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Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Yolanda Bailey Yolanda Bailey 730 Porter St	Attorney:		
Lake County 2293 North	Gary, IN 46406 Lake County, Indiana Government Center Main Street , Indiana 46307	311 V Suite	ana Department of Insurance W. Washington Street e 300 anapolis, Indiana 46204	
hospital can hospital can hospital hospital can hospital hos	The patient was admit charged from the hospi The amount due for hotalization is Ninetee 184.25 To the best of the Hospi sentative claims that damages arising from	pital Lien for all tenance of the above ted to the hospital tal on April 09, ospital care, treatment Thousand One Hundris. Spital's knowledge, the following name the patient's ill	ent or maintenance during the red Eighty-Four and 25/100 the patient or the patient's med individuals and/or entities lness or injury causing the hosp:	for are ital
hundred and undersigned the penalti Lien as de	of the Recorder of t eighty (180) days a individual executing es of perjury, hereby	the County in which fter the patient was this instrument, had states that the Hat the facts and THE METHODI	the Hospital is located, within s discharged from the Hospital. wing been duly sworn upon oath, ur lospital intends to hold the Hospital matters set forth in the foregonest Hospitals, INC.	one The nder
) ss: AKE) agie Djukich ,	being a Patient	Angie Djukieh Representative for The Method hat the facts stated in the forego	dist
are true and	ribed and sworn to bef	(2)	angle spirich	oing
Lll GULD I affirm, u each social	nder the penalties for security number in the ment Prepared By:	A Resident or perjury, that I is document, unless arle F. Hites, Attor	of <u>Lake</u> County have taken reasonable care to recrequired by law.	dact
C. C O	MOUNT \$ ASHCHARGE HECK #/7242 VERAGEOPY	700 Broadway, Merril	Official Seal ANNETTE M. PEREZ Resident of Lake County, IN My commission expires August 28, 2014	

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