STATE OF INDIAN LAKE COUNTY FILED FOR RECORD

2014 079707

2014 DEC 15 PM 1:29

100875820

Patient:

TO:



MICHAEL & BROWN RECORDER

Return To:

Jackie Eaton Jackie Eaton Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN	STATEMENT	&	NOTICE	OF	INTENTION	TO	HOLD	HOSPITAL	LIEN

Attorney:

5665 W 700 N	
Rensselaer, IN 47	978
Recorder of Lake County, Indian 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
IN $40402$ , intends to hold a H	that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, ospital Lien for all reasonable and necessary charges for ntenance of the above listed patient as follows:
and was discharged from the hose 2. The amount due for above hospitalization is Fight (\$ 84,458.82 benefits to which the patient or medical insurance and cred and any other benefit.  3. To the best of the	pital on October 21, 2014  pital on October 21, 2014  hospital care, treatment or maintenance during the y Four Thousand Four Hundred Fifty-Eight and 82/100  ) Dollars. This amount is subject to reduction for any is entitled under the terms of any contract, health plan, its for all payments, contractual adjustments, write-offs, Hospital's knowledge, the patient or the patient's
legal representative claims the liable for damages arising frostay:	nat the following named individuals and/or entities are patient's illness or injury causing the hospital
the Office of the Recorder of (90)days after the patient was executing this instrument, har perjury, hereby states that the	pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the County in which the Hospital is located, within ninety discharged from the Hospital. The undersigned individual wing been duly sworn upon oath, under the penalties of a Hospital intends to hold the Hospital Lien as described matters set forth in the foregoing statement are true and THE METHODIST HOSPITALS, INC.
STATE OF INDIANA ) ) ss: COUNTY OF LAKE )	(1) BY: Ungil Afiel ich
I Angie Djukich	, being a Patient Representative for The
	g duly sworn upon oath says that the facts stated in the
Dashbarribed and sworn to be	Argie Djulich efore me, a Notary Public, this 55t day of
My Commission Expires:	Notary Public  A Resident of Lake County
$\ell$ affirm, under the penalties each social security number in $\ell$	for perjury, that I have taken reasonable care to redact this document, unless required by law.
This Instrument Prepared By:	Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410
DEBRA A ROSE Notary Public - Seal State of Indiana Lake County My Commission Expires Apr 23, 2022	AMOUNT \$ CASHCHARGE CHECK # 200 P OVERAGE COPYNON-COM

CLERK\_

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