STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 006428

2016 JAN 28 PM 12: 49

MICHAEL B. BROWN RECORDER

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

TO:	Joe Nunley		
Patient:	Joe Nunley	Attorney:	
	5700 Kennedy Ter #I001		
	-		
	Gary, IN 46403		
	f Lake County, Indiana	Indiana Department of Insuranc	e
Lake County	y Government Center	311 W. Washington Street	
2293 North	Main Street	Suite 300	
Crown Point	t, Indiana 46307	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 December 08 , 2015			
1. and was dis		December 10 , 12015 re, treatment or maintenance during	
2.	The amount due for hospital car	re, treatment or maintenance during	the
		Two+Hundred Fighty-Five and 75/100	
(\$		This amount is subject to reduct	ion for any
herefits to	o which the patienthe lake Co	untyr Recorder of any contract,	health plan
		payments, contractual adjustments,	write-offs,
and any oth	her benefit.		
3.		knowledge, the patient or the patien	
legal repre	esentative claims that the fold	lowing named individuals and/or e	entities are
liable for	damages arising from the pat	tient's illness or injury causing t	the hospital
stay:			<u>-</u>
This	Lien is being filed pursuant to	the Hospital Lien Law, I.C. Section	n 32-33-4 in
the Office	of the Recorder of the County	in which the Hospital is located, w	ithin ninetu
(00) 80	from the meetings of the country	in which the mospital is located, w	Truru uruera
(90) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been allly soorn upon oath, under the penalties of			
executing this instrument, having been dilly from 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 METHODISE HOSPITALS, INC.	
		JEAN HOSE ITALIS, INC.	
	(1)	HOLAND WILL ACCOUNT (Ah)	
STATE OF IN		Thinks The State of the Control of t	
DIALD OF IN		Magie D¶ukich	
COUNTRY OF T) ss:		
COUNTY OF L	JAKE)		
- -			
	ngie Djukich	, being a <u>Patient Representati</u>	ve for The
Methodist Hospitals, Inc., being duly sworn upon oath says that the facts stated in the			
foregoing are true and correct.			
	(2)	(Inaio DI HO (ch)	
	ν-/ _	Angie Djukieh 1	 -
Subso	cribed and sworn to before me, a	(P = ~ / / / A/	
1 11	2016.	Notary Public, this day of	
(J. J. J. V.V.	419 2010.	KICKOCA (() WX	
	. /	MINICOLD IN A	<u> </u>
My Commissi	ion Expires:	Notary Publ	ic
lla	1 22 x55	A Resident of Lake C	ounty
1477/1-	1-d)-10-VV	a delicar services	·
			
I affirm,	under the penalties for perjury	y, that I have taken reasonable car	e to redact
each social	l security number in this documer	nt, unless required by law	
This Instru	ument Rrepared Ry:		
		ites, Attorney at Law	
61			
EM .	ate of Indiana	way, Merrillville, IN 46410	
A(ake County	11-	
	on Expires Apr 23, 2022 AMOUNT S.	in the same of the	
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