

2013 045254

2013 JUN 19 AM 11:44

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

TO:

Patient:

Mr. Howard Ireland
8 N 325 W
Valparaiso, IN 46385

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

Attorney:

Mr. Steven J. Alvarez
Alvarez Law Office
1524 West 96th Avenue
Crown Point, IN 46307

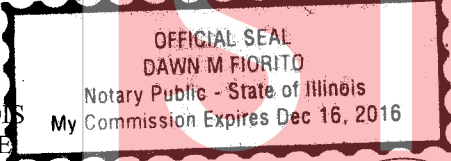
Indiana Department of Insurance
311 W Washington Street, Suite 300
Indianapolis, IN 46204

You are hereby notified that St. Anthony Hospital, Crown Point, 1201 S. Main St., Crown Point, IN 463078481, 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:

Howard Ireland was a patient hospitalized on 06/03/13 due to an injury that occurred on 05/30/13. The amount due for hospital care, treatment, or maintenance during the above hospitalization(s) is \$3,082.00.

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. Barb Powers, Indiana Farm Bureau, P.O. Box 6497, Indianapolis, IN 46206, Claim No.: 4600021633.

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

My Commission Expires Dec 16, 2016

BY:

St. Anthony Hospital, Crown Point

Kendra Ro
Kendra Ro, Reimbursement Representative

Subscribed and sworn to before me, a Notary Public, on June 11, 2013, by Kendra Ro, 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.: 13-58363

AMOUNT \$ 11
CASH _____ CHARGE _____
CHECK# 275676
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY _____ *AOE*