STATE OF ING.A... LAKE COUNTY FILED FOR RECORD

2016 056176

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Acct#101205708

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

	Kathy Randolph Kathy Randolph	**************************************	
-	1210 W. Granville	Attorney:	
	Chicago, IL 60660		
Lake County 2293 North M	Lake County, Indiana Government Center Main Street Indiana 46307	311 W Suite	na Department of Insurance . Washington Street 300 napolis, Indiana 46204
You ar	e hereby notified that		PITALS, 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 15 , 2016 and was discharged from the hospital on June 15 , 2016. 2. The amount due for hospital care, treatment or maintenance during the			
above hospit (\$ 1,5 to which the insurance, a other benefi	salization is one thous 588.69) Dollars e patient is entitled on all parts.	And five hindred of this amount is hacketheoterny breezewayments, contractu	ighty eight collars and 69/100 subject to reduction for any benefits any contract, health plan, or medical al adjustments, write-offs, and any
legal repres	sentative claims that	the following name	the patient or the patient's ed individuals and/or entities are ness or injury causing the hospital
This Lien is being filed pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the Office of the Recorder of the County in which the Hospital is located, within ninety (90) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been dally sworn upon oath, under the penalties of perjury, hereby states that the Hospital intends to hold the Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct. THE METHODIST HOSPITALS, INC.			
STATE OF INDIANA) STATE OF INDIANA) STATE OF INDIANA) STATE OF INDIANA)			
COUNTY OF LA	KE)		
I MILICA DAMJANOVIC , 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) Milica Damjanovic MILICA DAMJANOVIC			
Subscribed and sworn to before me, a Notary Public, this -16^{70} day of			
Mgust			
My Commissio	n Expires:	<u>(/)w9</u>	M. S fone Notary Public of Have County
march :	24, 2019	A Resident	of <u>Kalle</u> County
I affirm, ur	, .		have taken reasonable care to redact required by law.
This Instrument Prepared By: Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410			
	AMOUNTS//~		and the second s
£.4	CASHCHARGE_ CHECK#2//28 OVERAGE_ COPY_	E	Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019
252726	NON-COM		