STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 036778

2016 JUN 14 PM 12: 38

MICHAEL B. BROWN RECORDER

#101191716

TO:

Patient:

NON-COM___ CLERK____

250896

Return To:

ERIK CHANDLER

ERIK CHANDLER

910 W 151ST

EAST CHICAGO, IN 46312

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

December of Lake County Indiana	Indiana Department of Inguinance
Recorder of Lake County, Indiana Lake County Government Center	Indiana Department of Insurance 311 W. Washington Street
2293 North Main Street	Suite 300
Crown Point, Indiana 46307	Indianapolis, Indiana 46204
IN 46402, intends to hold a Hospital Lien for hospital care, treatment or maintenance of the	above listed patient as follows:
1. The patient was admitted to the hosp	oital on MAY 80 , 2016
and was discharged from the hospital on MAY	24×2016 .
2. The amount due for hospital care, to	reatment or maintenance during the
above hospitalization is TWINTY DIVERTICUSAND	IGHT HUNDRED SEVENTY-NINE 36/100
(\$ 25,879.36) Dollars This benefits to which the patient the entitled under	The Correct of any contract, health plan.
or medical insurance, and credits for all paym	ents, contractual adjustments, write-offs,
and any other benefit.	
3. To the best of the Hospital's knowle	
legal representative claims that the following	
liable for damages arising from the patient'stay:	s illness or injury causing the hospital
stay:	
	Hospital Lien Law, I.C. Section 32-33-4 in
the Office of the Recorder of the County in wh	
(90) days after the patient was discharged from	the Hospital. The undersigned individual
executing this instrument, having been dally perjury, hereby states that the Hospital inten	da to hold the Hospital Lien as described
above and that the facts and matters set fort	h in the foregoing statement are true and
correct.	
THE M	ETHODIST HOSPITALS, INC.
(1)	Andread Varance
STATE OF INDIANA	MELISSA VASQUEZ
) ss:	
COUNTY OF LAKE)	
I MELISSA VASQUEZ , 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.	nolina Varones
(2)	Samuel world hez
Subscribed and sworn to before me, a Notal	MELISSA VASQUEZ O day of
Jum L , 2016.	
- Julius -	Sur MStore
My Commission Expires:	A Natara Dablic
March dy 2019 A Res	ident of Ame County
I affirm, under the penalties for perjury, th	at I have taken reasonable care to redact
each social security number in this document unless required by law.	
This Instrument Prepared By:	
·	Attorney at Law Morrillyille IN 46410
8700 Broadway,	Merrillville, IN 46410
AMOUNT \$	position and investigate the contraction of the con
CASHCHARGE	Official Seal
CHECK#	(\$\si\) ^E \ Resident of the County, IN
OVERAGEE	Agrama Santa
VVI :	Charles to the state of the sta