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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:

LULA A LEWIS

Patient:

LULA A LEWIS

77 NERINGA LANE APT 721

HOBART, IN 46342

Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307

Attorney:

Hausmann-McNally
136 E Market St #1100
Indianapolis, IN 46204

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 July 09, 2011
and was discharged from the hospital on July 09, 2011

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Six thousand eight hundred forty one & 00/100

6,841.00 ) 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 stay:

This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the Office of the Recorder of the County in which the Hospital is located, within one hundred and eighty (180) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been duly sworn upon oath, under the penalties of perjury, hereby states that the Hospital intends to hold the Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct.

THE METHODIST HOSPITALS, INC.

(1) BY: 1 Wan 1 des

STATE OF INDIANA

COUNTY OF LAKE

I DIAN HALL , being a <u>Patient Representative</u> for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the I DIAN HALL foregoing are true and correct. softwell.

(2)

DIAN HALL Subscribed and sworn to before me, a Notary Public, this  $18^{TN}$  day of

 $\chi(x)$  , 2011.

Commission Expires:

A Resident of Kalu

17/01/1 24,2019

I affirm, under the penalties for perjury, 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

AMOUNT \$. CASH\_ CHECK #. **OVERAGE** COPY\_

NON-COM\_ CLERK\_

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MANA