2015 064963

2015 SEP 18 PM 1: 18

201901619

TO:

Patient:

243315

MICHAEL B. BROWN RECORDER

Return To:

Verretta M Lomax -Terry

Verretta M Lomax-Terry

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

4981 Madison St	
Gary, IN 4640 8	
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, 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:	
1. The patient was admitted to the hospital on August 26 , 2015 and was discharged from the hospital on August 27 , 2016 . 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is One Thousand Two Mundred Wineteen	
to which the patient is entitled under the term insurance, and credits for attropagates, other benefit.	
3. To the best of the Hospital's knowled legal representative claims that the following liable for damages arising from the patient's stay:	g named individuals and/or entities are
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 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 MOSPITALS, INC.	
STATE OF INDIANA) > ss: COUNTY OF LAKE)	Angid Djukich
I Angie Djukich , being a Patient Representative for The Methodist Hospitals, Inc., being duly sworn upon oath says that the facts stated in the foregoing are true and correct. (2) Angie Djukich Angie Djukich Angie Djukich Angie Djukich	
Subscribed and sworn to before me, a Notary Public, this day of	
My Commission Expires: A Resi	Notary Public ident of Lake County
March 24, 2019	
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.	
	Attorney at Law Merrillville, IN 46410 Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019