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MICHAEL 5. BROWN RECORDER

Acct#201539354

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

Patient:

Cristy Layne

Cristy Layne 8228 W. 82nd Ct.

Crown Point, IN 46307

Attorney: David Cerven

9013 Indianapolis Blvd.

Highland, IN 46322

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

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 September 28 and was discharged from the hospital on September 28 2014

and was discharged from the hospital on September 28, 2014

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Three thousand six hundred and three dollars and 50/100

(\$\frac{3,603.50}{\text{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

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 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.

MILICA DAMJANOVIC

STATE OF INDIANA

COUNTY OF LAKE

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.

Milica (2) Lampanone MILICA DAMJANOVIC

Subscribed and sworn to before me, a Notary Public, this / 1004 m/269, 2014.

My Commission Expires:

Parch 24,2019

Notary Public 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:

CHARGE CASH_

CHECK# X1991.

OVERAGE_ COPY

NON-COM_

AMOUNT \$_

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

> Official Sea LISA M. STONE Resident of Lake Councy My commission expires (seal March 24, 2019