NOTICE OF INTENTION TO HOLD HOSPITAL LIEN



Notice is hereby given that LAKESHORE HEALTH SYSTEM, INC. d/b/a St. Mary Medical Center, 1500 South Lake Park Avenue, Hobart, Indiana 46342 and St. Catherine Hospital, 4321 Fir Street, East Chicago, Indiana 46312, 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 Na	me and Address: ANTHONY GRUTTADAURO		
2.	Operator o	of Hospital: Jo Ann Birdzell, St. Catherine Hospital Milton Triana, St. Mary Medical Center		
3.	Date of Ad		Œ	.
4.	Date of Dis	This Document is the property of scharge the Lakwary 27, 1927 ecorder!	1076	1
5 .	Amount Du	ue for Hospital Charges: \$34,576.15	3	•)
6.	Representa	d addresses of all persons whom Patient, his Personal ative, or his Attorney claims is responsible for payment pages arising from the illness or injury causing this Hospital ::	89	
Nam	<u>ie</u>	Address		
CONNECTICUT GENERAL INSUR., CO. PO. #10367 DES MOINES, IA. 50300			97 H	
STATE FARM INS COMPANY			97 MAR -:	
MED	CARE INS.	27	હ લ	ESE ESE
7.	Name and	Address of Patient's Attorney: Unknown H	8: 39	IDIANA INTY ICORD

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 accurate.

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

\$t, Catherine Hospital

By: 1 althing

Prepared by: Law Offices of James E. Daugherty 8500 Broadway

Merrillville, IN 46410

cc: Indiana Department of Insurance