

OFFICE OF THE RECORDER
LAKE COUNTY
AT CROWN POINT, INDIANA

2009 033064

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 MAY 18 AM 9:26

MICHAEL A. BROWN
RECORDER

NOTICE OF AMENDED HOSPITAL LIEN

Amending Hospital Lien filed by document # 2008 075807 on 11/5/08

Notice is hereby given by , that St. Anthony Medical Center (SSFHS) has furnished reasonable and necessary hospital care, treatment and/or maintenance to:

Lora L. Molden
539 Timberwood Lane
Lowell, IN 46356

from 7/29/2008 to 7/29/2008 and that the amount due for the services is \$ 2,025.00.

The person(s), firm(s), or corporations(s) claimed by the patient or his/her representative to be liable for damages arising from the illness or injuries for which the patient received healthcare services are as follows:

Zurich
8365 Keystone Crossing Ste 301
Indianapolis, IN 46240
Claim #: 4284521

A lien is hereby created pursuant to Indiana Code § 32-33-4-1, et seq., that St. Anthony Medical Center (SSFHS) is entitled to a lien for the reasonable value of its services or expenses on any judgement, settlement, or compromise, from any and all causes of action, suits, claims, counterclaims or demands accruing to the patient for personal injuries rendered in favor of Lora L. Molden.

St. Anthony Medical Center (SSFHS)

By: *Linda Heffley*
Linda Heffley, Litigation Specialist
Medical Reimbursements of America, LLC
o/b/o St. Anthony Medical Center (SSFHS)
425 Duke Dr., Suite 475
Franklin, TN 37067
(615) 963-3871

STATE OF TENNESSEE
COUNTY OF WILLIAMSON



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The foregoing statement was acknowledged and verified before me, on May 11, 2009 by Linda Heffley , the duly authorized agent of St. Anthony Medical Center (SSFHS), for and on behalf of said hospital.

Sandie Lee Milliken
Sandie Lee Milliken, Notary Public

My Commission Expires: 10/1/2012

