STATE OF FOR LAKE COURT FILED FOR RECONS

2014 003911

2014 JAN 22 PM 1: 15

MICHA____RECORDER

#201135656

TO:

Return To:

DONYEL D BRADLEY

NACOS ME

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	DONYEL D BRADLEY	Attorney:	
	2320 CENTRAL DRIV	VE	
	GARY, IN 46402		
	Lake County, India: Government Center	na Indiana Department of Insurance 311 W. Washington Street	
•	Main Street	Suite 300	
	, Indiana 46307	Indianapolis, Indiana 46204	
IN 46402, i	intends to hold a H	that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary Hospital Lien for all reasonable and necessary charges fo intenance of the above listed patient as follows:	
nospicai ca		Document is	
1.		mitted to the hospital on NOVEMBER 8 , 2013	
2.	The amount due for	spital on NOVEMBER 8 / 2013 . hospital care, treatment or maintenance during the	
(\$ 7	16.00) Dol	N HUNDRED SIXTEEN 00/100 Lars. This amount is subject to reduction for any benefit	
		ed under the terms of any contract, health plan, or medica	
ınsurance, other benef	it.	ll payments, contractual adjustments, write-offs, and an	·y
3.		Hospital's knowledge, the patient or the patient's	
		hat the following named individuals and/or entities ar	
stay:	damages arising in	com the patient's illness or injury causing the hospita	. 1
scay:			
		pursuant to the Hospital Lien Law, I.C. Section 32-33-4 i	
		the County in which the Hospital is located, within ninet	
		s discharged from the Hospital. The undersigned individua	
		aving been duly sworn upon oath, under the penalties of	
		he Hospital intends to hold the Hospital Lien as describe	
correct.	that the facts and	matters set forth in the foregoing statement are true an	la
correct.		THE METHODIST HOSPITALS, INC.	
		SEAL FOR A CALLED	
		(1) BY: Allella Variable	
STATE OF IN	·	MENTISSA VASQUEZ	
COUNTY OF L) ss: .ake)		
_	,	being a Dationt Dominantation for Mb Mathedia	
I		, being a <u>Patient Representative</u> for The Methodis worn upon oath, says that the facts stated in the foregoin	
are true an		100	.5
		(2) MELISSA VASQUEZ	
Subsc	ribed and sworn to	before me, a Notary Public, this 2310 day of	
Decemb	<u>M</u> , 2013.	<i>A</i> ,	
	·	Jung Mi Store	
My Commissi	on Expires:	A Resident of Sanc Notary Public County	
march	24,2019	A Resident of County	
		for perjury, that I have taken reasonable care to redace this document, unless required by law.	;t
This Instru	ument Prepared By:		
		Earle F. Hites, Attorney at Law	
	11-	8700 Broadway, Merrillville, IN 46410	
	19402	mandete en	
17,19	19402	STONE	
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