STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 015568

2016 MAR 16 PM 1:02

MICHAEL B. BROWN RECORDER

#101128269

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN TO: JAMAL L CALHOUN Patient: JAMAL L CALHOUN Attorney: 3904 ADAMS ST GARY, IN 46408 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: 1. The patient was admitted to the hospital on JANUARY 24 , 2016 The patient was admitted and was discharged from the hope tal 2. The amount due for hospi or maintenance during the above hospitalization is TWO THOUSAND FIGHTY-FIVE 5.777/190y of to reduction for any benefits (\$ 2,085.77) 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 (\$ 2,085.77 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 daily sworn 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 55: COUNTY OF LAKE I MELISSA VASQUEZ , being a <u>Patient Representative</u> for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) lwa bscribed and sworn to before me, a Notary <u>/__</u>, 2016. ommission Expires: 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.

This Instrument Prepared By: DEBRA A ROSE Notary Public - Seal State of Indiana Lake County My Commission Expires Apr 23, 2022

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

AMOUNT \$. CASH_ CHECK# F **OVERAGE** COPY_ NON-COM CLERK.

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