

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 022074

2013 MAR 26 AM 8:38

MICHAEL B. BROWN

RECORDED  
Hospital Reimbursement Services, Inc.  
250 Parkway Drive, Suite 168, Lincolnshire, IL 60069

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

TO:

Patient:

Mr. Arquimedes Pineda  
As the Parent and/or Guardian of Samanta Pineda  
406 Kirby Drive SE  
Cleveland, TN 37323

Attorney:



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

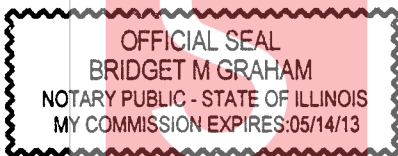
Indiana Department of Insurance  
311 W Washington Street, Suite 300  
Indianapolis, IN 46204

You are hereby notified that St. Anthony Hospital, 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:

Samanta Pineda was a patient hospitalized on 02/02/13 due to an injury that occurred on 02/02/13. The amount due for hospital care, treatment, or maintenance during the above hospitalization(s) is \$1,320.00.

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: Ms. Melissa Olsen, Allstate Insurance, P.O. Box 218, Camby, IN 46113, Claim No.: 0275178416.

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. Anthony Hospital, Crown Point

STATE OF ILLINOIS  
COUNTY OF LAKE

BY:

*Michelle Lara*  
Michelle Lara, Reimbursement Representative

Subscribed and sworn to before me, a Notary Public, on March 21, 2013 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.: 13-50771



\$11

CK#  
275562  
*C*  
*E*