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

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## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	JAUNICQUA S BORDERS JAUNICQUA S BORDERS 6772 FILLMORE BLVD MERRILLVILLE, IN 46410	Attorney:	
Lake County 2293 North	E Lake County, Indiana y Government Center Main Street E, 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 DECEMBER 5 , 2013 and was discharged from the hospital on DECEMBER 5 , 2013  2. The amount due for hospital care, treatment or maintenance during the above hospitalization is TEN THOUSAND THREE HUNDRED FIGHT 25/100  (\$ 10,308.25 ) 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, other benes 3. legal repr	and credits for all paymen fit.  To the best of the Hospital' esentative claims that the	the terms of any contract, health plan, or medits, contractual adjustments, write-offs, and s knowledge, the patient or the patient's following named individuals and/or entities patient's illness or injury causing the hospi	any
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.			
COUNTY OF	) ss:	MELISSA VASQUEZ	
I MELISSA VASQUEZ , 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.  (2) MELISSA VASQUEZ 2014			
Subscribed and sworn to before me, a Notary Public, this $\frac{\sqrt{3100}}{200}$ day of			
rry Commiss	ion Expires:	A Resident of Sake Notary Public County	
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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