

# NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL  
RECORDER

2024-019846

STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED

8:47 AM 2024 Jul 28

**RELEASE OF RECORDED LIEN 2023-030193 DATED 11/13/23 &  
RELEASE OF AMENDMENT TO RECORDED LIEN 2023-031757 DATED 11/22/23**

Hospital Reimbursement Services, Inc., agents for Franciscan Health Dyer, for and in consideration of payment and/or benefits totaling \$10,662.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Maria A Sanchez that now exists against all parties, including Indiana Farm Bureau, as a result of **Maria A Sanchez's** treatment, account number(s): 221258215/221258236/221299178 treatment date(s): 08/09/2023-09/07/2023;09/11/2023-10/07/2023;10/09/2023-11/06/2023, arising out of an accident which occurred on or about 06/15/2023.

I have read the above Release and I hereunto set my hand and seal this 18<sup>th</sup> day of

July, 2024

Franciscan Health Dyer

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.: 23-393003/23-394490/23-395966

STATE OF ILLINOIS )  
                                  )SS  
COUNTY OF LAKE

On this 18<sup>th</sup> day of July, 2024, before me personally came Neil J. Greene, As Agent; for Franciscan Health Dyer, 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



25.00  
279659  
SS  
EF