

St. Mary Medical Center 1 Hobart, Indiana 2000 01/319

STATE OF INDIANA

Patient Financial Services 111 W. 10th Street Suite 103 Hobart, IN. 46342 Phone: (800) 228-3556

Phone: (800) 228-3556 Local: (219) 947-7791

NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Notice is hereby given that St. Mary Medical Center, Inc. whose principal address is 1500 South Lake Park Avenue, Hobart, 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 ilness 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: Brian B Kawczynski
400 N Lake Park Ave T12serty of

thHobart IN 46342-Recorder! Milton Triana - C.E.O.

2. Operator of Hospital:

3. Date of Admission: 01/21/00 Date of Discharge: 01/22/00

4. Amount Due For Hospital Charges: \$3,347.15

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 UNKNOWN Address

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. Mary Medical Center, Inc.

VALERIE D. CLARKE / ACCT REP

Title

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

A HEALTH MINISTRY OF THE POOR HANDMAIDS OF JESUS CHRIST

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