2016 037302

2016 JUN 16 AM 11:29

MICHAEL B. BROWN RECORDER

202155900

Valerie Rice

TO:

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

Patient:	Valerie Rice	Attorney:		. ,
	8396 Aster Dr #3B	•		
	Merrillville, IN 464	10		
Recorder of	Lake County, Indiana	India	na Department of	- Insurance
	Government Center		. Washington Str	
2293 North		Suite		
	, Indiana 46307		napolis, Indiana	46204
	re hereby notified that intends to hold a Hospi			
hospital ca	re, treatment or mainter	ance of the above	listed patient a	as follows:
1.	The patient was admitted	ed to the hospital o	on May 13 ,	2016
2.	charged from the hospita The amount due for hosp	ital care, treatmen	nt or maintenance	ce during the
above hospi	talization is Theven Th	cusand Sikt v Tevar	and e03/100f	to reduction for any
benefits to	which the patient he	eaticled under the	Cerms of any c	ontract, health plan,
or medical	insurance, and credits	for all payments,	contractual adj	ustments, write-offs,
and any oth 3.	To the best of the Hosp	oital's knowledge.	the patient or t	he patient's
legal repre	esentative claims that	the following name	ed individuals	and/or entities are
liable for stay:	damages arising from t	he patient's ill	ness or injury	causing the hospital
This	Lien is being filed pur	suant to the Hospit	al Lien Law, I.	C. Section 32-33-4 in
the Office	of the Recorder of the	County in which th	e Hospital is l	odated, within ninety
(90)days af	ter the pat <mark>ient was dis</mark>	charged from the H	ospital. The u	ndersigned individual
executing t	his instrument, having	been duly sworn	upon oath, uno	der the penalties of
perjury, ne	reby states that the Ho	spital intends to	hold the Hospit	al Lien as described
correct.	hat the facts and matt	ers set forth in t	the foregoing st	tatement are true and
		THE METHODIS	ST HOSPITALS, IN	IC.
		A A A A A A A A A A A A A A A A A A A		
STATE OF IN	DIANA)	(1) CANALITY	Anglie Diukl	use lich
COUNTY OF LA) ss: AKE)		/	
т ъ	,			
	gie Djukich ospitals, Inc., being d	, being	a <u>Patient Rep</u>	presentative for The
foregoing a	re true and correct.		// .	
		(2)	Angde Djukich	use (ch)
Subsc	ribed and sworn to befor	e me, a Notary Pub]		dav of
_ June_	, 2016.	2		,
My Commission	on Expires:	(1) W.	29 m. Stone	tary Public
	24,2019	A Resident o	of <u>Lake</u>	County
	124,2011			
I affirm, u each social	nder the penalties for security number in this	perjury, that I h	ave taken reaso required by law.	onable care to redact
This Instru	ment Prepared By:	20		·
		le F. Hites, Attorr O Broadway, Merrill		
		11~	, IN 40410	
	AMOUNT \$	OLLAGE	control on the control of the contro	
	CASH		(AV P)	Official Seal
	CHECK# OVERAGE		SEAL)	Resident of Lake County, IN
	COPY	Saulte medi elektrik tilaneter tanterielli i elektrik belgite et i filologisch		My commission expires March 24, 2019
•	81001 0004	Committee of the professional Southern to engagement of	- Care Constitution of the same	

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