2015 070723

STATE OF INCLASE. LAKE COUNTY FILED FOR RECORD

2015 OCT 16 PM 1: 03

MICHAEL B. BROWN RECORDER

#101040183

TO:

Patient:

Return To:

ANDREA D BLACK ANDREA D BLACK Hodges & Davis, P.C.

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

Attorney:

724 PENNSYLVANIA 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
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 t and was discharged from the hospital on 2. The amount due for hospital	AUGUST 84 1 2015
above hospitalization is ONE THOUSAND TO (\$ 1,003.00 Dollars The to which the patient is entitled under the insurance, and credits for all payment other benefit. 3. To the best of the Hospital's legal representative claims that the foliable for damages arising from the patients of the stay:	s amount is subject to reduction for any benefits the terms of any contracts health plan, or medical section for any benefits the terms of any contracts health plan, or medical section for any reduction for any benefits the terms of any contracts health plan, or medical write-offs, and any county Recorder! section for the patient's knowledge, the patient or the patient's pllowing named individuals and/or entities are atient's illness or injury causing the hospital
(90) days after the patient was discharge executing this instrument, having been perjury, hereby states that the Hospital	in which the Hospital is located, within ninety d from the Hospital. The undersigned individual duly sworn upon oath, under the penalties of intends to hold the Hospital Lien as described to the term in the foregoing statement are true and THE METHOPEST HOSPITALS INC.
STATE OF INDIANA) COUNTY OF LAKE)	MELTISA VASQUEZ
I MELISSA VASQUEZ, 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) Melissa Vasquez	
Subscribed and sworn to before me, a Notary Public, this day of	
My Commission Expires: $\frac{1}{2} \frac{V_{1} V_{2} V_{1} V_{2} V_{1} V_{2} V_{3} V_{4} V$	A Resident of Sance County
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.	
	Hites, Attorney at Law dway, Merrillville, IN 46410
MM	Mindra Seal LISA M. STONE Resident of Lake to a, 144 commission exposed March 24, 2014