STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 037312

2016 JUN 16 AM 11: 30

MICHAEL B. BROWN RECORDER

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Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	WATSON, ORLANDO R		
Patient:	WATSON, ORLANDO R	Attorney:	
;	366 ROOSEVELT	_	
	GARY, IN 46404	-	<u> </u>
			
Recorder of	Lake County, Indiana	India	ana Department of Insurance
Lake County	Government Center	311 V	N. Washington Street
2293 North		Suite	
Crown Point	, Indiana 46307	India	napolis, Indiana 46204
Vou	re hereby notified th	ant THE METHODIST HOS	PITALS, INC., 600 Grant Street, Gary,
TN 46402 +	ntends to hold a Ho	ac ine memobisi nos	reasonable and necessary charges for
hospital car	re treatment or main	tenance of the above	listed patient as follows:
	ie, creatment or main	Document	10
1.	The patient was admi	tted to the hospital	on May 15 , 2016
and was dis	charged from the hosp		
2.			nt or maintenance during the
above hospi	talization is Twosth	pusand seventy hine a	30 87 (10 of
(\$ 2,	079.87) Doll:	ars. This amount is	subject to reduction for any benefits
			any contract, health plan, or medical
		payments, contracti	ual adjustments, write-offs, and any
other benef		ognital/a lenguladas	the patient or the patient's
, 3.	TO the Dest of the H	t the following nor	ed individuals and/or entities are
light for	damaged ariging from	n the nationt's il	lness or injury causing the hospital
stay:	damages arrising in	" the patient's in	these of injury causing the hospital
scay.			
This	Lien is being filed p	oursuant to the Hospi	tal Lien Law, I.C. Section 32-33-4 in
the Office	of the Recorder of t	he County in which t	he Hospital is located, within ninety
(90)days af	ter the patient was	discharged from the	Hospital. The undersigned individual
executing t	this instrument, hav	ing been duly sworn	upon oath, under the penalties of
perjury, he	reby states that the	Hospical intends to	hold the Hospital Lien as described
	that the facts and m	atters set forth dr	the foregoing statement are true and
correct.			TOR WOOD THAT G. THAT
		THE METHOD.	IST HOSPITALS INC.
		(1) MANAGERIA	olanda / Kim Mon
STATE OF IN	DIANA)	The state of the s	Yolanda R simpson
) ss:		
COUNTY OF L	AKE)		
-		7	Daniel Mathodist
I	Yolanda R Simpson	, 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.			
are true an	d correct.	(2) \mathcal{U}	Landa/Dimpon
		(2)	Yolanda R Simpson
C Subsc	ribed and sworn to be	efore me. a Notary Pul	blic, this day of
June	, 2016.		
		NUDE .	Mestone
My Commissi	on Expires:		Notary Public
	2010	A Resident	of Sano Notary Public County
Marcha	34,2019		
55'	1	5 +h-+ T	here taken reaganable gare to reduct
l arrirm,	under the penaities security number in t	tor perjury, that I	have taken reasonable care to redact
each social	security number in t	ins document, unitess	-
This Instru	ment Prepared By:		·
		Earle F. Hites, Atto	=
	. 11	8700 Broadway, Merri	llville, IN 46410
	AMOUNT \$	And the Desirity of S	
		RGE/	
	CHECK#_2C		Official Seal
	OVERAGE		LISA M. STONE
	COPY		Resident of Lake County, IN My commission expires
	NON-COM	e de composições de c	March 24, 2019
	O. mm.	De la companya della companya della companya de la companya della	