



St. CATHERINE HOSPITAL

East Chicago, Indiana STATE OF INDIANA
LAKE COUNTY
FILED

Patient Financial Services

111 W. 10th Street Suite 103
Hobart, IN. 46342
Phone: (800) 228-3556
Local: (219) 947-7791

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**NOTICE OF INTENTION
TO HOLD HOSPITAL LIEN**

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: Simon H Rubio
4005 Euclid Ave
East Chicago IN 46312
2. Operator of Hospital: Mark Rogers - C.E.O.
3. Date of Admission: 01/28/00
Date of Discharge: 01/28/00
4. Amount Due For Hospital Charges: \$2,063.35
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
UNKNOWN	

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: *Valerie D. Clarke*
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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