

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 045951

2011 AUG 24 AM 10:40

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: **SHEILA JAMES-THOMAS**

PATIENT: **SHEILA HAMES-THOMAS H1000068396**

ATTORNEY:

302 FAYETTE STREET

GARY, IN. 46403

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 Community Healthcare Systems d/b/a St. Mary Medical Center whose address is 1500 S Lake Park Ave, Hobart, Indiana 46342, 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 07/01/2011 and discharged from the hospital on 07/02/2011
- The amount due for hospital care during the above time period \$6002.80
SIX THOUSAND TWO DOLLARS & 80/100 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 stays:

**STATE FARM INSURANCE
P.O. BOX 2363
BLOOMINGTON, ILL. 61702 CL#14-025G-363**

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, St Mary Medical Center, being duly sworn upon his/her oath, says that the facts stated in the foregoing are true and correct. I affirm under the penalties of perjury, that I have taken Reasonable care to redact each Social Security number in this document, unless requested by law.

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

Subscribed and sworn to before me a Notary Public this

9TH

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

AMOUNT \$ 11-
CASH _____ CHARGE _____
CHECK # 045803
OVERAGE _____
COPY _____
NON-COM _____
CLERK SS