STATE OF INDIANAL LAKE COUNTY FILED FOR RECORD

2014 080941

2014 DEC 19 PH 1: 15

100891258

MICHAEL B. BROWN RECORDER

Return To:

Hodges & Davis, P.C.

## 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Penny P Skertich Penny P Skertich 4726 Pine Ave #A Hammond, IN 46320	Attorney:		
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	311 W Suite	na Department of Insurance . Washington Street 300 napolis, Indiana 46204	
IN 464UZ, 1	intends to hold a Hospi	tal Lien for all ı	PITALS, INC., 600 Grant Street, Gary reasonable and necessary charges fo listed patient as follows:	y, or
above hospit (\$ benefits to or medical and any other	The amount due for hospitalization is Fourteen 14,375.75 ) by which the patient is insurance, and credits er benefit.	al on November 11 pital care, treatmen Thousand Three Hund Pollars. This amout entitled under the for all payments,	nt or maintenance during the dred Seventy-Five and 75/100 unt is subject to reduction for ar terms of any contract, health plancontractual adjustments, write-offs	
<pre>stay:</pre>	damages arising from t	the following name the patient's illr	the patient or the patient's ed individuals and/or entities ar ness or injury causing the hospita	ıl
the Office ( (90)days aft executing t perjury, her	of the Recorder of the ter the patient was dis his instrument, having reby states that the Ho	County in which the charged from the Ho been duly sworn espital intends to ers set forth in t	al Lien Law, I.C. Section 32-33-4 is Hospital is located, within ninet ospital. The undersigned individua upon oath, under the penalties of hold the Hospital Lien as described he foregoing statement are true and the spitals, INC.	y il of
STATE OF IND	DIANA ) ) ss:	(1) BY:	Angie Djukich	
COUNTY OF LA	AKE )	Community of the Commun		
Methodist Ho	ngie Djukich Ospitals, Inc., being du se true and correct.	, being aly sworn upon oath	a <u>Patient Representative</u> for The says that the facts stated in the facts stated in the says that the facts stated in the says that the facts stated in the says that the says the says that the says the says that the says that the says that the says that the says the says that the says that the says that the says that the says	e e
Waryy	ribed and sworn to befor	e me, a Notary Publ	Angle Djukath ic, this day of	
My Commissio	n Expires:	A Resident o	Notary Public  f Lake County	
I af <b>∮</b> irm, un each social	nder the penalties for security number in this	perjury, that I had comment, unless r	ave taken reasonable care to redactequired by law.	t
	ent Prepared By:	le F. Hites, Attorn	ey at Law	
	8700	O Broadway, Merrill	V111e, IN 46410	

AMOUNT \$.

E

CASH\_\_\_

CHECK # OVERAGE

COPY NON-COM CLERK MYE

Notary Public - Seal

State of Indiana

Lake County My Commission Expires Apr 23, 2022