2015 083565

2015 DEC 16 AM 9: 16

MICHAEL B. BROWN RECORDER

101086815

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

Tony D McDowell

Patient:

Tony D McDowell

445 W 56th Ave

Recorder of Lake County, Indiana Lake County Government Center

2293 North Main Street

Crown Point, Indiana 46307

Merrillville, IN 46410

J. R. Vegter Attorney:

> 9010 Connecticut Dr. Merrillville, IN 46410

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: and was discharged from the hospital on Nevember 04 A 2015.

above hospitalization is Fix Hundred Fortythe property

(\$ 641.27) Dollars. This amount is subject to reduction for any benefits 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.

3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following named individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stav:

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 only swern 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 METHODIST HOSPITZES, INC.

MA MA WA Angie Djukich

Drup (ch)

STATE OF INDIANA

SS:

COUNTY OF LAKE

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.

Angie

Subscribed and sworn to before me, a Notary Public, this

(2)

December, 2015.

mare

Notary Public

My Commission Expires:

Mauch 24, 2019 -

A Resident of

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.

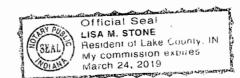
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This Instrument Prepared By:

Earle F. Hites, Attorney at Law

8700 Broadway, Merrillville, IN 46410

AMOUNT \$ CASH. CHECK# OVERAGE COPY_ NON-COM. CLERK.



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