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MICHAEL TO MOWN RECORDER

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TO:

Return To:

NUNN, CATHY

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	NUNN, CATHY	Attorney:
	463 N KNOX ST	
	GARY, IN 46403	
Recorder o	f Lake County, Indiana	Indiana Department of Insurance
Lake Count	y Government Center	311 W. Washington Street
	Main Street	Suite 300
	t, Indiana 46307	Indianapolis, Indiana 46204
0	, 211424114	
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 24 , 2013 and was discharged from the hospital on November 24 , 2013 .		
2. The amount due for hospital care, treatment or maintenance during the		
above hospitalization is Two thousand nine hundred nineteen and 100 100		
(\$ 2	2 919 00	s. This amount is subject to reduction for any benefits
to which t	he patient is entitled	under the terms of any contract, health plan, or medical
		payments, contractual adjustments, write-offs, and any
		payments, contractual adjustments, write-olls, and any
other bene		
3.		spital's knowledge, the patient or the patient's
		the following named individuals and/or entities are
liable for	damages arising from	the patient's illness or injury causing the hospital
stay:		
		rsuant to the Hospital Lien Law, I.C. Section 32-33-4 in
the Office	e of the Recorder of the	e 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		
above and that the facts and matters set forth in the foregoing statement are true and		
correct.		
0011000.		THE METHODIST HOSPITALS, INC.
		(1) BY: Golanda Simison
STATE OF I	NDTANA)	Molanda R Simpson
) ss:	
COUNTY OF	•	
0001111 01	,	
Т	Yolanda R Simpson . bei	ng 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.		
and correc		(2) Alexander De Marine
		(2) <u>Johanda Xumpson</u> Yolanda R Simpson
O C	anihad and arrans to bot	ore me, a Notary Public, this day of
		ore me, a Notary Fublic, this day or
IF COUL	<u>267</u> , 2013.	Swee Mi Stone
M 0 1	The state of the s	Mahama Publica
My Commiss	sion Expires:	A Resident of Mary Public County
n_{α}	16 711 7116	A Resident of // County
!!!!!!!	ch 24, 2019	
T 661		to a like to the control of the cont
I affirm, each socia	under the penalties for all security number in th	or perjudy, that I have taken reasonable care to redact is document, unless required by law.
This Instr	rument Prepared By:	
		arle F. Hites, Attorney at Law
		700 Broadway, Merrillville, IN 46410
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