

OFFICE OF THE RECORDER
LAKE COUNTY
AT CROWN POINT, INDIANA

2009 079648

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 DEC -2 AM 8:56

MICHAEL A. BROWN
RECORDER

NOTICE OF HOSPITAL LIEN

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

John F. Brice
637 W Washington St
Rensselaer, IN 47978

from 10/12/2009 to 10/12/2009 and that the amount due for the services is \$ 1,498.00.

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:

State Farm
P.O. Box 2345
Bloomington, IL 61702
Claim #: 142370108

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 John F. Brice.

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

The foregoing statement was acknowledged and verified before me, on November 18, 2009 by Linda Heffley , the duly authorized agent of St. Anthony Medical Center (SSFHS), for and on behalf of said hospital.

Cassie Dawn Entrekin
Cassie Dawn Entrekin, Notary Public

My Commission Expires: 11/9/2011

