Business Center

3060 West Salt Creek Lane Arlington Heights, Illinois 60005 847.618.1000 www.nch.org



NOTICE OF HOSPITAL LIEN

Patient Information:

Patient Name: Paul Dulberg

Account# 71265382

Other Party Information:

Insurance Company: To be named

Responsible Party: David Gagnon/Maguires

Claim#: Still to be decided

You are hereby notified that Paul Dulberg, was on or about the 28th day of June, 2011was injured by the alleged negligence or wrongful act of David Gagnon/Maguires. You appear to be holding funds or expect to be holding funds in the future for payment which Northwest Community Hospital has a claim, demand or cause of action against. Paul Dulberg was a patient in the undersigned hospital, or was a patient on July 9, 2012 due to said injuries.

You are further notified that the undersigned hospital is a corporation organized not for profit under the laws of the State of Illinois and is located at 800 W. Central Road in the city of Arlington Heights, Illinois.

You are further notified that the undersigned hospital claims a lien upon any claim or demand or cause of action which the said injured party may have against the alleged wrong doer, and against any funds you may have presently or in the future which may be directed towards the injured party, in accordance with the terms and provisions of the statutes of the State of Illinois in such case made and provided, and that such lien is for the reasonable value of services rendered and to be rendered in a treatment, care and maintenance of such injured person at current rates, the amount of which lien will not exceed 1/3 of the sum paid or due to said injured person on said claim or right of action.

Our Hospital Nos:

71265382

Amount of Liens:

\$6,366.00

Catie Harrison

Patient Financial Services

Northwest Community Hospital

NORTHWEST COMMUNITY HOSPITAL

AFFIDAVIT OF PERSON MAILING NOTICE

STATE OF ILLINOIS

COUNTY OF COOK

Subscribed and Sworn to Before Me

this 23 Day of July, 20/2

NOTE:

Requests for medical records pertaining to this

case should be directed to:

Medical Records

Northwest Community Hospital

800 W. Central Rd., Arlington Heights, IL 60005

OFFICIAL SEAL SUZANNE A MACZKO NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:08/13/12

3060 West Sait Creek Lane Arlington Heights, Illinois 60005

847.618.1000 www.nch.org



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Our Hospital Nos:

Amount of Liens:

NORTHWEST COMMUNITY HOSPITAL

71265382

\$6,366.00

BY:

Catie Harrison

Patient Financial Services

Northwest Community Hospital

AFFIDAVIT OF PERSON MAILING NOTICE

STATE OF ILLINOIS

COUNTY OF COOR

Subscribed and Sworn to Before Me

this <u>33</u> Day of <u>July</u>, 20/2

OFFICIAL SEAL SUZANNE A MACZKO NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:08/13/12

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