2016 039573

2016 JUN 27 PM 1:09

MICHAEL B. BROWN RECORDER

101199897

251189

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Chasity Crews	_		
Patient:	Chastiy Crews	Attorney:		
_	3317 Quaker Rd			
-	Columbus, OH 43207			
Lake County 2293 North N	Lake County, Indiana Government Center Main Street Indiana 46307	311 V Suite	ana Department of Insu W. Washington Street e 300 anapolis, Indiana 4620	
V	an hamber with the		DIETHO THE COLO	
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 June Q5 , 2016				
2.	charged from the hospi The amount due for he	tal on Oune 05 (12016 ent or maintenance dur	
(\$ 1,2 to which the	calization is The Thr 271.00) Dolla e patient is entitled	rs. This amount is	subject to reduction subject to reduct to reduction subject to reductin subject to reduction subject to reduction subject to reduction	for any benefits plan, or medical
other benefi		payments, contract	iai adjustments, wiit	e orrs, and any
	sentative claims that	t the following nam	the patient or the paned individuals and/ lness or injury causi	or entities are
the Office (90) days aft executing t perjury, her	of the Recorder of the ter the patient was d his instrument, havi reby states that the	e County in which the ischarged from the lang growth of the language of the language to the language of the la	tal Lien Law, I.C. Second Hospital is located Hospital. The understrupon oath, under the hold the Hospital Litthe foregoing statements Hospitals, INC.	d, within ninety igned individual he penalties of ien as described ent are true and
STATE OF INDIANA) Angle Djukich) ss:				
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) Angie Djukich				
	ribed and sworn to bef, 2016.	ore me, a Notary Pub	olic, this <u>20</u> day	of
My Commissio	on Expires:		Notary	Public
Mence	124,2019	A Resident	of <u>Lake</u>	
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: Earle F. Hites, Attorney at Law				
CA CH O\ CC		700 Broadway, Merril	-	expires
Cl.	ERK_GP		A STATE OF THE PARTY OF THE PAR	Attorner of investigation by