2017 010176

2017 FEB 16 AM 9:55

MICHAEL B. BROWN RECORDER

101307132

258681



Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

10.	marquita oomis			,. ,.,	
Patient:	Marquita Johns		Attorney:		
	2578 E 23rd Av	·e			
	Gary, IN 46407	"	A Chi		
D	Tales Country Inc	di ana	Indiana Dar	artment of Inguranc	10
	Lake County, Inc			partment of Insurance	e
	Government Cent	er		nington Street	
	Main Street		Suite 300		
Crown Point	, Indiana 46307		Indianapoli	ls, Indiana 46204	
IN 46402,	intends to hold	a Hospi tal Li	en for all reason	, INC., 600 Grant S able and necessary	charges for
hospital ca	re, treatment or	maintenance o	f the above listed	d patient as follows	;:
1.			he hospital on Dec		
and was dis	charged from the The amount dug:	hospital on for hospital c	December 27 A Zare, treatment or	maintenance during	the
above hospi	talization is 😘	even Hundred E	leven and 77/100	ty of	
$(\frac{5}{1})$	11.77	ollars. This	amount is subject	t to reduction for htract, health plan	any benefits
co which ch	e pactend is end	icrea anaer ci	e cerus or any ce	Heract, hearth plan	, or medical
other benef		all payments	s, contractual ad	justments, write-of	is, and any
3.	To the best of	the Hospital's	knowledge, the pa	atient or the patien	it's
legal repre	esentative claims	that the fo	llowing named i	ndividuals and/or	entities are
				or injury causing	
stay:					
This	Lien is being fi	led nursuant t	o the Hospital Li	en Law, I.C. Sectio	n 32-33-4 in
the Office	of the Recorder	of the County	in which the Hos	pital is located, w	ithin ninetu
(90) days af	ter the nationt	was discharge	from the Hearity	The undereign	d indiminecy
(90) days at	this instrument	harring been	the Hospita	al. The undersigne	d individual
executing	this institutent,	naving been	aury sworn upon	oath, under the p	penalties of
perjury, ne	ereby states that	the Hospital	intends to hold	the Hospital Lien	as described
above and	that the lacks a	nd matters so	Teren in the ro	pregoing statement a	are true and
correct.					
		E	THE METHODIST MOS	DITALS, INC.	
		(1)	CHIVDIANA LILIE	some bruse lech	
STATE OF IN	DIANA)	1-1	AT AT	igle Djukich	
) ss	3:	/		
COUNTY OF L	AKE)				
	gie Djukich		, being a P	atient Representati	ive for The
Methodist Hospitals, Inc., being duly sworn upon oath says that the facts stated in the					
foregoing are true and correct.					
		(2)		a Division of the	
O a .Subsc	ribed and sworn t	to before me.	a Notary Public, t	e Djuliali day of	
Xat MID	M , 2017.	,	Della D	Roy of	
7	7		MANGELL.	908	
My Commissi	on Expires:		00000	Notary Publ	ic
- WEST	1/ 23, 200	2	A Resident of	Lake C	County
- V/J	// ///				
each social	nder the penalt:	ies for perju	that I have tent, unless requir	aken reasonable car	re to redact
oden bootar	security number	In chis docum	ent, uniess requir 7	ed by law.	
This Instru	ment Prepared By				
DEL	BRA A ROSE		Hites, Attorney at		
Notar	y Public - Seal	8/00 Broa	dway, Merrillville	, IN 46410	
R .	ite of Indiana ake County		11-		
My Commission Expires Apr 23, 2022 AMOUNT \$ CHARCE					
CASHOHANGE					
CHECK #_ 21452 F					
OVERAGE					
		COPY			

NON-COM_

CLERK_