STATE OF INDIALS FILED FOR RECORD

2014 011878

2014 FEB 28 PM 1: 14

MICHAEL B. BROWN RECORDER

100691945

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

KEITH GRIGGS

Patient:

KEITH GRIGGS

4054 FILLMORE ST

GARY, IN. 46408

Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307

Attorney: Benjamen W. Murphy 3620 W. 80th Lane

Merrillville, IN 46410

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 December 30 and was discharged from the hospital on December 30 2013

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is <u>Five thousand five hundred three dollars & 00/100</u>

(\$ 5503.00). 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.

DIE DIAN HALL

STATE OF INDIANA

COUNTY OF LAKE

I DIAN HALL , 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.

D (2) DIAN HALL

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

_, 201**\$**. nuam

ommission Expires:

Notary Public

March 24 Th 2019

A Resident of

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

This Instrument Prepared By:

Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410

AMOUNT \$ CASH_ CHECK # **OVERAGE** COPY_ NON-COM.



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