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Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN		
TO: Patient:	PACA ZEZOVSKI PACA ZEZOVSKI 1442 W 97 TH PL CROWN POINT, IN 46307	Attorney:
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 JANUARY 24, 2010. and was discharged from the hospital on JANUARY 24, 2010. 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Five Thousand Eight Hundred Ninety-Five & 50/100 (\$ 5,895.50		
STATE OF I	LAKE)	THE METHODIST HOSPITALS, INC. BY: MELISSA VASQUEZ ing a Patient Representative for The Methodist
Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) MELISEA VASQUEZ Subscribed and sworn to before me, a Notary Public, this day of Manual		
My Commiss	sion Expires: 1+31, 2014	A Resident of A Resident of County

I affirm, under the penalties for perjusy, that I have taken reasonable care to redact each social security number in this document, unless required by law.

This Instrument Prepared By:

Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410

al Seal ANNEY F. M. PEREZ
Resident Sesion expires
August 28, 2014 (SEAL)

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