STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 015562

2016 MAR 16 PM 1:01

Acct#101118346

CLERK_

TO:

MICHAEL B. BROWN RECORDER

Return To:

Tasha Dossantos

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient: Tasha Dossantos Atto	rney:
10011 Kennedy Ave #11	
Highland, IN 46322	
Recorder of Lake County, Indiana	Indiana Department of Insurance
Lake County Government Center	311 W. Washington Street
2293 North Main Street	Suite 300
Crown Point, 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:	
Docum	ent is
1. The patient was admitted to the hos	
and was discharged from the hospital on Cyanua 2. The amount due for hospital care,	ry 11 , 2016 .
above hospitalization is one hundred seventeen thous	and six hundred forty fine dollars and 61/100
or medical insurance, and credits for all pays	ments, contractual adjustments, write-offs,
and any other benefit.	meres, contractal adjustments, write oris,
3. To the best of the Hospital's know!	
legal representative claims that the following	
liable for damages arising from the patient	's illness or injury causing the hospital
stay:	
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 wh	nich the Hospital is located, within ninety
(90) days after the patient was discharged from	the Hospital. The undersigned individual
executing this instrument, having been daily perjury, hereby states that the Hospital line	
above and that the facts and matters set fort	
correct.	The same relationship and the same
THE	ETHODIST HOSPITALS, INC.
(1) JEAN WOLLD	A Live (We will some of the contraction of the con
STATE OF INDIANA	MILIZA DAMJANOVIC
) ss:	TILLIEN DINIONINOVEO
COUNTY OF LAKE)	
T NITTON DANGEROUS	
I MILICA DAMJANOVIC , 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)	Lelica Componeric
	MILICA DAMJANOVIC
	OOTM
FORUMY, 2016.	ry Public, this day of
1+ DI ((WV) , 2010.	ing M. Store
My Commission Expires:	O Notary Public
10/0 - 0/- 21/- 101/0 A Res	sident of Sanc County
March 24, 2019	, , .
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.	
This Instrument Prepared By:	5
	Attorney at Law
AMOUNT\$8700 Broadway,	Merrillville, IN 46410
CASHCHARGE	Official Seal
CHECK#	LISA M. STONE
OVERAGE	My commission
NON CORA	March 24, 2019