STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 004328

2017 JAN 19 AM 9: 46

#202368391

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257449

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:	ERIKA MATTINGLY		
PATIENT:	ERIKA MATTINGLY	Attorney:	
	8401 LAKEWOOD AVE		
	GARY , IN 46403		
Lake County	f Lake County, Indiana y Government Center	311 W	na Department of Insurance . Washington Street
	Main Street	Suite	
Crown Point	t, Indiana 46307	India	napolis, Indiana 46204
IN 46402, hospital ca	intends to hold a Ho are, treatment or main	spital Lien for all	PITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows:
1.	The patient was admi	itted to the hospital	on December 11 2016
and was dis	The amount due for	ortal on December 11	nt or maintenance during the
- •			
(4 3/21.3	o) Dollars/	thousand seven hundre This amount is subje	ct to reduction for any benefits to
which the	patient is entitled	under the otenis of a	or contract, health plan, or medical
other bene:	fit.		al adjustments, write-offs, and any
3.			the patient or the patient's ed individuals and/or entities are
			ness or injury causing the hospital
the Office (90)days a executing perjury, he	of the Recorder of the fiter the patient was this instrument, have ereby states that the	the County in which the discharged from the Horing been duly sworn to Hospital 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
above and correct.	that the facts and m		the foregoing statement are true and ST HOSPITALS, INC.
		(1) BY:	2 lobly
STATE OF I	NDIANA)	DIAN	HALL
COUNTY OF 1) ss: LAKE)		
		ays that the facts st	e for The Methodist Hospitals, Inc., tated in the foregoing are true and
December	cribed and sworn to be	DIAN Hefore me, a Notary Pub	lic, this 30 day of
My Commiss:	ion Expires:	0,,	✓ Notary Public
March 2	24,2019	A Resident	of <i>Dake</i> County
		for perjury, that I hat is the state of the	nave taken reasonable care to redact required by law.
This Instru	ument Prepared By:	Earle F. Hites, Attor	ney at Law
	AMOUNT & 112	8700 Broadway, Merril	lville, IN 46410
	CASHCHANGECHECK#Z/3/28OVERAGE	F	Official Seal LISA M. STONE Resident of Lake County, IN My commission expires
	COPY	ν	March 24, 2019