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MICHAEL B. BROWN RECORDER

100707840

TO:

Return To:

Rasheena L Woodard

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Rasheena L Woodard	Attorney:	
	428 Dallas St		
	Gary, IN 46406		
Recorder of	f Lake County, Indiana	a India	na Department of Insurance
	y Government Center		. Washington Street
-	Main Street	Suite	
	, Indiana 46307		napolis, Indiana 46204
		bat mile Memiloptem Hoca	DIEDALG ING 600 Grant Street Cary
IN 46402,	intends to hold a Ho	ospital Lien for all	PITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows:
1.	The patient was adm	itted to the hospital	on January 27 , 2014
and was dis		oital on <u>January 27</u>	
2.	The amount due for	hospital care, treatme	nt or maintenance during the
above hospi		Hundred Seventy-Five	IAL
(\$ 9	975.00) Dolla	ars. This amount is s	subject to reduction for any benefits
to which th	ne patient is entitle	d under the terms of a	any contract, health plan, or medical
insurance, other benef		ie payments o contractu	al adjustments, write-offs, and any
3.		Hospital's knowledge.	the patient or the patient's
	esentative claims th	at the following name	ed individuals and/or entities are
liable for	damages arising fro	om the patient's ill	ness or injury causing the hospital
stay:	and the second s	†	
-			
This	Lien is being filed	pursuant to the Hospi	tal Lien Law, I.C. Section 32-33-4 in
the Office	of the Recorder of t	the County in which th	ne Hospital is located, within ninety
(90)days a:	tter the patient was	discharged from the F	Hospital. The undersigned individual upon oath, under the penalties of
executing	this instrument, nav	o Hospital intende to	hold the Hospital Lien as described
perjury, in	that the facts and m	natters set forth in	the foregoing statement are true and
correct.	char the faces and h		
		THE METHODI	ST HOSPITALS, INC.
			(Augusta)
		(1) BY:	angre Dur wh
STATE OF I		WOIAN ATTENT	Angig Djuki(th
COUNTY OF 1) SS:		
COUNTI OF 1	LAKE /		
I A	ngie Djukich		a <u>Patient Representative</u> for The
Methodist .	Hospitals, Inc., bein	ng duly sworn upon oat	h, says that the facts stated in the
foregoing are true and correct.			
		(2)	Cryce H UR CO
_ ,		5 National Duke	Anoje Djukich M day of day of
Subs		efore me, a Notary Pub	lic, this <u>(0'</u> day of
170,00	<u>uf</u> , 2014.	Tuo.	a M-Stone
My Commiss	v ion Expires:	17002	Notary Public
rry Commission.	-	A Resident	
March	24,2819	S	have taken reasonable care to reduct
I affirm, each socia	under the penalties l security number in	this document, unless	have taken reasonable care to redact required by law.
This Instr	ument Prepared By:		
		Earle F. Hites, Attor	rney at Law
	11-	8700 Broadway, Merril	TATTE, TW 40410
AMOUN!	T. C.		
CACIL	16,16,2		graditional discount described and discount disc
CHECK	Di managaria di ma		LISA M. STONE
OVERA	A less reconstruction of the contract of the c		(SEAL) Resident of Lake County, the My commission expires
COPY_			March 24, 2019
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CLERK	Contraction of Contraction and Contraction of Contr		