STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 059184

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NON-COM_

MICHAEL B. BROWN RECORDER

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

TO:	Ariana Belcher		
Patient:	Ariana Belcher	Attorney:	
•	3343 Craig Dr	-	
-	Hammond, IN 46323		
	Lake County, Indiana Government Center Main Street		Department of Insurance Washington Street
Crown Point	, Indiana 46307	Indianap	oolis, Indiana 46204
IN 46402, i hospital car	intends to hold a Hosp re, treatment or maint The patient was admit charged from the hospi	enance of the above list to the hospital on the hospital of th	July Q1 , 2016
		housandeNines Hundred Ei	
(\$ 3,	987.51) Dollar	rs. This amount is sub	ject to reduction for any benefits
to which th insurance, other benef	and credits for all	payments, contractual	ject to reduction for any benefits centract, health plan, or medical adjustments, write-offs, and any
	esentative claims that	the following named	e patient or the patient's individuals and/or entities are assor injury causing the hospital
the Office (90)days af executing to perjury, he	of the Recorder of the ter the patient was de this instrument, having reby states that the	e County in which the ischarged from the Hosping been sully sworn up Hospital intends to hotters set forth in the	Lien Law, I.C. Section 32-33-4 in Hospital is located, within ninety pital. The undersigned individual on oath, under the penalties of ld the Hospital Lien as described foregoing statement are true and HOSPITALS, INC.
STATE OF IN	DIANA)		Angle Djukich
COUNTY OF LA) SS:		/ 0
I And Methodist H	gie Djukich	duly sworn upon oath,	Patient Representative for The says that the facts stated in the
August Subsci	ribed and sworn to bef , 2016.	ore me, a Notary Public	this Bond day of
My Commission	on Expires:	//00/9/1	Notary Public
Maneh a		A Resident of	
I affirm, u each social	under the penalties for security number in th	or perjury, that I have is document, unless rec	e taken reasonable care to redact uired by law.
This Instru	ment Prepared By:	w 1K	
AMOU CASH_ CHEC	NT \$CHARGE	arle F. Hites, Attorney 700 Broadway, Merrillvi	
OVER COPY	AGEE		Resident of Lake County, IN My commission expires March 24, 2019