

2013 031179

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 MAY -2 AM 11:45

MICHAEL B. BROWN  
RECORDER

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

TO: ANGELICA C. QUINONES

ANGELICA C. QUINONES PT.#7000145269 ATTORNEY:  
7000147697,7000149411,7000153293,  
7000167180  
4913 WALSH AVE  
EAST CHICAGO, IN 46312

Recorder of Lake County, Indiana  
Lake County Government Center  
2293 North Main Street  
Crown Point, Indiana 46307

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

You are hereby notified that St. Catherine Hospital whose address is 4321 Fir Street, East Chicago, Indiana 46312, 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:

- The patient was admitted to the hospital on 01/21/2013, 01/24/2013, 01/30/2013, 02/13/2013, 04/03/2013  
and discharged from the hospital on 01/21/2013, 01/24/2013, 01/30/2013, 02/13/2013, 04/03/2013
- The amount due for hospital care during the above time period \$9,646.87  
NINE THOUSAND SIX HUNDRED FORTY SIX AND 87/100 DOLLARS
- 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:

PROGRESSIVE INSURANCE  
P.O. BOX 512926  
LOS ANGELES, CA 90051  
CLM#12-3659012  
ATTN: MED-PAY CENTRAL

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 eighty (180) days after the patient was discharged from the hospital. The undersigned individual executing this instrument, having been duly sworn upon his/her oath, under the penalties of perjury hereby states that Claimant intends to hold a Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct.

STATE OF INDIANA)  
COUNTY OF LAKE ) SS:

ALISON ADAMS, being the collection clerk for the above named, St. Catherine Hospital, being duly sworn upon his/her oath, says that the facts stated in the foregoing are true and correct. I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Alison Adams  
ALISON ADAMS, PFS SUPPORT

Subscribed and sworn to before me a Notary Public this 16<sup>TH</sup> Day of APRIL 20 13

My Commission Expires: 02/14/17  
Residing in Lake County, Indiana

Lisa E. Wainwright  
LISA E. WAINWRIGHT, Notary Public

This instrument was prepared by ALISON ADAMS

CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK# 052627  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONF \_\_\_\_\_  
DEPUTY SS