

OFFICE OF THE RECORDER  
LAKE COUNTY  
AT CROWN POINT, INDIANA 2011 024289

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2011 MAY -2 AM 8:46

RECORDER  
LAKE COUNTY

**NOTICE OF HOSPITAL LIEN**

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:

Patricia A. Malinowski  
6918 FALCON DR  
SCHERERVILLE, IN 46375-4482

from 10/29/2010 to 12/17/2010 and that the amount due for the services is \$ 563.32.

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:

Esurance  
P.O. Box 4410  
Alpharetta, GA 30023  
Claim #: ATL67637

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 Patricia A. Malinowski.



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.

*Cassie King*  
Cassie King, Notary Public

My Commission Expires: 12/14/2014

AMOUNT \$ \_\_\_\_\_  
GASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 34289  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK \_\_\_\_\_ AO  
E

