

St. CATHERINE HOSPITAL

East Chicago, Indiana

Patient Financial Services STATE DE SUIVA 111 W. 10th Street Suite 103
LAKE COUNTY Hobart, IN. 46342
FILED FOR HEGGE Phone: (800) 228-3556

Local: (219) 947-7791

<u> 2000 052573</u>

NOTICE OF INTENTION TO HOLD HOSPITOADISLIEN ARTER RECORDER

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: Mary Ragland

This Docum400 W:15th Street of Chicago Heights IL 60641-

Operator of Hospital: Lak Mark Rogers ecc.E.Or.

Date of Admission: 06/07/00 Date of Discharge: 06/07/00

Amount Due For Hospital Charges: \$1,369.85

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

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: Melissor Will

Title Collector - Jusa Plenus Les pervisor

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

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