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2019 035201

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 JUN 12 AM 9:32

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2019 014654 DATED 03/13/19

Hospital Reimbursement Services, Inc., agents for Franciscan Health Dyer, for and in consideration of a prior payment and/or benefit totaling \$3,179.85 and payment and/or benefits totaling \$1,050.25, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of William E Keener that now exists against all parties, including Progressive Insurance, as a result of **William E Keener's** treatment, account number(s): 219048417 treatment date(s) 02/11/2019, arising out of an accident which occurred on or about 02/10/2019.

I have read the above Release and I hereunto set my hand and seal this 3rd day of June, 2019.

Franciscan Health Dyer

BY: Neil J. Greene

Neil J. Greene
Hospital Reimbursement Services, Inc.
As Agent



STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 3rd day of June, 2019, before me personally came Neil J. Greene, As Agent for Franciscan Health Dyer, known to me to be the individual who executed this Release and acknowledge that he/she fully understands its contents and freely executed same as his/her free and voluntary act.

Camille M. Zucchero

Lake County
File No.: 19-235249

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