STATE OF THE LAKE COURT FILED FOR RECORD

2014 003917

2014 JAN 22 PH 1: 15

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MICHAE

RECORDER

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Washington, Chevroen Washington, Chevroen 4979 Connecticut St Gary, IN 46409	Attorney:
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
IN 46402, hospital ca	intends to hold a Hosp re, treatment or mainte	THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, ital Lien for all reasonable and necessary charges for mance of the above listed patient as follows:
2.	charged from the hospit The amount due for hos	ed to the hospital on December 19 , 2013 al on December 19 , 2013 pital care, treatment or maintenance during the
(\$ 6 to which the insurance, other benefits the second sec	75.25) Dollars ne patient is entitled to and credits for all paints.	This amount is subject to reduction for any benefits under the terms of any contract, health plan, or medical payments, contractual adjustments, write-offs, and any
	esentative claims that	the following named individuals and/or entities are the patient's illness or injury causing the hospital
the Office (90)days af executing to perjury, he	of the Recorder of the fter the patient was di this instrument, havin ereby states that the H	County in which the Hospital is located, within ninety scharged from the Hospital. The undersigned individual g been duly sworn upon oath, under the penalties of lospital intends to hold the Hospital Lien as described ters set forth in the foregoing statement are true and THE METHODIST HOSPITALS, INC.
STATE OF IN	DIANA)	(1) BY: Andra Cell Sandra Allen
COUNTY OF L) ss: AKE)	
	Inc., being duly sworn	being a <u>Patient Representative</u> for The Methodist upon oath, says that the facts stated in the foregoing (2) Sandra Allen
Subsc	ribed and sworn to befo	ere me, a Notary Public, this 30% day of
My Commissi	·	Swigm, Stone Notary Public A Resident of Sunc County
March &	N. 2019	A Resident of <i>Oldho</i> County
I affirm, u	inder the penalties for	r perjury, that I have taken reasonable care to redact s document, unless required by law.
This Instru	//- 07	rle F. Hites, Attorney at Law 00 Broadway, Merrillville, IN 46410
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