STATE OF INUIA LAKE COUNTY FILED FOR RECORD

2013 092272

2013 DEC 18 AM 10: 11 MICHAEL B. BROWN RECORDER

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Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

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MONTGOMERY, JACQUELINE

Patient:

MONTGOMERY, JACQUELINE

3808 W 10TH AVE

GARY, IN 46404

Attorney: David W Holub

8403 Merrillville Rd. Merrillville, IN 46410

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 November 14 , 2013 and was discharged from the hospital on November 14 , 2013

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Thirteen thousand five hundred forty six and 00/10

(\$\frac{13,546.00}{13,546.00}\$) Dollars. This amount is subject to reduction for any benefits to which the patient is entitled under the terms of any contract, health plan, or medical insurance, and credits for all payments, contractual adjustments, write-offs, and any other benefit.

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 ninety (90)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. Yolanda Bungson

landa R Simpson

STATE OF INDIANA

COUNTY OF LAKE

Yolanda R Simpson, being 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.

Subscribed and sworn to before me, a Notary Public, this 2500 Inventor, 2013.

My Commission Expires:

March 24, 2019

Notary Public

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

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AMOUNT S. CHECK #... OVERAGE HON-GOM (90)

Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019 (seai

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