

2015 032099

2015 MAY 27 AM 9:02

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. Domingo Maldonado
419 Huehn
Hammond, IN 46327

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

Attorney:

Mr. Dean Arnold
Ken Nunn Law Office
104 South Franklin Road
Bloomington, IN 47404

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 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.

Domingo Maldonado was a patient hospitalized on 04/06/15-04/30/15 due to an injury that occurred on 04/16/14. The total charges due for hospital care, treatment, or maintenance during the above hospitalization(s) is \$1,437.39, 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. Stephanie Sherrard, Allstate Insurance, P.O. Box 218, Camby, IN 46113, Claim No.: 0323274878.

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.



STATE OF ILLINOIS
COUNTY OF LAKE

OFFICIAL SEAL
DAWN M. HONIG
Notary Public - State of Illinois
My Commission Expires Dec 16, 2016

St. Margaret - Hammond

Camille Zucchero
Camille Zucchero, As Agent

Subscribed and sworn to before me, a Notary Public, on May 27, 2015 by Camille Zucchero, As Agent, for St. Margaret - Hammond.

Hospital Reimbursement Services, Inc., 250 Parkway Dr., Suite 168, Lincolnshire, IL 60069
Telephone 847-403-5870 | Facsimile 847-403-5871 | File No.: 15-119727

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