STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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TO:

MICHAEL B. BROWN RECORDER

Melissa Hillman

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

Patient:	Melissa Hillman	Attorney:	
	2735 Eder St		
	Highland, IN 4632	2	
Dogowdow of	F Inka County Indian	Indiana Danastment	of Inguings
	E Lake County, Indian / Government Center	a Indiana Department of 311 W. Washington S	
	Main Street	Suite 300	creet
	Indiana 46307	Indianapolis, India	na 46204
CIOWII FOIII	, indiana 40507	indianapolis, india	11a 40204
IN 46402,	intends to hold a H	that THE METHODIST HOSPITALS, INC., ospital Lien for all reasonable and interance of the above listed patient	necessary charges for
1.	The patient was adm	itted to the hospital on July 21 ,	2016
and was dis	scharged from the hos	pifal on OJULY21 CIA I 2016.	
2.	The amount due for	hospital care, treatment or maintenant	nce during the
	ltalization is Teven	ThousandeNines and e4A/100 erty of	
(\$ 7,	,009.44) Dol	lars. This amount is subject to redu	action for any benefits
		de under the units be car deficact, i	
		l payments, contractual adjustments	write-offs, and any
other benef			
3.		Hospital's knowledge, the patient or	
		nat the following named individual	
	damages arising ire	om the patient's illness or injury	y causing the nospital
stay:			
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 af	fter the patient was	discharged from the Hospital. The	undersigned individual
executing	this instrument, ha	ving been duly sworn upon oath, u	nder the penalties of
perjury, he	ereby states that th	e Hospital intends to hold the Hosp	ital Lien as described
above and	that the facts and I	matters set forth in the foregoing	statement are true and
correct.			
		THE METHODIST HOSPITALS,	INC.
		E SEAL S	
		(1) BYCIANAM (MOUL DIE	e Ch
STATE OF IN		Angie Doukio	ch
COUNTY OF I) SS:		
COUNTY OF I	JAKE)		
I Ar	ngie Djukich	, being a Patient R	epresentative for The
Methodist Hospitals, Inc., being duly sworn upon oath says that the facts stated in the			
foregoing are true and correct.			
		(2) <u>Lingue Bl</u>	urla
		Angi Djukiqh	AIA
		efore me, a Notary Public, this	day of
Mysist	, 2016.	d. a clear	
M- 0- 0: :	The Property of the second	Jung Me Stone	
my Commitssi	on Expires:	A Resident of Lake	Notary Public
_March	24,2019	A Kesident OI Hake	County
	•		
l allirm,	under the penalties	for perjury, that I have taken reathis document, unless required by law	sonable care to redact
cucii Sociui	security number in	this deciment, unless required by ran	~ .
This Instru	ment Prepared By:		
Earle F. Hites, Attorney at Law			
		8700 Broadway, Merrillville, IN 464	10
	11-	·	
	AMOUNT 5	profit word down the said of t	and the control to the control to the control of th
	CASHCHARGE	A RYPIO OFFICIA	i Seal
	CHECK#Z//Z8	EISA M.	STONE Lot Lake County, IN
	OVERAGE	My comi	mission expires 🚶
	COPY		4, 2019
	NON-COM		en e