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NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Notice is hereby given that LAKESHORE HEALTH SYSTEM, INC d/b/a St. Mary Medical Center, whose principal address is 540 Tyler Street, Gary, Indiana and 1500 South Lake Park Avenue, Hobart, Indiana, intends to hold a Hospital Lien for all reasonable and necessary charges for the hospital care, treatment or maintenance rendered to the Patient Named herein, in accordance with the provisions of I.C. 32-8-26-6, et. seq.. Said Lien shall attach to any cause of action, suit or claim accruing to said Patient, or in the event of the Patient's death, to his legal representative, because of the illness or injuries that gave rise to the cause of action, suit or claim, and necessitated the hospital care, treatment or maintenance referred to herein.

- 1. Patient Name and Address: TERESA-L. HILL 12427 GRAND AVE. GURNEE, ILL 60031
- 2. Operator of Hospital: John Birdzell, 540 Tyler St., Gary, Indiana
- 3. Date of Admission: NOVEMBER 19, 1990
- 4. Date of Discharge: NOVEMBER 21, 1990
- 5. Amount Due For Hospital Charges: \$7,431.95

6. Names and addresses of all persons whom Patient, his Personal Representative, or his Attorney claims is responsible for payment of the charges arising from the illness or injury causing this Hospital Admission:

NAME: PRUDENTIAL MEDICAL CLAIMS P.O. BOX 34680 LOUISVILLE, KY 40232  
 Address: Policy Number: 17369

7. Name and Address of Patient's Attorney: Unknown

I affirm, under the penalties for perjury, that I am authorized to execute this instrument, and that the foregoing statements and representations are true and correct.

LAKESHORE HEALTH SYSTEM, INC. d/b/a St. Mary Medical Center

By: [Signature]  
INS. BILLING CLERK  
Title:

cc: Indiana Department Of Insurance  
311 West Washington Street, Suite 300  
Indianapolis, Indiana 46204-2787

This Instrument Prepared By  
THE LAW OFFICES OF JAMES E. DAUGHERTY  
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