2014 081751

2014 DEC 23 PH 1: 13

MICHAEL J. GROWN RECORDER

100900133

TO:

235247



Return To:

Dean Birky

Patient: Dean Birky

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Dean Birky	Attorney:
	639 S Baumbridge Rd	
	Kouts, IN 46347	
D l	f Lake County, Indiana	T. 11
	Indiana Department of Insurance	
	y Government Center	311 W. Washington Street Suite 300
2293 North Main Street Crown Point, Indiana 46307		Indianapolis, Indiana 46204
CIOWII IOIII	t, Indiana 40507	indianapolis, indiana 40204
IN 46402,	intends to hold a Hospital	HE METHODIST HOSPITALS, INC., 600 Grant Street, Gary l Lien for all reasonable and necessary charges for ce of the above listed patient as follows:
2.	scharged from the hospital The amount due for hospit	al care, treatment or maintenance during the
(\$ benefits to	17,934.75) Doll o which the patient is ent	itled under the terms of any contract, health plan
and any oth	ner benefit.	r all payments, contractual adjustments, write-offs
	esentative claims that the	al's knowledge, the patient or the patient's e following named individuals and/or entities an patient's illness or injury causing the hospita
the Office (90)days as executing perjury, he above and	of the Recorder of the Confident the patient was discharged this instrument, having bereby states that the Hosp	ant to the Hospital Lien Law, I.C. Section 32-33-4 is unty in which the Hospital is located, within ninet arged from the Hospital. The undersigned individual seen duly sworn upon oath, under the penalties of ital intends to hold the Hospital Lien as described set forth in the foregoing statement are true are
correct.		
		THE METHODIST HOSPITALS, INC.
		1) BY: Ungie Grip Uch
STATE OF IN		Angle Djukich
COUNTY OF I) ss:	
I A	Angie Djukich	, being a Patient Representative for Th
Methodist H		sworn upon oath, says that the facts stated in the
(2) (MOU) UK (Ch Angi Djuki of
MUM	ribed and sworn to before r , 2014.	me, a Notary Public, this day of
My Commissi	on Expires:	Notary Public A Resident of Lake County
		erjury, that I have taken reasonable care to redactions.
This Instru	ment Prepared By:	
Notar Sta	BRA A ROSE y Public - Seal te of Indiana	F. Hites, Attorney at Law Broadway, Merrillville, IN 46410
	ake County	AMOUNTS
My Commissio	on Expires Apr 23, 2022	CASHCHARGE
-		CHECK# 20047
		OVERAGE
		CODA
		NON-COM CLERK AO
DETUT		CLERK AO