STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 001516

2016 JAN 12 AM 8:33

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:
Ms. Calli Bolz
3153 Westwind Ct
Crown Point, IN 46307

Attorney:

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.

Calli Bolz was a patient hospitalized on 10/27/15 due to an injury that occurred on or about 10/22/15. The total charges due for hospital care, treatment, or maintenance during the above hospitalization(s) is $676.77, 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. Tanya Bolden, State Farm, P.O. Box 661011, Dallas, TX 75266, Claim No.: 147K00879.

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.

St. Anthony Hospital, Crown Point

STATE OF ILLINOIS
COUNTY OF LAKE

BY: _____
Camille Zucchero, As Agent

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

Subscribed and sworn to before me, a Notary Public, on _____, 20__ by Camille Zucchero, As Agent for St. Anthony Hospital, Crown Point.

Hospital Reimbursement Services, Inc., 250 Parkway Dr., Suite 168, Lincolnshire, IL 60069
Telephone 847-403-5870 | Facsimile 847-403-5871 | File No.: 16-144468

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AMOUNT $ 11-
CASH _____ CHARGE _____
CHECK # 276698
OVERAGE _____
COPY _____
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CLERK AM