•			STATE OF INDIANA LAKS COUNTY FILED FOR RECORD
	21		2016 MAR 17 AM 9: 56
			MICHAEL B. BROWN RECORDER
101140050			
SWORN	Return To: STATEMENT & NOTIC		, P.C. Merrillville, IN 46410 HOLD HOSPITAL LIEN
Patient: Elic	o Fabian Miguez o Fabian Miguez O Dutch Ct #A over Park, IL 60133	Attorney:	
Recorder of Lake Lake County Gove 2293 North Main Crown Point, Inc	Street	311 W. Was Suite 300	epartment of Insurance shington Street .is, Indiana 46204
IN 46402, inten		. Lien for all reasc	S, INC., 600 Grant Street, Gary, nable and necessary charges for d patient as follows:
1. The	patient was admitted	ocumentis	abruary 14 , 2016

and was discharged from the høspit. 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Ninety-Three Thousand Five Rundred Eighty-Three (\$ 93,583.00 This Document is the property work to reduction for any benefits to which the patient is entitled under the terms of any contract, health plan, or medical insurance, and creenes fake in paymynese contractual adjustments, write-offs, and any other benefit.

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 duly 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. Price Ch BYSEAV (1)e DjuA STATE OF INDIANA SS:

COUNTY OF LAKE

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Т Angie Djukich 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)

Bruch UN MIL Angie Djuk th Subscribed and sworn to before me, a Notary Public, Juja M. Stone

<u>rance</u>, 2016.

My Commission Expires:

1and121,2019

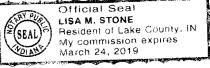
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. us

This Instrument Prepared By:

AMOUNT \$	
CASHCHARGE CHECK #208.59	
OVERAGE	Ē
COPY	-
NON-COM	

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

A Resident of Lake



Notary Public

County

248552