STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

## 2015 024574

2015 APR 23 PM 2: 12

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MICHAEL B. BROWN. RECORDER

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

TO:	Taylor Gardner		
/Pațient:	Taylor Gardner	Attorney:	
	14377 Park Ave		
	Harvey, IL 60426		
_		-	
	Lake County, Indiana	Indiana Department of Insurance	
	Government Center	311 W. Washington Street	
	Main Street	Suite 300	
Crown Point	, Indiana 46307	Indianapolis, Indiana 46204	
IN 46402, shospital ca	intends to hold a Hos re, treatment or maint The patient was admit	t THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary pital Lien for all reasonable and necessary charges for enance of the above listed patient as follows:  ted to the hospital on March 29 , 2015	r
		tal on March 29 / 2015 .	
2.		spital care, treatment or maintenance during the	
	talization is Sixteen	Thousand One Hundred Seven and 25/100	
(\$	16,107.25	Dollars. This amount is subject to reduction for an	У
		entitled under the terms of any contract, health plan	
	er benefit.	s for all payments, contractual adjustments, write-offs	′
3.		spital's knowledge, the patient or the patient's	
		the following named individuals and/or entities ar	e
		the patient's illness or injury causing the hospita	
stay:		" and the second of the second	_
the Office (90)days af executing to perjury, he	of the Recorder of the feet the patient was dethis instrument, havioreby states that the	ersuant to the Hospital Lien Law, I.C. Section 32-33-4 is County in which the Hospital is located, within ninet ischarged from the Hospital. The undersigned individual agreement are under the penalties of Hospital intends to hold the Hospital Lien as describe ters set forth in the foregoing statement are true and	y 1 f
		THE METHODIST HOSPITALS, INC.	
		(1) BY: A Marie Diuk (ch)  Angie Diuk ich	
STATE OF IN	DIANA )	Angie Djukich	
	) ss:		•
COUNTY OF L	AKE )		
1 7 D	and a Definited also	being a Delieut Democratation for Mb	
	gie Djukich	, being a <u>Patient Representative</u> for Th duly sworn upon oath, says that the facts stated in th	
	re true and correct.	dary sworn upon outin, says that the races stated in th	
		(2) Ungle Djukith	
Phy Subsc	ribed and sworn to bef , 2015.	ore me, a Notary Public, this day of	
Mir Commissi	on Eunimon.	West Public	
My Commissi	23.20W	A Resident of Lake County	
<del></del>			
		or perjury, that I have taken reasonable care to redactis document, unless required by law.	t
This Instru	ment Prepared By:	arle F. Hites, Attorney at Law	
DER	BRA A ROSE 8	700 Broadway, Merrillville, IN 46410	
A	Public - Seal	AAROLISITO //	
Stat	e of Indiana	AMOUNT \$CHARGE	
	ke County	CHECK # 20256	
v iviv Commissioi	n Expires Apr 23, 2022	OVERAGE	