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Return To:

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 OF INTENTION TO HOLD HOSPITAL LIEN

5	SWORM STATEM	ENI & NOTICE	OF INTENTION	TO HOLD HOSPITAL LIEN	
TO: Patient:	Elizabeth Ba Elizabeth Ba 437 Hanley 3 Gary, IN 46	st st	Attorney:		
Lake Count 2293 North	f Lake County, y Government Co Main Street t, Indiana 4630	enter	311 W. W Suite 30	Department of Insurance Washington Street 00 polis, Indiana 46204	
IN 46402, hospital control of the second sec	intends to hold are, treatment The patient v scharged from to The amount do	or maintenance was admitted to the hospital on the for hospital	of the above list cument is the hospital on Care, treatment	or maintenance during the	arges for
insurance, other bene 3. legal repr	and credits fit. To the best of the cesentative cla	for all paymen of the Hospital aims that the	s knowledge, the following named	perty of bject to reduction for any dentract, health plan, or adjustments, write-offs, e patient or the patient's individuals and/or entises or injury causing the	and any
the Office (90)days a executing perjury, h	of the Record fter the patie this instrument ereby states to	er of the Count nt was discharg nt, having bee hat the Hospit	y in which the ged from the Hos not the Hos not the Hos to he had a set forth in the	Hospital is located, with pital. The undersigned in pon oath, under the penal old the Hospital Lien as a foregoing statement are HOSPITALS, INC.	in ninety ndividual lties of described
STATE OF I)	ss: (1)	A	ngie Hurich	
Methodist foregoing	are true and co	orrect. (2)	worn upon oath,	/	
My Commiss	ion Expires:		270019	Mr. Stone Notary Public	
march	24,2019		A Resident of	LakeCoun	ty
I affirm,	under the pena		ury, that I hav	ve taken reasonable care t quired by law.	o redact
Añ. CA C'. C'.	MOUNT \$ //- MOUNT	Earle F	Hites, Attorney		7