

2009 064998

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 SEP 23 PM 2:08

MICHAEL A. BROWN
RECORDER

→ 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: Dominic Flores
13108 Mackinaw
Chicago IL 60616**

**Attorney: Atty Christian Gielow
194 Bracken Parkway
Hobart IN 46342**

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, 24 Joliet St., Dyer, IN 46311, 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:

1. The patient was admitted to the hospital on August 15, 2009 and was discharged from the hospital August 19, 2009.
2. The amount due for hospital care, treatment, or maintenance during the above hospitalization is number written out thirteen thousand one hundred ninety three dollars and two cents (\$13193.02)
3. 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:

USAA Insurance POB 659464 San Antonio TX	78265 Claim # 20318650
Account # 0209140346	8/15/2009 \$12,570.02
Account # 0209142494	8/19/2009 \$623.00

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

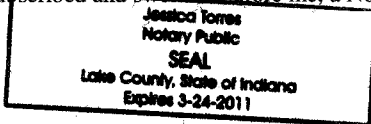
BY: Megan Kijewski
Megan Kijewski

STATE OF INDIANA)
) SS:
COUNTY 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 16th day of September, 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 Center 24 Joliet St., Dyer, IN 46311

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