STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 036785

2016 JUN 14 PM 12: 38

MICHAEL B. BROWN RECORDER

101192423

Patient:

TO:

Return To:

Calvin Williams
Calvin Williams

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

1029 S Halsted	
Chicago Heights, IL 60411	
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
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 May 22 , 2016	
and was discharged from the hospital on May 2	
2. The amount due for hospital care, t	reatment or maintenance during the
above hospitalization is righteen thousand big (\$\frac{1}{8},828.48\$) Dollars. This benefits to which the patient is least the country of the patient is least the country of the patient in the patient is least the country of the patient in the patient is least the patient in the patient in the patient in the patient is the patient in	s amount is subject to reduction for any
or medical insurance, and credits for all paym	ments, contractual adjustments, write-offs,
and any other benefit. 3. To the best of the Hospital's know1	edge, the patient or the patient's
legal representative claims that the following liable for damages arising from the stay:	g named individuals and/or entities are
the Office of the Recorder of the County in who (90) days after the patient was discharged from executing this instrument, having been cally perjury, hereby states that the Hospital interabove and that the facts and matters set fort correct.	the Hospital. The undersigned individual sworn upon oath, under the penalties of its to hold the Hospital Lien as described him the foregoing statement are true and
THE M	ETHODIST HOSPITALS, INC.
(1) CONCIAN	Adgie Dikkich
STATE OF INDIANA) ss:	Aggie Dyukich
COUNTY OF LAKE)	
I 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)	angle of which
Subscribed and sworn to before me, a Nota	Angle Djukich ry Public, this day of
<u>June</u> , 2016.	Sarg M. Stone
My Commission Expires:	Notary Public
) a a Bes	ident of Lake County
/ March 24, 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.	
This Instrument Prepared By:	D
	Attorney at Law Merrillville, IN 46410
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