

**RELEASE OF RECORDED LIEN 2019 026948 DATED 05/09/19**

Hospital Reimbursement Services, Inc., agents for Franciscan Health Crown Point, for and in consideration of payment and/or benefits totaling \$5,475.32, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Walter Johns that now exists against all parties, including Lancer Insurance, as a result of **Walter Johns's** treatment, account number: 619056106 treatment date: 03/21/2019, arising out of an accident which occurred on or about 08/04/2018.

I have read the above Release and I hereunto set my hand and seal this 15<sup>th</sup> day of

February, 2024

Franciscan Health Crown Point

BY:

*Neil J. Greene*

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

Hospital Reimbursement Services, Inc., 250 Parkway Dr., Suite 168, Lincolnshire, IL 60069  
Telephone 847-403-5870 | Facsimile 847-403-5871 | File No.: 19-238513

STATE OF ILLINOIS )  
                                  )SS  
COUNTY OF LAKE )

On this 15<sup>th</sup> day of February 2024, before me personally came Neil J. Greene, As Agent; for Franciscan Health Crown Point, known to me to be the individuals 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

*Dawn M Fiorito*



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