

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 044201

2011 AUG 17 AM 11:33

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

RECORDER

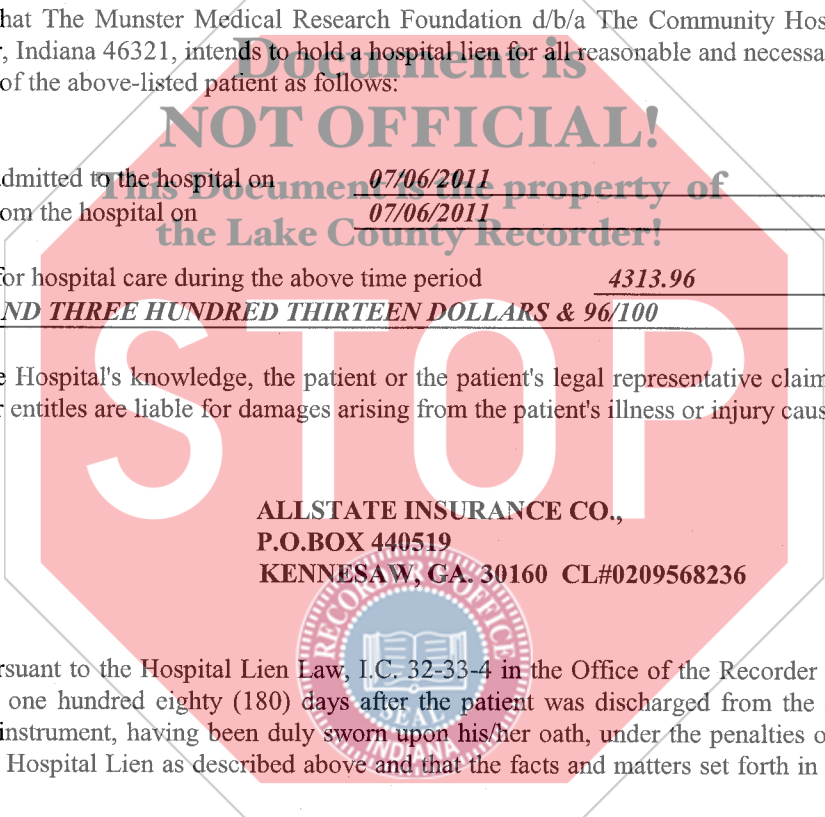
TO: AMAR MEDINA
PATIENT: AMAR MEDINA # 06604569
4420 COLUMBIA AVE.
HAMMOND, IN. 46327

Recorder of Lake County, Indiana
Lake County Government Center
2293 North Main Street
Crown Point, Indiana 46307

Indiana Department of Insurance
311 West Washington Street
Suite 300
Indianapolis, IN 46204

You are hereby notified that The Munster Medical Research Foundation d/b/a The Community Hospital whose address is 901 MacArthur Blvd., Munster, Indiana 46321, 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 07/06/2011 and discharged from the hospital on 07/06/2011
- The amount due for hospital care during the above time period 4313.96
FOUR THOUSAND THREE HUNDRED THIRTEEN DOLLARS & 96/100 DOLLARS
- 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:



ALLSTATE INSURANCE CO.,
P.O. BOX 440519
KENNESAW, GA. 30160 CL#0209568236

This lien is being filed pursuant to the Hospital Lien Law, I.C. 32-33-4 in the Office of the Recorder of the County in which the hospital is located, within one hundred eighty (180) days after the patient was discharged from the hospital. The undersigned individual executing this instrument, having been duly sworn upon his/her oath, under the penalties of perjury hereby states that Claimant intends to hold a Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct.

STATE OF INDIANA)
COUNTY OF LAKE) SS:

PATRICIA J. BOOYER, being the collection clerk for the above named, The Community Hospital, being duly sworn upon his/her oath, says that the facts stated in the foregoing are true and correct.

Patricia J. Booyer
PATRICIA J. BOOYER - PATIENT FINANCIAL SERVICES

Subscribed and sworn to before me a Notary Public this 2ND Day of AUGUST 20 11

My Commission Expires: 02/14/17
Residing in Lake County, Indiana

Lisa E. Ward
LISA E. WARD, Notary Public

This instrument was prepared by PATRICIA J. BOOYER
LIEN

AMOUNT \$ 11-
CASH _____ CHARGE _____
CHECK # 045635
OVERAGE _____
COPY _____
NON-COM _____
CLERK SS