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MICHAEL B. BROWN RECORDER

101061509

TO:

Return To:

David Bobbett

Patient: David Bobbett

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

413 Madison St	
Gary, IN 46402	
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
	THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, tal Lien for all reasonable and necessary charges for ance of the above listed patient as follows:
2. The amount due for hosp above hospitalization is one thous (\$ 1,506.00) to which the patient is entitled uninsurance, and credits other benefit. 3. To the best of the Hosp	and five hundred Six I This amount is subject to reduction for any benefits ader the terms of any contract, health plan, or medical syments, contractual adjustments, write-offs, and any ital's knowledge the reduction for any benefits the county Recorder.
Tiable for damages arising from the stay:	the following named individuals and/or entities are he patient's illness or injury causing the hospital
(90) days after the patient was disc executing this instrument, having perjury, hereby states that the Hor	uant to the Rospital Lien Law, I.C. Section 32-33-4 in County in which the Hospital is located, within ninety charged from the Hospital. The undersigned individual been duly sworn upon oath, under the penalties of spital intends to hold the Hospital Lien as described rs set forth in the foregoing statement are true and THE METHODIST HOSPITALS, INC.
STATE OF INDIANA) COUNTY OF LAKE }	Angle Djuklch
I Angie Djukich Methodist Hospitals, Inc., being du foregoing are true and correct.	, being a <u>Patient Representative</u> for Tho ly sworn upon oath, says that the facts stated in the
Subscribed and sworn to before	me, a Notary Public, this day of
My Commission Expires:	Notary Public A Resident of Lake County
I affirm, under the penalties for peach social security number in this	perjury, that I have taken reasonable care to redact document, unless required by law.
This Instrument Prepared By: Earle 8700	e F. Hites, Attorney at Law Broadway, Merrillville, IN 46410
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