

2011 073700

2011 DEC 20 AM 10:13

MICHAEL J. FOMAN  
RECORDER

Return to: Hospital Reimbursement Services, Inc.  
250 Parkway Drive, Suite 168, Lincolnshire, IL 60069

**SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN**

**TO:**

**Patient:**

Parent or Guardian of Lonnell J Foster  
1330 E 146th St  
Dolton, IL 60419

**Attorney:**

Lake County Recorder  
2293 N. Main Street  
Crown Point, IN 46307

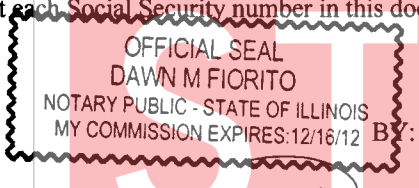
Indiana Department of Insurance  
311 W Washington Street, Suite 300  
Indianapolis, IN 46204

You are hereby notified that St. Margaret - Hammond, 5454 Hohman Ave, 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:

Lonnell J Foster was a patient hospitalized on 10/12/11 due to an injury that occurred on 10/12/11. The amount due for hospital care, treatment, or maintenance during the above hospitalization(s) is \$6,262.59.

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: Ms. Beverly Hawn, First Acceptance Insurance, P. O. Box 150769, Nashville, TN 37215, Claim No.: 0121105199, Insured: Russell.

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 and eighty (180) days after the patient was discharged from the hospital. The undersigned individual executing this instrument, having been duly sworn upon oath, under the penalties of perjury hereby states that the hospital intends to hold the Hospital Lien as described above and that the facts and matters set forth in the foregoing state are true and correct, and that reasonable care has been taken to redact each Social Security number in this document, unless required by law.

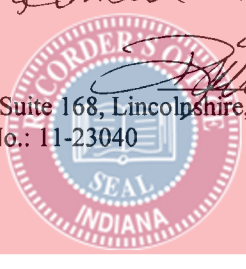


St. Margaret - Hammond  
*Kendra J. Ro*  
Kendra J. Ro, Reimbursement Representative

STATE OF ILLINOIS  
COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public, on *December 16*, 2011 by Kendra J. Ro, for and on behalf of said hospital.

Hospital Reimbursement Services, Inc., 250 Parkway Dr., Suite 168, Lincolnshire, IL 60069  
Telephone 847-403-5870 | Facsimile 847-403-5871 | File No.: 11-23040



AMOUNT \$ 11  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 275000  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK CWA E