

## 2007 045153

2007 JULI-4 F.1 2: 07

Managaran Reconstra

Acct#200146152

TO:

Return To:

Darnell Parker Patient: Darnell Parker Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

Merrillville, IN 46411	
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows:	
1. The patient was admitted to the hospital on February 05, 2007  and was discharged from the hospital on February 05, 2007  2. The amount due for hospital care, treatment or maintenance during the above hospitalization is One thousand thirty nine objects and 00/100  (\$ 1,039.00	
I affirm, under the penalties for perjumy, the each social security number in this document, t	ntess required by law.
	on, Attorney at Law Merrillville, IN 46410
	CA



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