

2019-087842

2019 Dec 19

8:41 AM

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

RELEASE OF RECORDED LIEN 2019-078542 DATED 11/18/19

Hospital Reimbursement Services, Inc., agents for Franciscan Health Hammond, for and in consideration of payment and/or benefits totaling \$8,870.90, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Brittany Thomas that now exists against all parties, including Geico Insurance, as a result of **Brittany Thomas's** treatment, account number: 219357986 treatment date: 10/26/2019, arising out of an accident which occurred on or about 10/26/2019.

I have read the above Release and I hereunto set my hand and seal this 9th day of

December, 2019.

Franciscan Health Hammond

BY: Neil J. Greene

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

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!



STATE OF ILLINOIS)
)SS

COUNTY OF LAKE)

On this 9th day of December, 2019, before me personally came Neil J. Greene, As Agent for Franciscan Health Hammond, 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.

Lake County
File No.: 19-252351



Camille M. Zucchero

25-
278160
E CM