

2013 030508

2013 APR 30 AM 10:24

MICHAEL B. BROWN
RECORDER

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN
AMENDMENT TO RECORDED LIEN 2012 074363 DATED 10/23/12

TO:

Patient:

Ms. Crystal Jacobsen
8430 N 100 E
Lake Village, IN 46349

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:

Crystal Jacobsen was a patient hospitalized on 08/31/12 due to an injury that occurred on 08/31/12. The amount due for hospital care, treatment, or maintenance during the above hospitalization(s) is \$150.00.

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. Gina Morales, Sedgwick Claims, P.O. Box 14154, Lexington, KY 40512, Claim No.: YLU78019AP.

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
BRIDGET M GRAHAM
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 05/14/13

STATE OF ILLINOIS
COUNTY OF LAKE

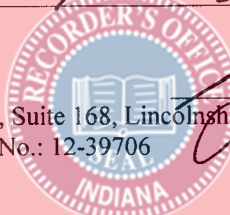
BY:

St. Anthony Hospital, Crown Point

Michelle Lara
Michelle Lara, Reimbursement Representative

Subscribed and sworn to before me, a Notary Public, on April 24, 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.: 12-39706



AMOUNT \$ 12 Ref 1
CASH CHARGE
CHECK# 2751205
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY AO E