

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2012 052581

2012 AUG -7 AM 8:48

MICHAEL LAJMAN  
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:**

Mr Michael E Bukent  
1021 Cambridge Ct  
Dyer, IN 46311

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

**Attorney:**

Mr. Gregory Sarkisian  
Sarkisian & Fleming, Attorney at Law  
6165 Central Ave  
Portage, IN 46368

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



You are hereby notified that St Anthony, Crown Point, 1201 S Main Street, Crown Point, IN 46307, 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

Michael E Bukent was a patient hospitalized on 06/25/12 due to an injury that occurred on 06/25/12. The amount due for hospital care, treatment, or maintenance during the above hospitalization(s) is \$14,138.25

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. Mr Moe Fonacier, State Farm, P O Box 661011, Dallas, TX 75266, Claim No 14150R362

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



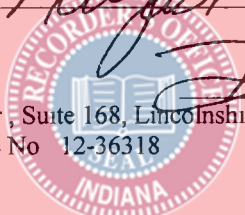
STATE OF ILLINOIS  
COUNTY OF LAKE

St Anthony, Crown Point

*Tatiana De La Cuba*  
Tatiana De La Cuba, Reimbursement Representative

Subscribed and sworn to before me, a Notary Public, on August 3, 2012 by Tatiana De La Cuba, 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 12-36318



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