) 663-8120/738-2100