STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 073623

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MICHAEL B. BROWN RECORDER

#101260098

Return To:

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 F INTENTION TO HOLD HOSPITAL LIEN

SWORN STATEMENT & NOTICE	E OF INTENTION TO HOLD HOSPITAL LIEN
PATRICIA ANN MOORE PATRICIA ANN MOORE 6418 HONEY LANE TINLEY PARK , IL 60477	Attorney:
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
IN 46402, intends to hold a Hospital hospital care, treatment or maintenance	E METHODIST HOSPITALS, INC., 600 Grant Street, Gary, Lien for all reasonable and necessary charges for the above listed patient as follows: Cument is the hospital on september 26 2016
and was discharged from the hospital 2. The amount due for hospital above hospitalization is relifteen than	bn September 28 1 2016 al care, treatment or maintenance during the usand cighty four dollars a 95/100
which the patient is entitled and and	c amount is subject to reduction for any benefits to the Otenia break the plan, or medical ents, contractual adjustments, write-offs, and any
legal representative claims that the	al's knowledge, the patient or the patient's following named individuals and/or entities are patient's illness or injury causing the hospital
the Office of the Recorder of the Cou (90) days after the patient was discha executing this instrument, having be perjury, hereby states that the Hospi	nt to the Hospital Lien Law, I.C. Section 32-33-4 in anty in which the Hospital is located, within ninety arged from the Hospital. The undersigned individual eem chry sworn upon oath, under the penalties of ical intends to hold the Hospital Lien as described set forth in the foregoing statement are true and THE METHODIST HOSPITALS, INC.
STATE OF INDIANA	DIAN HALL
COUNTY OF LAKE) ss:	
	at Representative for The Methodist Hospitals, Inc., at the facts stated in the foregoing are true and
Deabscribed and sworn to before m	DIAN HALL 7841
My commission Expires:	A Resident ofCounty
I/affirm, under the penalties for peeach social security number in this do	rjury, that I have taken reasonable care to redact ocument, unless required by law.
This Instrument Prepared By:	
Notary Public - Seal 8700 E State of Indiana	F. Hites, Attorney at Law Broadway, Merrillville, IN 46410
Lake County	

AMOUNT &. CASH____ CHECK #__ OVERAGE_

NON-COM_

CLERK_

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254918

My Commission Expires Apr 23, 2022