STATE OF INDIAMA LAKE COUNTY FILED FOR RECORD

2014 01 1885

2014 FEB 28 PM 1: 14

Acct#100700186

CLERK__

Patient:

MICHAEL & BROWN RECORDER

Return To:

Thomas Mclaurin Jr Thomas Mclaurin Jr Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

1542 Noble St.	
Gary, IN 46404	
Recorder of Take County, Indiana Lake County Government Center 2293 North Main Street	Indiana Department of Insurance 311 W. Washington Street Suite 300
Crown Point, Indiana 46307	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 January 14 , 2014 and was discharged from the hospital on January 30 , 2014	
2. The amount due for hospital care, t	
above hospitalization is Three thousand one hu (\$\frac{3}{115.00}\$) Dollars. This amounto which the patient is entitled under the terminsurance, and credits for all payments, consother benefit. 3. To the best of the Hospital's knowledge.	ndred fifteen dollars and 00/100 nt is subject to reduction for any benefits ms of any contract, health plan, or medical attractual adjustments, write-offs, and any edge, the patient or the patient's
legal representative claims that the following liable for damages arising from the patient stay:	
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.	
THE	ETHODIST HOSPITALS, INC.
(1) BY:	Willia Rampanous
STATE OF INDIANA)) ss:	MILICA DAMJANOVIC
COUNTY OF LAKE)	
I MILICA DAMJANOVIC , being a <u>Patient Representative</u> for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.	
$(2) \qquad \underline{\qquad}$	Llica Vanyanoric
Subscribed and sworn to before me, a Notary Public, this 20^{Th} day of $Ebacouf$, 2014.	
My Commission Expires:	wing M. Stoll Notary Public
	ident of <u>Salo</u> County
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:	
	Attorney at Law Merrillville, IN 46410
CASHCHARGE CHECK #	Official Seal LISA M. STONE Resident of Lake County, IN
COPYNON-COMA	My commission expires March 24, 2019