2016 015565

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 MAR 16 PM 1:01

MICHAEL B. BROWN RECORDER

Acct#202024053

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

Szipporah McGee

Patient:

Szipporah McGee

2504 Primrose Dr

Valparaiso, IN 46383

Recorder of Lake County, Indiana Lake County Government Center

2293 North Main Street Crown Point, Indiana 46307 Attorney: Rubino Ruman

275 Joliet St. Ste330

Dyer, IN 46311

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:

The patient was admitted to the hospital on January 05 , and was discharged from the hospital on January 05, 2016.

2. The amount due for hospital care, treatment or maintenance during the

above hospitalization is Two Thousand Four Hundred Forty Four (\$ 2,444.00 Dollars. This amount is subject to reduction for any benefits to which the patient is entitled cuberet coterns become dortract, 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 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 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 with swarn 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. correct.

THE METHODIST HOSPITALS, INC.

STATE OF INDIANA

COUNTY OF LAKE

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.

Dam MILICA DAMJANOVIA

Subscribed and sworn to before me, a Notary Public, this day of Druguy _, 2016.

(2)

My Commission Expires:

March 24, 2019

Notary Public

ILICA DAMJANOVIC

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this comment, unless required by law.

This Instrument Prepared By:

AMOUNT \$. CHARGE_ CASH_ 208

CHECK #_ OVERAGE.

COPY_ NON-COM_ CLERK_

Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410



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