

OFFICE OF THE RECORDER
LAKE COUNTY
AT CROWN POINT, INDIANA

2011 024288

FILED FOR RECORD
LAKE COUNTY
INDIANA

2011 MAY -2 AM 8:45

RECORDER'S OFFICE
CROWN POINT, INDIANA

NOTICE OF AMENDED HOSPITAL LIEN

Amending Hospital Lien filed by document # 2011 013945 on 3/14/2011.

Notice is hereby given by Franciscan St. Anthony Health - Crown Point, located at 1201 South Main St., Crown Point, IN 46307 operated by Franciscan Alliance, Inc located at 1515 W. Dragoon Trail, Mishawaka, IN 46544, that Franciscan St. Anthony Health-Crown Point has furnished reasonable and necessary hospital care, treatment and/or maintenance to:

Miranda Redenbaugh
7228W 128Th Ln
Cedar Lake, IN 46303

from 1/3/2011 to 3/9/2011 and that the amount due for the services is \$ 6,365.13.

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:

Grange Insurance
6081 East 82nd St.
Suite #202
Indianapolis, IN 46250
Claim #: APV1228368

A lien is hereby created pursuant to Indiana Code § 32-33-4-1, et seq., that Franciscan St. Anthony Health-Crown Point 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 Miranda Redenbaugh.

Franciscan St. Anthony Health-Crown Point

By: *Linda Heffley*

Linda Heffley, Litigation Specialist
Medical Reimbursements of America, LLC
o/b/o Franciscan St. Anthony Health-Crown Point
7105 Moores Lane
Brentwood, TN 37027
(615) 963-3871

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

The foregoing statement was acknowledged and verified before me, on April 18, 2011 by Linda Heffley, the duly authorized agent of Franciscan St. Anthony Health-Crown Point, for and on behalf of said hospital.

My Commission Expires: 12/14/2014

Cassie King
Cassie King, Notary Public

AMOUNT \$ 6,365.13
CASH _____ CHARGE _____
CHECK # 34291
OVERAGE 100
COPY _____
NON-COM _____
CLERK AD
E

