NOTICE OF INTENTION 92051142 TO HOLD HOSPITAL LIEN

Notice is hereby given that LAKESHORE HEALTH SYSTEM, INC d/b/a St. Mary Nedical Center, whose principal address is 540 Tyler Street, Gary, Indiana and 1500 South Lake Park Avenue, Hobert, 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.

mane of maruranance laistled	to herein.
1. Patient Name and Address:	JONI L SALISBURY 248 N CONNECTICUT ST., HOBART, IN 4634
2. Operator of Hospital:	John Birdzell, 540 Tyler St. Gary, Indiana
3. Date Of Admission:	July 9, 1992
4. Date Of Discharge:	July 9, 1992
5. Amount Due For Hospital Cl	harges: \$4223.00
sible for payment of the or injury sauding this is or	
AETNA LIFE INSURANCE COMPANY c/o United Parcel Service	Recorder! Address 1400 S Jefferson Chicago, IL 60607
ID NO. 313526120	RECO
	DER
7. Name and Address of Patient	» (\$\frac{1}{2}\$

I affirm, under the penalties for perjury, that I am authorized 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: Ur, Mar

July 17, 1992

INSURANCE BILLING REPRESENTATIVE
Title

cc: Indiana Department Of Insurance

111 West Washington Street, Suite 300
Indianapolis, Indiana 46204-2787

This instrument Prepared By
THE LAW OFFICES OF JAMES E. DAUGHERTY
8550 Broadway
Merrillville, Indiana 46410
(219) 769-5500

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