STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 059181

2016 AUG 30 PM 1: 13

MICHAEL B. BROWN RECORDER

Acct#202187049

TO:

Return To:

Janet Jackson

NON-COM CLERK_

252974

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Janet Jackson	Attorney:	
	4855 Adams St.		
	Gary, IN 46408		
	Lake County, Indian		a Department of Insurance
	Government Center		Washington Street
	Main Street	Suite	
Crown Point	, Indiana 46307	Indiana	apolis, Indiana 46204
IN 46402,	intends to hold a He	ospi tal Lien for all re	TALS, INC., 600 Grant Street, Gary, easonable and necessary charges for
-	·	Document	sted patient as follows:
1. and was dis	The patient was adm scharged from the ho	itted to the hospital or	2016 or maintenance during the
2. above hospi	talization is Twenty	Tour thousand thice Hundred	seventy nine Gollars and 95/100
(\$	24,379.95) Dollars. This amour	it is subject to reduction for any contract, health plan,
or medical and any oth	insurance, and cred	its for all payments, o	contractual adjustments, write-offs,
3.	To the best of the	Hospital's knowledge, the	ne patient or the patient's
legal representation liable for stay:	damages arising fro	om the patient's illne	individuals and/or entities are ess or injury causing 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 as	this instrument has	discharged from the Ho	spital. The undersigned individual
perjury he	ereby states that the	a Hospital Lintance to h	spital. The undersigned individual upon oath, under the penalties of nold the Hospital Lien as described
above and	that the facts and r	matters set forth in th	e foregoing statement are true and
correct.			is relegating seasonness and cras and
		THE METRODIS	r HOSPITALS, INC.
		JEAL SEAL	
		(1) WENDIAN	eliga Danjanduc
STATE OF IN	,		MILICA DAMJANOVIC
COUNTY OF I	AKE)		
-			
1	MILICA DAMJANOVIC		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 Dampanouc			
		(2)	Ca lampanoria
Subsc	cribed and sworn to b	efore me, a Notary Publ:	ic, this <u>22 nd</u> day of
	, 2016.	Suig N	Store
_	on Expires:	A Resident o	Notary Public Fane County
March	av, 2019		
		for perjury, that I hat this document, unless re	ve taken reasonable care to redact equired by law.
This Instru	ment Prepared By:	Farlo E Hitag Attorn	
	AMOUNT \$	Earle F. Hites, Attorne 8700 Broadway, Merrill	-
	CASHCHARGE		
	CHECK#2//50		and it must be well in most direct them there will be must be continued in much be continued in most of the continued in the
	OVERAGE	E	Official Seal
	COPY	-	(SEAL) Resident of Lake County, IN
	VON-COM		My commission expires March 24, 2019
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