

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

## St. Anthony Medical Center

2005 046577

2005 JUN - 7 AM 10: 58

## 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 Carrie Green who resides at 421 Bellmount Apt. C Decatur IN. 46733, who was admitted to the hospital on 01-02-05 and , was discharged on 01-02-05, and whose bill for each service is in the amount of \$ 2782.29. 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:

Carrie Green 421 Bellmount Apt. C Decatur IN. 46733 Progressive Insurance 1300 Airport North Fort Wayne, IN 46285 Lake Co Recorder 2293 N Main St Crown Point In 46307 Department of Insurance 311 W Washington Indianapolis In 46304

This lien is being	filed pursuant to I.C. 32-8-26-3, in the Office of the Recorder of Lake
County.	NOT OFFICIAL!
	This D ST. ANTHONY MEDICAL CENTER of CROWN POINT
	the By Rody Bull Will
	Deborah White
State of Indiana)	Director - Patient Financial Services
)	SS:
County of Lake)	
Deborah White, b	eing the Manager - Patient Financial Services for the above named ST. ANTHONY
MEDICAL CENT	TER of CROWN POINT, being duly sworn upon his/her oath, says that the facts stated
in the foregoing a	re true.
This instrument w	vas prepared by:
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Deborah White  Deborah White	
subscribed and sw	vorn to before me, a Notary Public, this 30 day of
- May	, 20 @5.
	Carol Hoffman, Notary Public
My Commission E	Expires: A Resident of Lake County
11-17-2012	
Revised 3/8/99	
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1201 South Main Street, Crown Point, Indiana 46307-8483

Telephone: (219) 663-8120

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