

Chairman 1

St. CATHERINE HOSPITAL

East Chicago, Indiana A HEALTH MINISTRY OF THE POOR HANDMAIDS OF JESUS CHRIST **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 of maintenance referred to herein.

1. Patient Name and Address: Melinda Uylaki Operty of

the Lake 3601 Burr Street der!
Gary IN 46408tal: Mark Rogers - C.E.O.

Operator of Hospital:

Date of Admission: 04/24/00 Date of Discharge: 04/24/00

Amount Due For Hospital Charges: \$1,074.70

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 FARMERS INSURANCE PLCY# 244191229

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: Melissa Will
Title Collector

Address

PO BOX 6100

SOUTH BEND,

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