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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. Erie H Dones  
1911 Robinhood Blvd.  
Scherverville, IN 46375  
  
Lake County Recorder  
2293 N. Main Street  
Crown Point, IN 46307

**Attorney:**  
Mr. Richard Rosenberg  
Law Offices of Richard N. Rosenberg, LLC  
2340 S. Arlington Heights Rd., Suite 500  
Arlington Heights, IL 60005-4512  
  
Indiana Department of Insurance  
311 W Washington Street, Suite 300  
Indianapolis, IN 46204



You are hereby notified that St. Margaret - Dyer, 24 Joliet Street, Dyer, IN 46311, 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:

Erie H Dones was a patient hospitalized on 11/14/12-11/15/12 due to an injury that occurred on 11/14/12. The amount due for hospital care, treatment, or maintenance during the above hospitalization(s) is \$2,118.01.

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. Shawn Barnes, Permanent General, PO Box 305195, Nashville, TN 37230, Claim No.: 675417.

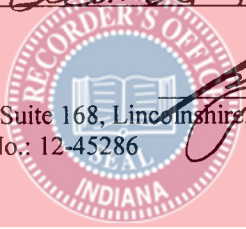
This lien is being filed pursuant to the Hospital Lien Law, I.C. §32-33-4 in the Office of the Recorder of the County in which the Hospital is located, within one hundred and eighty (180) days after the patient was discharged from the hospital. The undersigned individual executing this instrument, having 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. Margaret - Dyer  
*Michelle Lara*  
\_\_\_\_\_  
Michelle Lara, Reimbursement Representative

Subscribed and sworn to before me, a Notary Public, on December 19, 2012 by Michelle Lara, 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.: 12-45286

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