



ST. CATHERINE Hospital

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: Benjamin Grahanda
4944 Baring Ave Fl2 Apt R
East Chicago IN 46312-
2. Operator of Hospital: Mark Rogers - C.E.O.
3. Date of Admission: 01/02/02
Date of Discharge: 01/10/02
4. Amount Due For Hospital Charges: \$8,622.50
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:

2002 011991

Name	Address
FOUNDER'S INSURANCE MERRILLVILLE, IND., 46410	141 E. 61ST. AVE..

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: PATRICIA J. BOOYER
 JANUARY 18, 2002
 Title: PATIENT REP.

Patricia J. Booyer
Jana Pleavis
Supervisor

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
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