DEPARTMENT OF MENTAL MEALING 117 EAST WASHINGTON STREET INDIANAPOLIS, IN 46204

NOTICE OF LIEN FOR PATIENT'S COST OF TREATMENT AND MAINTENANCE

ate:	MAY 22,	<u> </u>		91			
):	BENJAMIN BYNUM	1220	WEST 1	7TH AVE	NUE, GA	ARY, IN 4	6407 [.]
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	J D	ERRY A. TRADI	Ny Act Mental	ing Co	mmission h	ier	
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	. 	TIMOTHY C.	BULLAR	D, Dir	ector of	Reimbur	sement
	bscribed and swor ity with Chapter			Specia	l Deputy	, duly a	ppointed i
nis	22ND		_day of		MAY		1991
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		ROBERT L.	ZDDLEC	OMBE,	Special	Deputy	
+-	strument prepared				C Aslana		

cc: Patient and/or Responsible Relative

State Form 24195