STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 059192

2016 AUG 30 PM 1: 13

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NON-COM. CLERK\_

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MICHAEL B. BROWN RECORDER

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

TO:	Peggy Hill			
Patient:	Peggy Hill	Attorney:		
	2328 Massachusetts St Gary, IN 46407	_		
	Cary, in 40407			
	Lake County, Indiana		a Department of Insuran	ice .
Lake County 2293 North	Government Center	311 W. Suite 3	Washington Street	
	, Indiana 46307		apolis, Indiana 46204	
	•		_	
IN 46402, i	re hereby notified that intends to hold a Hospit re, treatment or mainten	al Lien for all re	easonable and necessar	y charges for
1.	The patient was admitted	d to the hospital or	August 08 , 2016	<u>.</u>
and was dis	charged from the hospital	on August 08	2016	
2.	The amount due for hosp:	ital care, treatment	t or maintenance during	; the
above hospi	talization is Seven Thomas 619.43 ) Dollars.	sandeSixidundeed1Vi	neter and 43/100	
to which th	e patient is entitled un	ake Gounty Reco	Chtract, health pla	n or medical
	and credits for all pait.	yments, contractual	l adjustments, write-c	offs, and any
3.	To the best of the Hosp			
	esentative claims that t damages arising from the			
the Office (90)days af executing to perjury, he above and to correct.	Lien is being filed purs of the Recorder of the Center the patient was disconsisted instrument, having reby states that the Hochat the facts and matter.	County in which the charged from the Hosebeen Cully sworn uspital intends to hers set forth in the	Hospital is located, spital. The undersign upon oath, under the nold the Hospital Lien	within ninety ed individual penalties of as described
STATE OF IN			Angie Djuklch	
COUNTY OF L	AKE )		,	
Methodist H	gie Djukich ospitals, Inc., being du re true and correct.	, being ly sworn upon oath,	a Patient Representate says that the facts	stated in the
august Subsc	ribed and sworn to before, 2016.	4	ic, this <u>Sind</u> day of	
My Commissi	on Expires:	VIVII 11	Notary Pub	olic
March 2		A Resident of		County
I affirm, u	under the penalties for security number in this	perjury, that I ha document, unless re	ve taken reasonable ca equired by law.	are to redact
This Instru	ment Prepared By:	2. Ja	>	
		le F. Hites, Attorne ) Broadway, Merrilly	ville, IN 46410	
CA CH OV	OUNT \$CHARGE SHCHARGE JECK #CHARGEE DPYE		Official Sea LISA M. STONE Resident of Lak My commission March 24, 201	te County, IN is nexpires