MARIA DENNIE

TO:

Patient:

CLERK\_\_\_

STATE OF INDIA: LAKE COUNTY FILED FOR RECURD

2013 028202

2013 APR 19 AM 11: 46

Return To:

MICHAEL S. CAOWA Hodges & Davis, P.C. RECORDER

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

Patient:	MARIA DENNIE	Attorney:
	2021 LOUISIANNA ST	
	GARY, IN 60407	
Recorder of Lake County, Indiana Lake County Government Center		Indiana Department of Insurance 311 W. Washington Street
2293 North Main Street Crown Point, Indiana 46307		Suite 300
Crown Point	, Indiana 46307	Indianapolis, Indiana 46204
hospital ca	re, treatment or maintenar	THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, al Lien for all reasonable and necessary charges for nce of the above listed patient as follows:
1.	The patient was admitted	to the hospital on MARCH 08,2013
and was dist	The amount due for hereit	on MARCH 08, 2013
above hospit	talization is	tal care, treatment or maintenance during the HOUSAND FIVE HUNDRED SIXTY-SEVEN 25/100 .
\$	4,567.25 Dollars	S. STATE HONDRED SIXTY-SEVEN 25/100
3.	To the best of the Hospit	tal's knowledge the nations or the nationals
regar repre	sentative claims that t	he following named individuals and/or entities are patient's villness or injury causing the hospital
hundred and undersigned the penalti	eighty (180) days after individual executing this es of perjury, hereby st	ant to the Hospital Lien Law, I.C. Section 32-33-4 in County in which the Hospital is located, within one the patient was discharged from the Hospital. The sinstrument, having been duly sworn upon oath, under ates that the Hospital intends to hold the Hospital
nien as de	scribed above and that ce true and correct.	the facts and matters set forth in the foregoing
	of the difference.	
STATE OF INI COUNTY OF LA	OIANA ) ss:	THE METHODIST HOSPITALS, INC.  BY: Melissa Vasquez  Melissa Vasquez
I Melinc., being and correct.	duly sworn upon oath, s	Patient Representative for The Methodist Hospitals, ays that the facts stated in the foregoing are true
	(	(2) Melissa Vasquez
Subscr MMW)	ribed and sworn to before, 2013.	me, a Notary Public, this 157 day of
My Commissio	on Expires:	
aO a .	24,2019	A Resident of Many Public County
I affirm, u each social	nder the penalties for p	erjury, that I have taken reasonable care to redact Scument, unless required by law.
	ent Prepared By:	6
	Earle	F. Hites, Attorney at Law Broadway, Merrillville, IN 46410
m. 18.1°	11/	
AMOUNT CASH CHECK # OVERAG	18748	Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019
COPY NON-CO	DM	And the state of t