## 2014 008356

## 2014 FEB 12 PM 1:30

# 201189836



MICHAEL B. BROWN RECORDER

Return To:

Hodges & Davis, P.C.

 $870\bar{0}$  Broadway, Merrillville, IN 46410

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

TO:	KEVIN HENRY		
Patient:	KEVIN HENRY	Attorney:	
	3318 W.78 <sup>TH</sup> PL.	·	
	MERRILLVILLE, IN	<u>4641</u> 0	
Lake Count 2293 North	f Lake County, India y Government Center Main Street t, Indiana 46307	311 W Suite	na Department of Insurance Washington Street 300 Anapolis, Indiana 46204
			-
IN 46402,	intends to hold a	Hospital Lien for all	PITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows:
	scharged from the ho	dmitted to the hospital ospital on <u>December 24</u>	2013
	italization is <u>Thre</u>	ee thousand three hundre	
	25). This am	ount is subject to redu	action for any benefits to which the , health plan, or medical insurance,
and credit 3.	s for all payments, To the best of the	contractual adjustments e Hospital's knowledge,	, write-offs, and any other benefit. the patient or the patient's ed individuals and/or entities are
			ness or injury causing the hospital
the Office (90)days a executing perjury, h	e of the Recorder of fter the patient wa this instrument, h dereby states that t	the County in which the solutions discharged from the Flaving been duly sworn the Hospital intends to	tal Lien Law, I.C. Section 32-33-4 in ne Hospital is located, within ninety Hospital. The undersigned individual upon oath, under the penalties of hold the Hospital Lien as described
above and correct.	that the facts and	matters set forth in	the foregoing statement are true and
		THE METHODI	ST HOSPITALS, INC.
STATE OF I	NDIANA )	(1) BY: DIAN	HALL HALL
COUNTY OF	) ss: LAKE )	WOJANA LILIE	
т,	~~~~ 1 '		
being duly			e for The Methodist Hospitals, Inc., tated in the foregoing are true and
correct.		(2) Dan	Hall
, I	cribed and sworn to	DIAN H before me, a Notary Pub	/ ) - 7   1   / 1
	ion Expires:	- Xingi	M. SHONE  Notary Public
March	-	A Resident	of <u>hand</u> County
, , , -			
I affirm, each socia	under the penalties 1 security number in	s for perjury, that I had this document, unless	have taken reasonable care to redact required by law.
This Instr	ument Prepared By:	Farlo E Witon Attor	more at Tarr
AMOUNT	11-	Earle F. Hites, Attor 8700 Broadway, Merril	<del>-</del>
ONSIL TO			Official Seal
OVERAGE			(SEAL) Hesident of Lake
MOW-COM	Confedential designation operation communication accommission and administrative and accommission accommissio		My commission actives March 24, 2019

224522

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