

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 059631

2016 AUG 31 AM 11:09

MICHAEL B. BROWN

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Alberto Lopez

Lopez, Alberto PT# 3002137752, 3002155850
3002200333
5027 TOD AVE
EAST CHICAGO, IN 46312

ATTORNEY:

Recorder of Lake County, Indiana
Lake County Government Center
2293 North Main Street
Crown Point, Indiana 46307

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

You are hereby notified that The Munster Medical Research Foundation d/b/a The Community Hospital whose address is 901 MacArthur Blvd., Munster, Indiana 46321, 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:



1. The patient was admitted to the hospital on 06/06/16-06/06/16 and discharged from the hospital on 06/10/16-06/19/16-07/05/16
2. The amount due for hospital care during the above time period FIVE THOUSAND SEVEN HUNDRED THIRTY EIGHT AND SEVENTY NINE AND 00/100 DOLLARS
3. 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:

AMERICAN ACCESS CASUALTY COMPANY
2211 BUTTERFIELD ROAD
SUITE 200
DOWNERS GROVE, IL 60515
CLAIM# 16-06102155

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 his/her oath, under the penalties of perjury hereby states that Claimant intends to hold a Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct.

STATE OF INDIANA)
COUNTY OF LAKE) SS:

ALISON ADAMS, being the collection clerk for the above named, The Community Hospital, being duly sworn upon his/her oath, says that the facts stated in the foregoing are true and correct.

Alison Adams
ALISON ADAMS, PFS Support

Subscribed and sworn to before me a Notary Public this 22ND Day of AUGUST 20 16

My Commission Expires: 02/14/17
Residing in Lake County, Indiana
This instrument was prepared by - ALISON ADAMS LIEN

Lisa E. Ward
LISA E. WARD, Notary Public

AMOUNT \$ 11-
CASH CHARGE
CHECK# 803734
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY SS