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MICHAEL B. BROWN RECORDER

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Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

Matthew Carley

Patient:

Matthew Carley

2435 Sherman St

Gary, IN 46406

Recorder of Lake County, Indiana

Lake County Government Center

2293 North Main Street

Crown Point, Indiana 46307

Attorney: Gardner & Rans PC 202 S Michigan St #801

So. Bend, IN 46601

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 November 09 and was discharged from the hospital on November 09 2013.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Three Thousand Thirty-Two

 $(\frac{\$}{3,032.00})$ 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, and credits for all payments, contractual adjustments, write-offs, and any other benefit.

3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following named individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital

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. Angie Djuk

STATE OF INDIANA

SS:

COUNTY OF LAKE

Angie Djukich 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.

Andie Subscribed and sworn to before me, a Notary Public, this

(2)

<u>INUOUL</u>, 2014.

Commission Expires:

ch 24, 2019

Notary Public

A Resident of ___ Lake

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this ocument, unless required by law.

This Instrument Prepared By:

Earle F. Hites, Attorney at Law

8700 Broadway, Merrillville, IN 46410

AMOUNT \$ CASHL CHECK # **OVERAGE** COPY.

(SEAL

CRY PUZ

Official Seal LISA M. STONE Resident of Lake County, the My commission expires March 24, 2019

NON-COM CLERK.

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