

2013 051185

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 JUL 16 AM 8:44

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. Tyrone Sturdivant  
16413 Wabash  
South Holland, IL 60473

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

**Attorney:**

Ms. Lisa Ciharan  
Weiner & Associates  
111 West Washington St., Suite 1020  
Chicago, IL 60602

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

You are hereby notified that St. Margaret - Hammond, 5454 Hohman Ave., Hammond, IN 463201931, 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:

Tyrone Sturdivant was a patient hospitalized on 04/29/13 due to an injury that occurred on 04/28/13. The amount due for hospital care, treatment, or maintenance during the above hospitalization(s) is \$2,957.00.

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:

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  
DAWN M FIORITO  
Notary Public - State of Illinois  
My Commission Expires Dec 16, 2016

St. Margaret - Hammond

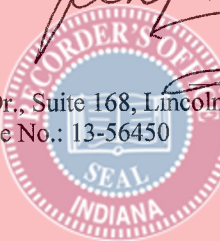
STATE OF ILLINOIS  
COUNTY OF LAKE

BY:

*Camille M. Zucchero*  
Camille M. Zucchero, Reimbursement Representative

Subscribed and sworn to before me, a Notary Public, on July 11, 2013 by Camille M. Zucchero, 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.: 13-56450



AMOUNT \$ 11  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 275709  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_ E  
NON-COM \_\_\_\_\_  
CLERK KC