



St. Anthony Medical Center 2000 045330

NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

You are hereby notified that ST ANTHONY MEDICAL CENTER of CROWN POINT, 1201 S. Main St., Crown Point, Indiana, 46307, intends, pursuant to I.C. 32-8-26-3 et seq., to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment, or maintenance of LINDA SARGENT who resides at 4051 GOODWIN ST DEMOTTE IN 46310 who was admitted to the hospital on 02-03-00, was discharged on 04-14-00, and whose bill for each service is in the amount of \$1656.00.

To the best of the Hospital's knowledge, the patient or his legal representative claims that the following named individuals and/or entities are liable for damages for the patient's illness or injury:

ALLSTATE INSURANCE CO PO BOX 13002 MERRILLVILLE IN 46411
KRISTI OCCHIPINTI 9803 N 480 E DEMOTTE IN 46310

his lien is being filed pursuant to I.C. 32-8-26-3, in the Office of the Recorder of LAKE County.

ST. ANTHONY MEDICAL CENTER of CROWN POINT

By: Michael Vinovich
Michael Vinovich
Manager - Patient Financial Services

State of Indiana)

) ss:

County of Lake)

Michael Vinovich, being the Manager - Patient Financial Services for the above named ST. ANTHONY MEDICAL CENTER of CROWN POINT, being duly sworn upon his/her oath, says that the facts stated in the foregoing are true.

This instrument was prepared by:

Michael Vinovich

Michael Vinovich

Michael Vinovich

Michael Vinovich

subscribed and sworn to before me, a Notary Public, this 26 day of

June 19 2000

Shirley A. Hedrick

Shirley A. Hedrick, Notary Public
A Resident of Lake County

My Commission Expires:

01-02-2008

Revised 3/8/99

1201 South Main Street, Crown Point, Indiana 46307-8483

Telephone: (219) 663-8120

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