STATE OF INDIANAL LAKE COUNTY FILED FOR RECORD

2014 030967

2014 MAY 29 PM 12: 41

201304738

MICHAEL B. BROWN RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville,

(SHAI)

Official Seal

LISA M. STONE
Resident of Lake County. IN
My commission expires
March 24, 2019

TO: Patient:	Courtney Pratchett Courtney Pratchett 3788 Lincoln St Gary, IN 46408	TICE OF INTENTION TO HOLD HOSPITAL LIEN Attorney:
2293 North Crown Point	f Lake County, Indiana y Government Center Main Street L, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
mospical ca	re, treatment or mainter	THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, tal Lien for all reasonable and necessary charges for ance of the above listed patient as follows:
and was dis	The patient was admitted charged from the hospital	ed to the hospital on March 27 , 2014
or medical and any other	which the patient is e insurance, and credits er benefit.	ital care, treatment or maintenance during the Thousand Nine Hundred Seventy Seven & 64/100 entitled under the terms of any contract, health plan, for all payments, contractual adjustments, write-offs,
scay.	damages arising from the	ital's knowledge, the patient or the patient's the following named individuals and/or entities are patient's illness or injury causing the hospital
executing the perjury, her	er the patient was disc his instrument, having	county in which the Hospital is located, within ninety tharged from the Hospital. The undersigned individual been duly sworn upon oath, under the penalties of spital intends to hold the Hospital Lien as described are set forth in the foregoing statement are true and
		THE METHODIST HOSPITALS, INC.
STATE OF IND	IANA	(1) BY: Mage Dickich
COUNTY OF LAP) ss: KE)	3 / J =======
I Angi Methodist Hos foregoing are		y sworn upon oath says that the facts stated in the
Subscri Nay	bed and sworn to before _, 2014.	me, a Notary Public, this day of
My Commission	Expires:	- Lung Mi Store
March 2	4, 2019	Notary Public A Resident of Lake County
I affirm, und	er the penaltics of	erjury, that I have taken reasonable care to redact cament, unless required by law.
	nt Prepared By:	law.
AMOUN CAGH	Earle	F. Hites, Attorney at Law Broadway, Merrillville, IN 46410

CHECK#. OVERAGE

COPY_ NON-COM CLERK_