

2010 073006

7810 DEC - 9 AM 9: 58

Return to: SSFHS Attn Megan K. 2434 Interstate Plaza Dr. Hammond IN 43624 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

Patient:

Parent or Guardian of Lindsay Morris

1850 Christian Rd. Charleston SC 29407

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 July 21, 2010 and was discharged from the hospital on July 22, 2010.
- The amount due for hospital care, treatment, or maintenance during the above 2. hospitalization is four hundred seventy-three dollars (\$473.00).
- 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:

State Farm P. O. Box 2350 Bloomington IL 61702 Claim # 13A897933

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 discharge been duly sworn upon oa the Hospital Lien as desc	d from the Hospital th, under the penalti	. The undersign ies of perjury, he	ed individual exec reby states that the	e Hospital intends to ho	old
and correct.		ST. MARGAR	ET MERCY HEA	ALTHCARE CENTE	RS
STATE OF INDIANA)	(1)	BY: ///// Megan K ijo	<u>UMCQAF</u> ewski //	<u> </u>
COUNY OF LAKE) SS:)			√ 	
Megan Kijewsk sworn upon her oath, say	i being the Legal Sp s the facts stated in	pecialist for St. A the foregoing ar	Margaret Mercy He e true and correct. Megan Kijewsk	ealthcare Centers, being MKyÖUSK i	g duly
Subscribed and	sworn to before me	, a Notary Public	this 6th day of D $ \frac{1}{2} (\partial \mathcal{D}) (C) $	ecember, 2010.	<u>La</u>
Assica Iones Notary Public SEAL Network (Interior) February 3-24-20 Iviarch 24-, 2011	Expires:		Jessica Torres Resident of Lak	Notary Public e County	
I affirm, under the penalt number in this document	ties for perjury, that , unless required by	law. ']][EGANK	lact each social security	y
This instrument Prepared		an Ki	Kijewski LOLUSIC garet Mercy Healt	hcare Centers	

5454 Hohman Ave., Hammond, IN 46320

AMOUNT \$ CHECK #-OVERAGE COPY_ NON-COM_ CLERK_