STATE OF INDIAL.
LAKE COUNTY
FILED FOR RECORD

2014 003516

2014 JAN 17 PM 1:18

MICHAEL B. BROWN RECORDER

Acct#100658341

TO:

Patient:

Return To:

T'Keyah Calhoun

T'Keyah Calhoun

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

3904 Adams Street Gary, IN 46408	
Recorder of Lake County, Indian 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
IN 46402, intends to hold a H	that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, ospital Lien for all reasonable and necessary charges for ntenance of the above listed patient as follows:
and was discharged from the hos 2. The amount due for above hospitalization is Two t (\$ 2,002.25) Dol.	pital on November 01 , 2013 pital on November 02 , 2013 hospital care, treatment or maintenance during the housand two dollars & 25/100 lars. This amount is subject to reduction for any benefits
<pre>insurance, and credits for al other benefit. 3. To the best of the</pre>	ed under the terms of any contract, health plan, or medical l payments, contractual adjustments, write-offs, and any Hospital's knowledge, the patient or the patient's
<pre>liable for damages arising fro stay:</pre>	nat the following named individuals and/or entities are om the patient's illness or injury causing the hospital
the Office of the Recorder of (90) days after the patient was executing this instrument, ha perjury, hereby states that the	pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the County in which the Hospital is located, within ninety discharged from the Hospital. The undersigned individual ving been duly sworn upon oath, under the penalties of e Hospital intends to hold the Hospital Lien as described matters set forth in the foregoing statement are true and THE METHODIST HOSPITALS, INC.
STATE OF INDIANA)	(1) BY: A lancy FARRIES
COUNTY OF LAKE)	
I NANCY FARRIES , 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.	
1000011201	vefore me, a Notary Public, this 25th day of Way Mastery Public
March 24, 2019	A Resident of Cano County
I affirm, under the penalties each social security number in	for perjury, that I have taken reasonable care to redact this document, unless required by law.
This Instrument Prepared By: AMOUNT \$	Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410
CASHCHARGE_CHECK #CHECK #OVERAGECOPY	Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019
223 LIGHERK	