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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 081977

2009 DEC 10 PM 2:07

MICHAEL A. BROWN
RECORDER

Return to: St. Margaret Mercy Healthcare Centers
2434 Interstate Plaza Drive Suite 2
Hammond, IN 46324 Attn: J.Torres

**SWORN STATEMENT & NOTICE OF INTENTION TO AMMEND
HOSPITAL LIEN INSTRUMENT # 2009 000383**

TO:

Patient: Khalilah Muhammad
13107 King Drive
Chicago, IL 60827

Attorney: Luvun Goodman Goehn
111 W Washington
Suite 1000
Chicago, IL 60602

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:

1. The patient was admitted to the hospital on October 18, 2008 and was discharged from the hospital on November 30, 2009.
 2. The amount due for hospital care, treatment, or maintenance during the above hospitalization is Thirty Eight Thousand Three Hundred Six and Seventy Three Cents (\$38,306.73) Dollars
 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 stays:
- | | | |
|------------|------------------|-------------|
| 0208169558 | 10/18-10/23/2008 | \$33,706.74 |
| 0208195191 | 11/06/2008 | \$67.07 |
| 0208195638 | 11/15/2008 | \$218.00 |
| 0209001194 | 12/11-12/30/08 | \$268.28 |
| 0209001414 | 12/06/08 | \$480.00 |
| 0209018735 | 1/6-1/20/09 | \$138.64 |
| 0209018842 | 1/24/2009 | \$433.00 |
| 0209036310 | 2/14/2009 | \$185.00 |
| 0209073771 | 4/4/2009 | \$433.00 |
| 0209110321 | 7/3/2009 | \$551.00 |
| 0209180127 | 10/19/2009 | \$248.00 |
| 0209189806 | 10/29/2009 | \$228.00 |
| 0209207206 | 11/9-11/30/09 | \$1350.00 |

Apollo Casualty Company 1001 E. Touhy Suite 200 Des Plaines, Il 60018 Claim # 11221966

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.

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✓ #770127332
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ST. MARGARET MERCY HEALTHCARE CENTERS

STATE OF INDIANA) (1) BY: Megan Kijewski
) Megan Kijewski
) 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 3rd day of December, 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.

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

