2016 017485

2016 MAR 22 PM 2: 54

MICHAEL B. BROWN RECORDER

#202045676

TO:

248673



Return To:

SHANTA DANZY

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	SHANTA DANZY	Attorney:
,	2131 W 41 ST AVE	
	GARY, IN 46408	
	Lake County, Indiana	Indiana Department of Insurance
-	Government Center	311 W. Washington Street
2293 North	Main Street	Suite 300
Crown Point	, Indiana 46307	Indianapolis, Indiana 46204
		THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, al Lien for all reasonable and necessary charges for
		ance of the above listed patient as follows:
nospital ca.		
1.	The patient was admitte	Pocument Sanuary 26 , 2016
and was dis	charged from the bospita	JANUARY 27 A 2016
2.	The amount due for hosp	tal care, treatment or maintenance during the
above hospi	talization is Four The	pusand Four Hundred Sixty Six & 38/100
(\$ 4,466	5.38 Dollars	This amount is subject to reduction for any benefits
to which th	e patient is entitleten	dake le dentsy decryrcorract, health plan, or medical
insurance,	and credits for all pa	yments, contractual adjustments, write-offs, and any
other benef:		
3.		ital's knowledge, the patient or the patient's
		the following named individuals and/or entities are
liable for	damages arising from t	ne patient's illness or injury causing the hospital
stay:		
		uant to the Hospital Lien Law, I.C. Section 32-33-4 in
		County in which the Hospital is located, within ninety
(90)days af	ter the patient was dis	charged from the Hospital. The undersigned individual
executing t	chis instrument, having	been only worn upon oath, under the penalties of
perjury, he	reby states that the Ho	spital intends to hold the Hospital Lien as described
	that the facts and matte	rs set forth in the foregoing statement are true and
correct.		
		THE METHODIST HOSPITALS, INC.
		111 11 11 11 11 11 11 11 11 11 11 11 11
OFF THE	D T 7 1 1 7 7	(1) BADIANI SILIMA NOLOGOLIZ
STATE OF IN		MEILISSA VASQUEZ
COLUMN OF T) ss:	
COUNTY OF L	AKE)	
I	MELICCA VACOUEZ	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) Molusa, Vasques		
		MELISSA VASQUEZ
Cubaa	ribed and guern to befor	me, a Notary Public, this day of
Mana		
1/10/10/1	, 2016.	Rung Mistone
Mr. Commicai	on Euripea.	Notary Public
MA COUNTRIES	on Expires:	A Resident of AMO County
March	24,2019	A Resident of County
1/19/001	(x 4) (x c)	
I affirm, u	under the penalties for	perjury, that I have taken reasonable care to redact
		document, unless required by law.
This Instru	ment Prepared By:	21180
	Ear	le F. Hites, Attorney at Law
4140	MINIT # 1/- 870	O Broadway, Merrillville, IN 46410
	OUNT \$	you it was a second in the sec
CASI	000/	Official Seal LISA M. STONE
	CK#	Resident of Lake County, IN
	RAGE	My commission expires
COP	Y	March 24, 2019
	I-COM	
CLE	RK	