STATE OF INDIA!

LAKE COUNTY
FILED FOR RECORD

2014 009256

2014 FEB 18 PM 1: 17

MICHAEL B. BROWN RECORDER

201233428

Patient:

NCN-COM

224964

TO:

Alana Wiliams Alana Williams

Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

391 Greendale Dr	
Valparaiso, IN 46383	
Recorder of Lake County, Indiana	Indiana Department of Insurance
Lake County Government Center	311 W. Washington Street
	Suite 300
	Indianapolis, Indiana 46204
The state of the s	indianapoiis, indiana 40204
You are hereby notified that THE METHODIS	T 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 a	hove listed nationt as follows:
Docume	bove listed patient as follows:
1. The patient was admitted to the hosp	ital on January 30 , 2014
and was discharged from the hospital on Januar	v 30 2014
2. The amount due for hospital care, tr	estment or maintonance during the
above hospitalization is One Thousand Ninety-Ei	cht and 25/100
to which the nations is entitled under the	t 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, cont	ractual adjustments, write-offs, and any
other benefit.	
3. To the best of the Hospital's knowle	dge, 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	s illness or injury causing the hospital
stay:	
This Lien is bei <mark>ng filed pursuant to the</mark> F	Hospital Lien Law, I.C. Section 32-33-4 in
the Office of the Recorder of the County in whi	ch 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 s	worn upon oath, under the penalties of
perjury, hereby states th <mark>at the Hospital inte</mark> nd	s 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 ME	THODIST HOSPITALS, INC.
The state of the s	
(1) BY:	lingie Gurkh
STATE OF INDIANA)	Angie Djukich
) ss:	
COUNTY OF LAKE)	
COUNTY OF LAKE)	
T 2 1 2 2 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2	peing a Patient Representative for The
I_Angie Djukich, k	
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