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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:	LEWIS, ALEXZANDREA LEWIS, ALEXZANDREA 2121 RUTLEDGE ST GARY, IN 46404	Attorney:	
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	311 W Suite	ana Department of Insurance V. Washington Street e 300 anapolis, Indiana 46204
IN 46402,	intends to hold a Hospi	tal Lien for all	PITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows:
	charged from the hospita	al on <u>November 09</u>	
(\$ 5, to which the insurance, other benefined as legal representations)	talization is Five thousand credits for all pit. To the best of the Hospesentative claims that	isand three hundred to This amount is nder the terms of ayments, contractuoital's knowledge, the following nam	ent or maintenance during the difference twenty six and 25/100 subject to reduction for any benefits any contract, health plan, or medical ral adjustments, write-offs, and any the patient or the patient's red individuals and/or entities are liness or injury causing the hospital
the Office (90)days af executing perjury, he	of the Recorder of the fter the patient was disthis instrument, having ereby states that the H	County in which the scharged from the formal been duly sworn ospital intends to ters set forth in	tal Lien Law, I.C. Section 32-33-4 in the Hospital is located, within ninety Hospital. The undersigned individual upon oath, under the penalties of hold the Hospital Lien as described the foregoing statement are true and IST HOSPITALS, INC.
STATE OF IN	DIANA) ss:	(1) BY: <u>fold</u>	anda Simpson
COUNTY OF L			
Inc., being and correct	duly sworn upon oath,	says that the fac	cts stated in the foregoing are true and a simplon
Subsc	ribed and sworn to befo	re me, a Notary Puk	plic, this (25) day of
	on Expires:	A Resident	Of SUN Notary Public County
I affirm, each social	under the penalties for security number in thi	perjury, that I s document, unless	have taken reasonable care to redact required by law.
	anaculaire //	rle F. Hites, Attor	llville, IN 46410
	CASH CHARGE COPY	E	Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019

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