2017 004327

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MICHAEL B. BROWN RECORDER

#202373777

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TO:

Return To:

HARVEY GREENHOUSE

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	HARVEY GREENHOUSE	Attorney:	
,	16 WHITMAN LANE	_	
	BRENTWOOD, NY 11717		
	Lake County, Indiana Government Center Main Street		a Department of Insurance Washington Street 300
Crown Point	, Indiana 46307	Indiana	apolis, Indiana 46204
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows:			
1. and was dis	The patient was admitted charged from the hospital	ed to the hospital or	DECEMBER 15 , 2016 2016 or maintenance during the
above hospitalization is ONE THOUSAND NINE HUNDRED SIXTEEN, 88/100 (\$ 1,916.88			
to which th insurance, other benef	and credits for all p	hake heotemiy seem	dontract, health plan, or medical adjustments, write-offs, and any
3. legal repre liable for stay:	esentative claims that	the following named	ne patient or the patient's individuals and/or entities are ess or injury causing the hospital
This Lien is being filed pursuant to 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 after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been the sworn upon oath, under the penalties of perjury, hereby states that the Hospital Intends to hold the Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct. The METRODIST HOSPITALS, INC.			
STATE OF IN) ss:	(1) MELIOSI	VASQUEZ DEZ
COUNTY OF L	AKE)	•	
I MELISSA VASQUEZ, being a Patient Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) MELISSA VASQUEZ MELISSA VASQUEZ Occurrence of the Methodist Representative for			
Deambe	$\frac{1}{2}$, 2016.		MeStolle
My Commission		A Resident o	Notary Public
Money	av, 2019		
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.			
This Instrument Prepared By: Earle F. Hites, Attorney at Law			
CAS CH OV		00 Broadway, Merrill	-