BK: 2020 PG: 4571

Recorded: 11/30/2020 at 8:41:52.0 AM

Pages 3

County Recording Fee: \$17.00

Iowa E-Filing Fee: \$3.00 Combined Fee: \$20.00

Revenue Tax:

LISA SMITH RECORDER Madison County, Iowa

Notice of Medical Assistance (Medicaid or Title XIX) Lien

Grantor: Keenan Kyle **Grantee:** Iowa Total Care

Prepared By: Kate Shouse

P.O. Box 2000

LaGrange, KY 40031-9912

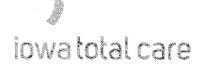
502-530-4274

Reference No,:107877735-lks0-L

Return To: The Rawlings Company

PO Box 2000

LaGrange, KY 40031



Iowa Total Care



NOTICE OF MEDICA L ASSISTANCE (MEDICAID OR TITLE XIX) LIEN

(Iowa Code section 249A.54)

In favor of Iowa Total Care

IN THE DISTRICT COURT OF IOWA IN AND FOR Madison COUNTY

Case No. 107877735

Plaintiff(s)/Petitioner	·(s)		
Vs.			
Keenan Kyle			
Defendants(s)/Respon	ndent(s)		
Respondent: Keenan Kyle		SID#:U2065095701IA0001000	The state of the s
Member's Address:	mber's Address: 608 N N ST INDIANOLA, IA 50125		
County: Madison		Case#:	
Date of Loss:06/22/2020		Current amount of lien*:\$15,597.44	
Name of Liable Third	l Party:		7 4 4 V (2.20 V V V V V V V V V V V V V V V V .
Insurance Company:			
Member's Attorney:			
Defendant's Attorney	7:		

The Rawlings Company PO Box 2000 LaGrange, KY 40031

Note: Iowa Code Sec. 249A54(1) as amended provides in part that "the third party shall obtain a written determination from the department concerning the amount of the lien before a settlement is deemed final for purposes of this section". This claim cannot be released by the injured person or the injured person's attorney. Any payment made by the liable third party without first disposing of this claim can subject the liable third party and/or their attorneys to the risk of double liability.

I certify under the penalty of perjury and pursuant to the laws of the State of Iowa (Iowa Code Sec. 622.1) that the preceding is true and correct. This lien applies only to the proceeds from a settlement or legal action relating to injuries sustained as a result of the trauma/accident identified above.

> Return To: The Rawlings Company PO Box 2000

> > LaGrange, KY 40031

502-530-4274

Prepared By:

The Rawlings Company on behalf of Iowa Total Care

PO Box 2000

LaGrange, KY 40031

Subrogation Recovery Analyst

P. 502-530-4274 E. LKS0@rawlingscompany.com

Subscribed and Sworn to Before me this

Notary Expiration Date

Signature of Notary Public

