

2015 027266

2015 MAY -7 AM 8:36

MICHAEL B. BROWN  
RECORDER

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

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

**TO:**

**Patient:**

Mr. Daniel Dvorak  
5830 W 177th Ave  
Lowell, IN 46356

**Attorney:**

Mr. Paul A. Rossi  
Law Office of Paul A. Rossi, LLC.  
618 E. Commercial Ave.  
Lowell, IN 46356

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 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 subject to the limits and reductions of any benefits to which the patient is entitled under the terms of any contract, health plan, or medical insurance.

Daniel Dvorak was a patient hospitalized on 03/31/15 due to an injury that occurred on 03/20/15. The total charges due for hospital care, treatment, or maintenance during the above hospitalization(s) is \$1,958.00, subject to all credits for payments, contractual adjustments, write offs and any other benefit in favor of the patient. The lien is reduced from total charges to limit the patient's financial obligation under the terms of any public or private benefits to which the patient is entitled.

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. Leah Christian, State Farm Insurance, P.O. Box 661011, Dallas, TX 75266, Claim No.: J4622G369; Ms. Catrina Ham, Allstate Insurance, 3075 Sanders Rd., Suite H1W, Northbrook, IL 60062, Claim No.: 0365517848.

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 ninety (90) 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. Anthony Hospital, Crown Point

STATE OF ILLINOIS  
COUNTY OF LAKE

BY Camille Zuccherro  
Camille Zuccherro, As Agent

Subscribed and sworn to before me, a Notary Public, on \_\_\_\_\_, 20\_\_\_\_, by Camille Zuccherro, 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.: 15-117485

AMOUNT \$ 11 -  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 276457  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK \_\_\_\_\_ EM