STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 006421

2016 JAN 28 PH 12: 48

MICHAEL B. BROWN RECORDER

202014370

247214

Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Kyle Davis Kyle Davis 1121 W 72nd Ct	Attorney:
	Merrillville, IN 46410	
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
IN 46402,	intends to hold a Hospital re, treatment or maintenan	HE METHODIST HOSPITALS, INC., 600 Grant Street, Gary Lien for all reasonable and necessary charges foce of the above listed patient as follows:
1. and was dis	charged from the hospital	to the hospital on December 23 , 2015 on December 23 , 12015 al care, treatment or maintenance during the
(\$ 4,	talization is Four Thousa 319.00) Dollars.	nd Three Hindred Wineteenf This amount is subject to reduction for any benefit
insurance, other benef	and credits for all payment.	ments, contractual adjustments, write-offs, and an
3. legal repre liable for stay:	esentative claims that the	al's knowledge, the patient or the patient's e following named individuals and/or entities ar patient's illness or injury causing the hospita
the Office (90)days af executing t perjury, he	of the Recorder of the Conter the patient was discharged this instrument, having be reby states that the Hosp	unt to the Hospital Lien Law, I.C. Section 32-33-4 is unty in which the Hospital is located, within ninet arged from the Hospital. The undersigned individual even while sworn upon oath, under the penalties of ital intends to hold the Hospital Lien as describe set forth In the foregoing statement are true an THE METHODIST HOSPITALS, INC.
STATE OF IN		Apple Djukich
COUNTY OF L	AKE)	
Methodist H foregoing a	re true and correct. (i) ribed and sworn to before 1 1, 2016.	, being a <u>Patient Representative</u> for The sworn upon oath, says that the facts stated in the says and the property of the says are a Notary Public, this says day of the Notary Public A Resident of <u>Lake</u> County
I affirm, we each social	under the penalties for pe security number in this do	erjury, that I have taken reasonable care to redactoryment, unless required by law.
DEBRA Notary Pu State of Lake C	blic - Seal Indiana County cpires Apr 23, 2022 Ch	F. Hites, Attorney at Law Broadway, Merrillville, IN 46410 MOUNT \$

NON-COM_ CLERK____