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TO:

MICHAEL B. BROWN RECORDER

Pamela Thompson

## Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Pamela Thompson	Attorney:	
	4011 Vermont St		
	Gary, IN 46409		
December of	Lake County, Indiana	Indiana Denar	rtment of Insurance
	Government Center	311 W. Washin	
-		Suite 300	igcon screet
	Main Street		T = 11 = = = 4 COO 4
Crown Point	, Indiana 46307	Indianapolis,	, Indiana 46204
IN 46402, is hospital ca  1. and was dis 2.	intends to hold a Hos re, treatment or main The patient was admit charged from the hosp The amount due for ho	spital Lien for all reasonable tenance of the above listed parted to the hospital on Marchital on March 12, 201 ospital care, treatment or market	11 , 2015 15 . aintenance during the
	996.75 ) Dolla	ousand Nine Hundred Ninety-Si	to reduction for any benefits
	996.75	Irs. This amount is subject	ract, health plan, or medical
		payments, contractual adju	stments, write-offs, and any
other benef			iont on the notiont/o
3.	To the best of the Ho	ospital's knowledge, the pati	dividuals and/or entities are
	damages arising from	the patient's liness of	injury causing the hospital
stay:			
the Office (90)days af executing to perjury, he	of the Rec <mark>order of the state of the patient was of this instrument, having reby states that the</mark>	he County in which the Hospi discharged from the Hospital ing been duly sworn upon o Hospital intends to hold that atters set forth in the fore	Law, I.C. Section 32-33-4 in tal is located, within ninety. The undersigned individual eath, under the penalties of the Hospital Lien as described egoing statement are true and ITALS, INC.
		(1) BYHNA WY	ul Hur Ch
STATE OF IN	DIANA )	Angie	Djukia
	) ss:		*
COUNTY OF L	AKE )		
Methodist H foregoing a	re true and correct.	duly sworn upon oath, says (2)	ient Representative for The that the facts stated in the Djukich day of
11 louch	, 2015.	0 -	
My Commissi	on Expires:	_ Dwig M.S	Notary Public
-	-	A Resident of I	<del>-</del>
Marchi	24, 2019		
I affirm, weach social	under the penalties f security number in the	for perjury, that I have tak his document, unless required	ken reasonable care to redact d by law.
This Instru	ment Prepared By:	25	
		Earle F. Hites, Attorney at I	
AMOUNT\$ 8700 Broadway, Merrillville, IN 46410			
CA	SHCHARGE		was in a said a well like me brown to make the well would be well to want to record
C}-	IECK #_ 20239		Official Seal
OV	/ERAGE	<u> </u>	LISA M. STONE  (SEAL) A Resident of Lake County, IN
CC	)PY		My commission expires
_	ON-COM		March 24, 2019

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