

2016 005820

2016 JAN 27 AM 8:38

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. Briana L. Tutor
501 N Indiana Ave
Crown Point, IN 46307

Attorney:

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

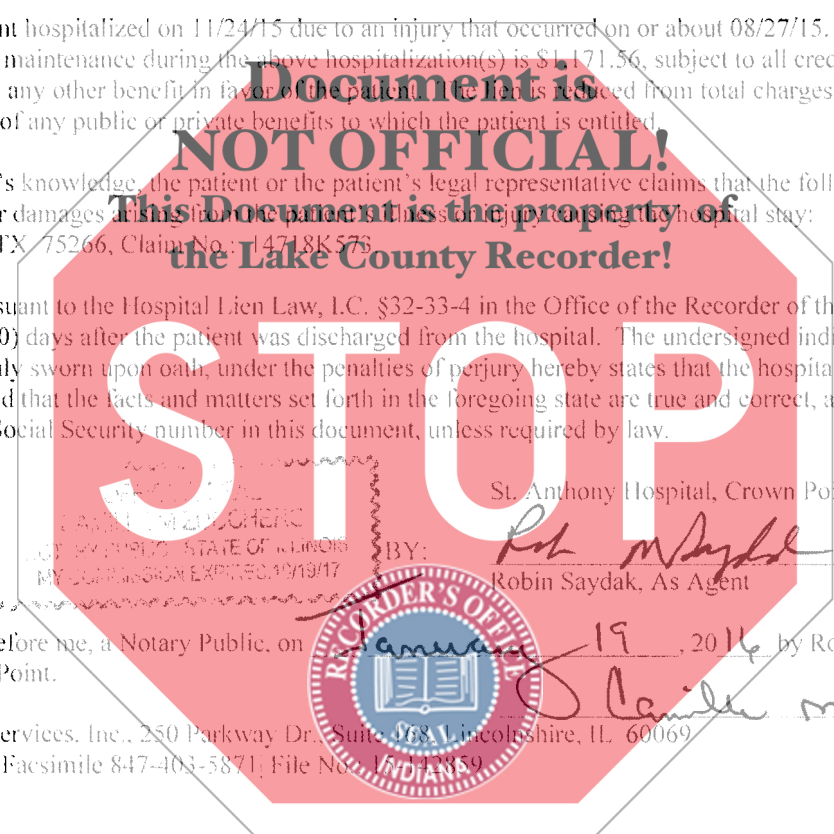
Indiana Department of Insurance
311 W Washington Street, Suite 300
Indianapolis, IN 46204

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.

Briana L. Tutor was a patient hospitalized on 11/24/15 due to an injury that occurred on or about 08/27/15. The total charges due for hospital care, treatment, or maintenance during the above hospitalization(s) is \$1,171.56, 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 injuries during the hospital stay: Mr. Jason Miller, State Farm, P.O. Box 661011, Dallas, TX 75266, Claim No.: 14718K576

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

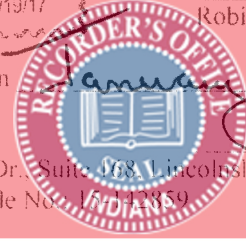
NOTARY PUBLIC
STATE OF ILLINOIS
MY COMMISSION EXPIRES 10/19/17

BY:

St. Anthony Hospital, Crown Point
Robin Saydak
Robin Saydak, As Agent

Subscribed and sworn to before me, a Notary Public, on 19, 2016, by Robin Saydak, 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. 16-012859



AMOUNT \$ 11-
CASH _____ CHARGE _____
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