

93014394

NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Notice is hereby given that LAKESHORE HEALTH SYSTEM, INC d/b/a St. Catherine Hospital, whose principal address is 4321 Elm Street, East Chicago, 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: FRED ROBINSON-1409 GLENWOOD ST GRIFFITH, IN 46319

2. Operator of Hospital: John Bidzeli, 540 Tyler St. Gary, Indiana

3. Date of Admission: 1/30/93

4. Date of Discharge: 2/4/93

5. Amount due for hospital charges: \$4,015.00

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

Name	Address
OWNER OF CAR-ERNESTINE FRANK	2931 W 19TH PL, GARY, IN 46404
STATE FARM INS- CLAIM # TRK-067-089	905 W GLEN PARK AVE, GRIFFITH, IN 46319
DATE OF ACCIDENT: 1/30/92	

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. Catherine Hospital

By: *Mary Colby*
Insurance Billing

STATE OF INDIANA S.S.N.C.
LAKE COUNTY
FILED FOR RECORD
MAR 5 1993
TERRY R. BIRCH

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. DAUGHNEY
8550 Broadway
Nerrillville, Indiana 46410

[Handwritten marks]