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MICHAEL B. BROWN RECORDER

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CLERK___

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Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Sonya Price	
Patient:	Sonya Price	Attorney:
	7149 Harrison Ave Hammond, IN 46324	
	Handiona, IN 40524	
	Lake County, Indiana	Indiana Department of Insurance
Lake County 2293 North	Government Center	311 W. Washington Street Suite 300
	, Indiana 46307	Indianapolis, Indiana 46204
V		
		THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, tal Lien for all reasonable and necessary charges for
		ance of the above listed patient as follows:
1.		Document is
- •		ed to the hospital on May 09 , 2016
2.	The amount due for hosp	ital care, treatment or maintenance during the
	talization is The Thous	endrevat furthedpropter fyoofid 86/100
$(\frac{\$}{1}, \frac{1}{1})$	e patient is entitled	This amount is subject to reduction for any benefits derether the terms of any contract, health plan, or medical
		ayments, 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
		he patient's illness or injury causing the hospital
stay:		
This	Lien is being filed purs	suant 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	this instrument, having	been duly sworn upon oath, under the penalties of ospital 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.		
		THE METHODIST HOSPITALS, INC.
		(1) WORK AND DE LA CA
STATE OF IN		Angle Djukfch
COUNTY OF L) SS:	
	,	
	ngie Djukich	, being a <u>Patient Representative</u> for The
	re true and correct.	uly sworn upon oath says that the facts stated in the
		(2) Ungel De us W
Gb		Angle Djukich
Sunl	, 2016.	Te me, a Notary Public, this $\frac{6}{100}$ day of
		Sura m. Stone
My Commissi	on Expires:	Notary Public
Menc.	h 24,2019	A Resident of Lake County
		perjury, that I have taken reasonable care to redact document, unless required by law.
This Instru	ment Prepared By:	
		Tle F. Hites, Attorney at Law
		0 Broadway, Merrillville, IN 46410
MA	OUNT \$	
	SHCHARGE	Official Seal
	ECK# <i>20983</i> ERAGE	LISA M. STONE Resident of Lake County. IN
	PYE	My commission expires March 24, 2019
	N-COM	manife matiliar and in matiliar and the matiliar and the matiliar and its