

Notice of Hospital Lien

LAKE COUNTY RECORD

1870 Broadway
Suite C.
Merrillville
IN 46410

You are hereby notified that ST. MARY MEDICAL (hereinafter called "Claimant"), whose address is 1500 S. LAKE PARK AVE HOBART, IN 46342, and operator is KELLY WANICKI intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment, or maintenance of MELVIN MITCHELL, MERRILLVILLE 7542 WHITCOMB #C, IN. 46410 (Name and Address of Patient) who was admitted on DECEMBER 5, 19 94 and discharged on DECEMBER 5, 19 94

The amount due for hospital care during the above time period is \$ 143.95

To the best of Claimant's knowledge the following names and addresses are those claimed by the patient or his legal representative to be liable for damages arising from the illness or injury causing the hospital stay:

- (a) SEARS ROEBUCK INDIANA COMPANY
1 N. Capitol, Indianapolis, In 46204
- (b) Attorney Daniel Kuzman
5800 Broadway, Merrillville, In 46410
- (c) _____

This lien is being filed pursuant to I. C. 32-8-26 in the Office of the Recorder of LAKE County.

To the best of my knowledge the statements above are true and correct.

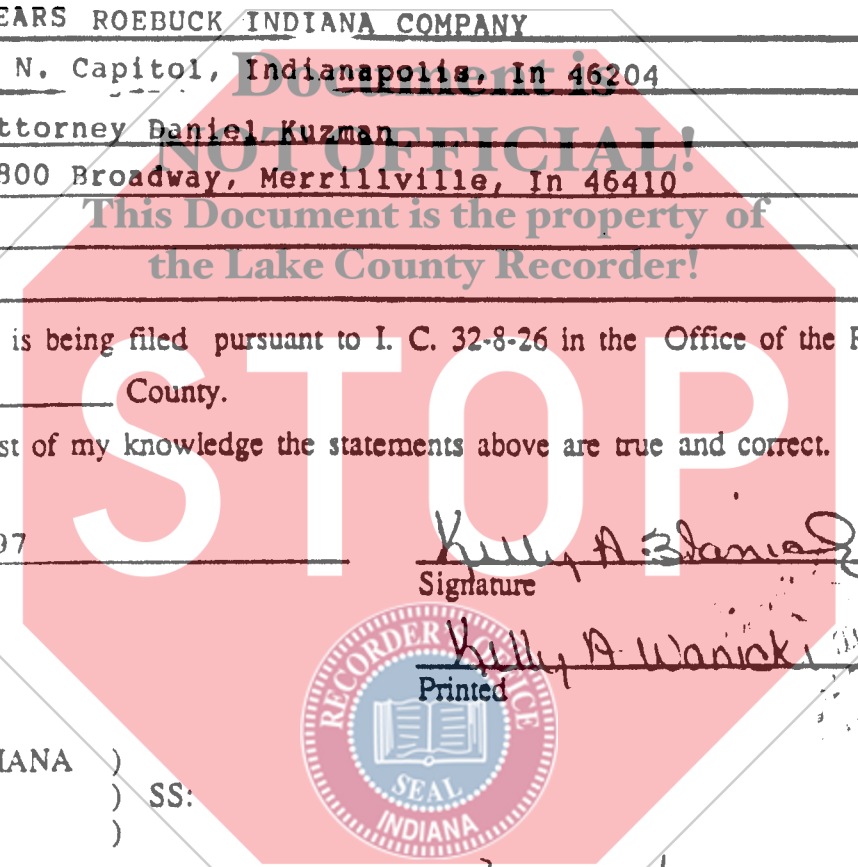
Date 1/21/97 Signature Kelly A. Wanicki
Printed Kelly A. Wanicki

STATE OF INDIANA)
) SS:
COUNTY OF)

Subscribed and sworn to before me this 20th day of January, 1997
My Commission Expires: 2-11-98
Amanda A. Fausel
Notary Public (Printed)

Residing in Anderson County, Indiana.

This instrument was prepared by: _____, Attorney at Law.



97007086

97 FEB - 5 AM 10: 55

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

DS 11/25

839436 5/45

FROM: LKSHR DRG-ST MARY MED CTR
 1500 S LAKE PARK AVENUE
 HCBART, IN 46342
 800-228-3556

PLEASE USE THIS NUMBER WHEN REFERRING TO YOUR ATTENDANT →

PATIENT NAME		FC
MITCHELL, MELVIN		E P
PATIENT NUMBER	PATIENT PHONE	ADMISSION DATE
R037220	219-794-9164	12/05/94

INSURANCE COMPANY	GROUP NUMBER	POLICY NUMBER	AUTHORIZATION NUMBER

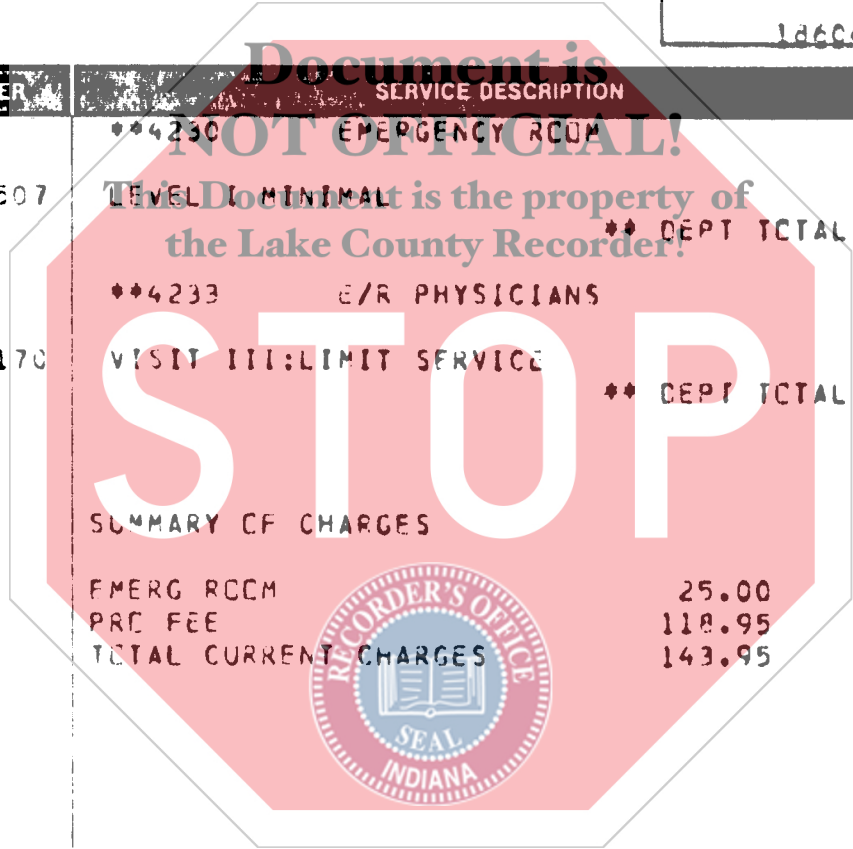
TO: MITCHELL, MELVIN
 7542 WHITCOMB #C
 MERRILLVILLE, IN 46410

RE-BILL

79484

DISCHARGE DATE	BILLING DATE
12/05/94	APAS 1/06/97
ATTENDING PHYSICIAN	
KELLAR, PHILIP	
MEDICAL RECORD NUMBER	SOCIAL SECURITY NUMBER
186046	360-64-6792

DATE OF SERVICE	ITEM NUMBER	SERVICE DESCRIPTION	AMOUNT
12/05/94	200507	EMERGENCY ROOM LEVEL I MINIMAL	25.00
		** DEPT TOTAL **	25.00
12/05/94	2830170	E/R PHYSICIANS VISIT III: LIMIT SERVICE	118.95
		** DEPT TOTAL **	118.95
	450	SUMMARY OF CHARGES	
	960	EMERG ROOM	25.00
		PRC FEE	118.95
		TOTAL CURRENT CHARGES	143.95
		TOTAL AMOUNT DUE	143.95



ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL WAS PREPARED. YOU MAY RECEIVE A SEPARATE STATEMENT FOR PHYSICIAN SERVICES NOT INCLUDED ON THIS BILL.