2017 007373

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 FEB -2 AM 10: 11

MICHAEL B. BROWN RECORDER

Return To:

258546

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	PACIFIC,				
Patient:	PACIFIC,		Attorn	ey:	
	3307 163				
	HAMMOND,	IN 46323			<del></del>
Recorder of Lake County, Indiana Indiana Department of Insurance Lake County Government Center 311 W. Washington Street					
2293 North Main Street Suite 300 Crown Point, Indiana 46307 Indianapolis, Indiana 46204					75. 46204
CIOWII POINC	, indiana	46307	J	indianapolis, india	na 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. The patient was admitted to the hospital on December 22, 2016					
1. and was dis	charged fr	om the hos	pital on December	22 2016 atment or maintana	
(\$	talization 18,484.69	is Tighte	n thousand four Dollars. This	hundred eighty four	r and 69/100 to reduction for any
benefits to which the patient is entitled under the trems of any contract, health plan, or medical insurance, and credits for all payments, contractual adjustments, write-offs,					
and any other benefit.					
3. legal repre liable for stay:	esentative	claims th	at the following	dge, the patient or named individual illness or injur	the patient's  ls and/or entities are  y causing the hospital
This					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 duly 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 ME	HODIST HOSPITALS	INÇ.
			(1) EVOIANA	Jolanda Boly	modon
STATE OF INDIANA ) Yolanda R Simpson ) ss:					
COUNTY OF L	AKE	)			
				ent Representatives that the facts	ve for The Methodist stated in the foregoing
are true an	d correct.		(2)	Volanda BS	mDdon
Yolanda & Simplen  Subscribed and sworn to before me, a Notary Public, this day of					
Jonia	, 2017.	bworn to be	(97)	bea BUST	
My Commissi	on Expires	1600	A Resid		Notary Public County
				: I have taken rea ess required by la	sonable care to redact w.
This Instru	ment Prepa	red By:	-2	<b>7</b>	
نبيب			Earle F. Hites, F	Attorney at Law errillville, IN 464	10
DE	BRA A ROSE ry Public - Seal		oros Broadway, in	//~	~~
¶ St	ate of Indiana	•	AMOUNT \$		
My Commiss	Lake Cou <b>nty</b> ion Expires Apr 2	3, 2022	CASH	10E-19	
Wiy Collinso			CHECK#O OVERAGE	K K	
			CÔPY		
- 1.7	,		NON-COM CLERK AA		