

2009 026819

2009 APR 27 AM 9:54

LAKE COUNTY
FILED FOR RECORD

REC'D BY: BROWN



Return to: Sisters of St. Francis Health Services Attn Megan
2434 Interstate Plaza Dr. Ste 2 Hammond IN 46324

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

Patient: Susan Collins
2220 Fteakwood Circle
Highland, IN 46322

Attorney: Atty Bernard Pradzick
117 N Jefferson Ste 301
Chicago IL 60661

Recorder of Lake County, Indiana
Lake County Government Center
2293 North Main Street
Crown Point, Indiana 46307

Indiana Department of Insurance
311 W. Washington Street
Suite 300
Indianapolis, IN 46204

You are hereby notified that ST. MARGARET MERCY HEALTHCARE CENTERS, 5454 Hohman Avenue, Hammond, IN 46320, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment, or maintenance of the above listed patient as follows:

- The patient was admitted to the hospital on February 18, 2009 and was discharged from the hospital on February 24, 2009.
- The amount due for hospital care, treatment, or maintenance during the above hospitalization is fifteen thousand five hundred fifty-two dollars and fourteen cents (\$15552.14).
- To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following named individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay: Allen Halajeskic
State Farm P O Box 2345 Bloomington IL 61702 Claim # 142315603
0209029962 2/18/2009 \$1317.26
0209032290 2/23-2/24/2009 \$14234.88

This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the Office of the Recorder of the County in which the Hospital is located, within one hundred and eighty (180) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, have been duly sworn upon oath, under the penalties of perjury, hereby states that the Hospital intends to hold the Hospital Lien as described above and that the facts and matters set forth in the foregoing state are true and correct.

ST. MARGARET MERCY HEALTHCARE CENTERS

(1) BY: Megan Kijewski
Megan Kijewski

STATE OF INDIANA)
) SS:
COUNY OF LAKE)

Megan Kijewski being the Legal Specialist for St. Margaret Mercy Healthcare Centers, being duly sworn upon her oath, says the facts stated in the foregoing are true and correct.

Megan Kijewski
Megan Kijewski



Subscribed and sworn to before me, a Notary Public, this 17th day of April, 2009.

Jessica Torres
Jessica Torres Notary Public

My Commission Expires:
March 24, 2011

Resident of Lake County

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.

Megan Kijewski
Megan Kijewski

This instrument Prepared By: Megan Kijewski
Megan Kijewski
St. Margaret Mercy Healthcare Centers 5454 Hohman Ave., Hammond, IN 46320

11
CK#
770111633
CVA
10v