100109603

TO:

Ronnie Joe Abram

Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Ronnie Joe Abram	Attorney:
	2803 W 8th Ave	
	Gary, IN 46404	
Lake County 2293 North	Lake County, Indiana Government Center Main Street , 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 April 25, 2007 and was discharged from the hospital on April 25, 2007 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is One Thousand Five Hundred Eighty-Four (\$ 1,584.00) Dollars. 3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following named individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital		
the Office hundred an undersigned the penalt Lien as d	of the Recorder of the Co d eighty (180) days after t d individual executing this ies of perjury, hereby stat	nt to the Hospital Lien Law, I.C. Section 32-33-4 in bunty in which the Hospital is located, within one the patient was discharged from the Hospital. The instrument, having been duly sworn upon oath, under tes that the Hospital intends to hold the Hospital he facts and matters set forth in the foregoing THE METHODIST HOSPITALS, INC.
STATE OF I) ss:	BY: Angle Gukich
Hospitals, are true and Subset My Commiss October I affirm, each socia	ngie Djukich , bei Inc., being duly sworn upon nd correct. (2 cribed and sworn to before m, 2007. ion Expires:	A Resident of Lake County rjyry, that I have taken reasonable care to redact to ment, unless required by law.
	8700 B	Official Seal SHERRY C. FOUST Resident of Lake County, IN My commission expires October 10, 2013