2015 022359

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 APR 16 AM 9: 44

MICHAEL B. BROWN RECORDER

201737766

COPY... NON-COM_ CLERK_

TO:

Return To:

Debra J Gasich

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Debra J Gasich	Attorney:	
-	2202 Divac Dr		
-	Schererville, IN 46	<u> </u>	
Lake County 2293 North N	Lake County, Indiana Government Center Main Street Indiana 46307	311 W. Washi Suite 300	artment of Insurance ington Street s, Indiana 46204
010/// 102110/	10007	Indianapoiri	,, indiana 40204
IN 46402, i hospital car	ntends to hold a Hosp ce, treatment or maint The patient was admit	oital Lien for all reasona enance of the above listed ted to the hospital on Marc	ch 05 , 2015
· 2.	The amount due for ho	tal on March 05 , 20 spital care, treatment or h	15 naintenance during the
(\$ 1.044	talization is One Tho	ousand Forty Four cs. This amount is subject	to reduction for any benefits
to which the insurance, other benefi	e patient is entitled and credits for all	under the terms of any con payments, contractual adj	tract, health plan, or medical ustments, write-offs, and any
	sentative claims that		dividuals and/or entities are r injury causing the hospital
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 ACSPITALS, INC.			
STATE OF IND	DIANA)) ss:	(1) BY: ANA	gie Sus ch
COUNTY OF LA	AKE)		
Methodist Ho foregoing ar	re true and correct.	duly sworn upon oath, says (2)	
My Commissio	on Expires:		Notary Public
March &	14,2019	A Resident of	Lake County
		r periory, that I have ta is document, unless require	ken reasonable care to redact ed by law.
	NT \$ 8' CHARGE (# 20.2 3.9	arle F. Hites, Attorney at 700 Broadway, Merrillville,	