2017 002119

2017 JAN 11 PM 1:13

MICHAEL B. BROWN RECORDER

202317400

256788

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

TO: Patient:	Rochanta L Horton A'Lontay Teon McClai 2055 Carolina St #105	n Attorney:	· · · · · · · · · · · · · · · · · · ·
	Gary, IN 46407		
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	311 W Suite	na Department of Insurance Washington Street 300 Inapolis, Indiana 46204
IN 46402, hospital call. and was dis 2. above hospi	intends to hold a Hospital re, treatment or maintena The patient was admitted scharged from the hospital The amount due for hospital talization is Three Thou	nce of the above Ocument to the hospital on October 21 tal care, treatme	on October 21 , 2016 2016 Int or maintenance during the Forty One and 82/100
to which the	ne patient is entitled und and credits for all paysit.	This amount is the thoughts Recomments, contractu	subject to reduction for any benefits any contract, health plan, or medical adjustments, write-offs, and any
	esentative claims that t	he following nam	the patient or the patient's ed individuals and/or entities are ness or injury causing the hospital
the Office (90)days as executing perjury, he	of the Recorder of the Content the patient was discontinuous this instrument, having ereby states that the Hosthat the facts and matter	ounty in which the harged from the Heber Colly sworn pital intends to	tal Lien Law, I.C. Section 32-33-4 in the Hospital is located, within ninety Hospital. The undersigned individual upon oath, under the penalties of hold the Hospital Lien as described the foregoing statement are true and ST HOSPITALS, INC. Angle Djukich
COUNTRY OF T) ss:		
Methodist F foregoing a	ngie Djukich Hospitals, Inc., being du Bre true and correct.	ly sworn upon oat	a <u>Patient Representative</u> for The h, says that the facts stated in the Angle Sjukjeh
SUM	yibed and sworn to before (1), 2016. on Expires:	me, a Notary Pub A Resident	MONOTARY Public
I affirm, each social	under the penalties for parties security number in this	perjury, that I l	have taken reasonable care to redact required by law.
		e F. Hites, Attor Broadway, Merril	
Notary State La	Public - Seal e of Indiana AM ke County CAS		
My Commission		ECK#&/383 ERAGE	E

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