2017 004336

2017 JAN 19 AM 9: 46

MICHAEL B. BROWN RECORDER

#101296731

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25683 CLERK_

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

TO:	GREGORY WEST			
PATIENT:	GREGORY WEST	Attorney:		
	920 W. 72 ND AVE.			
	MERRILLVILLE, IN	46410		
	f Lake County, India		ana Department of Insurance	
	y Government Center Main Street		W. Washington Street ce 300	
	t, Indiana 46307		Lanapolis, Indiana 46204	
	•			
IN 46402,	intends to hold a	Hos pital Lien for all	SPITALS, INC., 600 Grant Street, Gary reasonable and necessary charges for a listed patient as follows:	
1.		mitted to the hospital		
		spital on December 5		
2.			ment or maintenance during the	
above nosp	55) Dollars	This amount is subj	deighty doctars & 65/100	to
which the	patient is entitle	ieilakei Governy Rec	ject to reduction for any benefits any contract, health plan, or medical	al
insurance, other bene	and credits for a	ill payments, contract	cual adjustments, write-offs, and a	ny
3.			the patient or the patient's	
			med individuals and/or entities as	
the Office (90)days a executing perjury, habove and correct.	e of the Recorder of after the patient wa this instrument, hereby states that that the facts and	the County in which to s discharged from the aving been chily sworn the Hospital intends to matters set forth in THE METHOD (1) BY	the Hospital is located, within nine Hospital. The undersigned individual in upon oath, under the penalties of hold the Hospital Lien as described the foregoing statement are true as DIST HOSPITALS, INC.	ty al of ed
STATE OF I	NDIANA)	DIAN	N HALK	
COUNTY OF	•			
			tve for The Methodist Hospitals, Inc stated in the foregoing are true as	
	cribed and sworn to bum, 2016.	before me, a Notary Pu	iblic, this 26 day of ing M. Stone	
My Commiss	ion Expires:		Notary Public	
March	24,2019	A Resident	c of ///W/L County	
		s for perjury, that I this document unless	have taken reasonable care to redacts required by law.	ct
This Instr	ument Prepared By:	CVZ	5	
	AMOUNT \$CHARGE	Earle F. Hites, Atto 8700 Broadway, Merri	illville, IN 46410	
	CHECK#OVERAGE	E	Official Seal Official Seal LISA M. STONE Resident of Lake County. IN Resident of Lake County. IN Storm Seal Seal Resident of Lake County. IN Resident of	
	COPY	ī	March 24, 2019	