2014 005784

2014 JAN 30 PM 1: 23

100679296

Patient:

CLERK\_\_\_

224033

TO:

MICHAEL B. BROWN RECORDER

Return To:

Mike Wilkins
Mike Wilkins

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

Attorney:

Delton, MI 49046	
Recorder of Lake County, India Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	na Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
IN 46402, intends to hold a ${ t F}$	that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, Hospital Lien for all reasonable and necessary charges for intenance of the above listed patient as follows:
and was discharged from the hore  2. The amount due for above hospitalization is Thir (\$ 13,932.75 benefits to which the patient or medical insurance, and created any other benefit.  3. To the best of the legal representative claims to the second and the th	spital on December 09 , 2013  hospital care, treatment or maintenance during the teen Thousand Nine Hundred Thirty-Two and 75/100  ) Dollars. This amount is subject to reduction for any is entitled under the terms of any contract, health plan, dits for all payments, contractual adjustments, write-offs, Hospital's knowledge, the patient or the patient's hat the following named individuals and/or entities are com the patient's illness or injury causing the hospital
the Office of the Recorder of (90) days after the patient was executing this instrument, haperjury, hereby states that the above and that the facts and correct.  STATE OF INDIANA	pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the County in which the Hospital is located, within ninety discharged from the Hospital. The undersigned individual aving been duly sworn upon oath, under the penalties of the Hospital intends to hold the Hospital Lien as described matters set forth in the foregoing statement are true and  THE METHODIST HOSPITALS, INC.  (1) BY:  Angie Djukich
COUNTY OF LAKE )	
I <u>Angie Djukich</u> Methodist Hospitals, Inc., bei foregoing are true and correct.	, being a <u>Patient Representative</u> for The ng duly sworn upon oath, says that the facts stated in the (2)  Angia Djukich
Subscribed and sworn to be fully and subscribed and sworn to be subscribed.  Yes Commission Expires:	pefore me, a Notary Public, this 890 day of
March 24, 2019	Notary Public A Resident of <u>Lake</u> County
affirm, under the penalties each social security number in	for perjury, that I have taken reasonable care to redact this document, unless required by law.
This Instrument Prepared By:	Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410
AMOUNT \$CHARGE CHECK #CHARGE	of ficial Seal
OVERAGEE	Hisa M. STONE Resident of Lake County, IN My commission expires March 24, 2019