2016 039579

2016 JUN 27 PM 1:09

MICHAEL B. BROWN RECORDER

#101195551

KEITH FLOWERS KEITH FLOWERS

TO:

Patient:

OVERAGE\_ COPY\_

251197

NON-COM GIP

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

CARY TN ACADO	<u> </u>
GARY, IN 46408	
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street	Indiana Department of Insurance 311 W. Washington Street Suite 300
Crown Point, Indiana 46307	Indianapolis, Indiana 46204
IN 46402, intends to hold a Hospi hospital care, treatment or maintendary.  1. The patient was admitted.	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:  MAY 27 , 2016
2 The amount due for hose	MAY 28 2016 Ital care, treatment or maintenance during the
(\$ 2,338.28 Dollars to which the patient is entitled of other benefit.	This amount is subject to reduction for any benefits darktheournisy of carry contract, health plan, or medical ayments, contractual adjustments, write-offs, and any
legal representative claims that	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
the Office of the Recorder of the (90) days after the patient was dis executing this instrument, having perjury, hereby states that the Ho	County in which the Hospital is located, within ninety charged from the Hospital. The undersigned individual been only sworn upon oath, under the penalties of spital intends to hold the Hospital Lien as described ers set forth in the foregoing statement are true and THE METHODIST HOSPITALS INC.
STATE OF INDIANA ) ) ss:	(1) BYDIAN SLESSA VASQUEZ
COUNTY OF LAKE )	
	being a Patient Representative for The Methodist upon oath, says that the facts stated in the foregoing  (2) MELISSA VASQUEZ  e me, a Notary Public, this DO day of
My Commission Expires:	Notary Public
March 24, 2019	A Resident of Alme County
I affirm, under the penalties for each social security number in this	perjury, that I have taken reasonable care to redact document, unless required by law.
870	le F. Hites, Attorney at Law O Broadway, Merrillville, IN 46410
AMOUNT \$CHARGECHECK #ZLOOS E	Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019