

ST. CATHERINE'S HOSPITAL

East Chicago, Indiana

99088036

NOTICE OF INTENTION TO HOLD HOSPITAL LIEN 51

Notice is hereby given that St. Catherine Hospital, Inc. whose principal address is 4321 Fir 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: Jose L Arroyo
7217 Alexander
Hammond IN 46323-
2. Operator of Hospital: Mark Rogers - C.E.O.
3. Date of Admission: 10/09/99
Date of Discharge: 10/09/99
4. Amount Due For Hospital Charges: \$212.90
5. 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
CLASSIC AUTO INSUR	6813 KENNEDY AVE HAMMOND INDIANA
SILCOX INSUR AGENCY	JASON DOBOS INSUR (POLICY # MC90767)

6. 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 to the best of my knowledge and belief.

St. Catherine Hospital, Inc.

By: *[Signature]* Title *collector*

cc: Indiana Department of Insurance
311 West Washington Street, Suite 300
Indianapolis, IN. 46204-2787

Hospital Attorney: The Law Offices of James E. Daugherty
8550 Broadway
Merrillville, Indiana 46410
(219) 769-5500