## STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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MICHAEL B. BROWN RECORDER's

Return To:

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

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Eric Ibarra	<del></del>	•
Patient: Eric Ibarra  2369 Edison St	Attorney:	
Gary, IN 46406		<del></del>
December of Tale Court Tale		
Recorder of Lake County, Indian Lake County Government Center		na Department of Insurance  . Washington Street
2293 North Main Street	Suite	300
Crown Point, Indiana 46307	India	napolis, Indiana 46204
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows:		
and was discharged from the hos 2. The amount due for above hospitalization is <u>Two T</u>	hospital care, treatme housand Seven Hundred	2015 . Int or maintenance during the Nine and 25/100
to which the patient is entitled under the terms of any contract, health plan, or medical insurance, and credits for all payments, contractual adjustments, write-offs, and any other benefit.		
legal representative claims the	nat the following nam	the patient or the patient's ed individuals and/or entities are ness or 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 METHODI	ST HOSPITALS, INC.
STATE OF INDIANA ) ) ss:	(1) BY:	Angle Djugich
COUNTY OF LAKE )		
I Angie Djukich Methodist Hospitals, Inc., bein foregoing are true and correct.	ng duly sworn upon oat	a <u>Patient Representative</u> for The h, says that the facts stated in the
	(2)	Ungle Deux Ich
Subscribed and sworn to b	pefore me, a Notary Pub	Angle Division day of
My Commission Expires:		Notary Public
Asr 1 23 2022	A Resident	of Lake County
I affirm, under the penalties each social security number in		have taken reasonable care to redact required by law.
This Instrument Prepared By:	Earle F. Hites, Attor	<del>-</del>
DEBRA A ROSE  Notary Public - Seal  State of Indiana	AMOUNT\$	lville, IN 46410
Lake County My Commission Expires Apr 23, 2022	CASHCHARGE CHECK #20313 OVERAGE	E

NON-COM\_

CLERK\_