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MICHAEL FAJMAN
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:

Ms Doris R Bernard
939 Wilcox St
Hammond, IN 46320

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

Attorney:

Mr Steven Pinto
111 W Washington St, Suite 1521
Chicago, IL 60602

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

Doris R Bernard was a patient hospitalized on 05/26/12; 06/07/12 due to an injury that occurred on 05/26/12 The amount due for hospital care, treatment, or maintenance during the above hospitalization(s) is \$2,504.00

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 Frank Shoemaker, State Farm, P O Box 661011, Dallas, TX 75266, Claim No. 13091M067

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

OFFICIAL SEAL
DAWN M FIORITO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 12/16/12

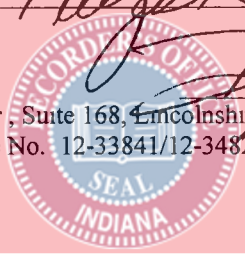
St Margaret - Hammond

Tatiana De La Cuba
Tatiana De La Cuba, Reimbursement Representative

STATE OF ILLINOIS
COUNTY OF LAKE

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. 12-33841/12-34825



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