2015 064956

2015 SEP 18 PM 1: 18

101049270

TO:

MICHAEL B. BROWN RECORDER

Return To:

Roger Reese

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Roger Reese	Attorney:	
	6543 Joseph Ave	<u> </u>	
	Portage, IN 46368		
D	T 1 0	-	
	Lake County, Indiana		Department of Insurance
	Government Center Main Street		ashington Street
	Indiana 46307	Suite 30	
CIOMII POTIIC	., Indiana 4630/	Indianap	olis, Indiana 46204
IN 46402,	intends to hold a Hosp.	ital Lien for all rea:	ALS, INC., 600 Grant Street, Gary, sonable and necessary charges for ted patient as follows:
1.	The patient was admitt	ed to the hospital on	August 25 , 2015
and was dis	charged from the hospit	al on August 25 ,	2015
2.	The amount due for hos	pital care, treatment	or maintenance during the
above hospi	talization is Pive Tho	usand Three Hundred Fi	ve and 75X100
(\$ 5,	305.75) Pollars	s. This amount is sub-	ject to reduction for any benefits contract, health plan, or medical
to which th	e patient is entitled t	inder the terms of any	contract, health plan, or medical
insurance,	and credits for ather	example Countyacteron	adjustments, write-offs, and any
other benef 3.			
	To the best of the Hos	pital's knowledge, the	patient or the patient's
libble for	damages chicken	the lollowing named	individuals and/or entities are
stay:	damages arising from	the patient's illnes	s or injury causing the hospital
stay.			
This	Lien is being filed pur	suant to the Hospital	Lien Law, I.C. Section 32-33-4 in
the Office	of the Recorder of the	County in which the H	Mospital is located, within ninety
(90) days af	ter the patient was di	scharged from the Hosp	oital. The undersigned individual
executing t	chis instrument, having	y been duly sworn upo	on oath, under the penalties of
perjury, he	reby states that the H	ospital intends to hol	ld the Hospital Lien as described
above and t	that the facts and matt	ers set forth in the	foregoing statement are true and
correct.			
		THE METHODIST) I	HOSPITALS, INC.
			a Ki Siah
	DIAM	$(1) \qquad \text{BY} E \qquad \qquad \mathcal{N}$	ngue Ajus con
STATE OF IN		WOIANA THE	Apgie Djukich
COLINEA OF T) SS:		
COUNTY OF LA	AKE)	\	
T A	ngie Djukich	heina a	Patient Representative for The
Methodist H	ospitals. Inc. being o	illy sworn upon oath o	says that the facts stated in the
foregoing a	re true and correct.	dary Sworm upon Cath)	says that the lacts stated in the
	10 of do did collect.	$(2) \qquad \qquad (\lambda)$	nous Aun (ah)
			Angie Dilkich
- Subsc	ribed and sworn to befor	re me. a Notary Public	this day of
Sintem	buz, 2015.	A	or citis day of
7	-	Lung MI	1. Store
My Commissio	on Expires:	- 11000	Notary Public
_	-	A Resident of	Lake County
March &	74,2019		Councy
•			
I affirm, u	under the penalties for	perjudy, that I have	taken reasonable care to redact
each social	security number in this	s document, unless requ	lired by law.
This Instrum	ment Prepared By:	5	
IIIIS IIISCIUI			
		cle F. dites, Attorney	
JOMA	INIT'S	00 Broadway, Merrillvil	LIE, IN 4041U
ANICO CASH.			
OHEC			grind to som still in most som still to make the sound of the sound to be soun
OVEF			Official Seal LISA M: STONE
	Fig. (a) from any construction of the construc		(SEAL)) Resident of Lake County, IN
	Province makes environment and makes enter an environment of a common for the com		My commission expires March 24, 2019
NUN	/ 1. / W		The state of the s