STATE OF INDIANA AKE COUNTY FILED FOR RECORD

2017 010515

2017 FEB 17 PM 1: 17

MICHAEL B. BROWN RECORDER

#101292610

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

ROCIO CONTRERAS

Patient:

ROCIO CONTRERAS

7412 CAROLINA AVE

HAMMOND, IN 46323

Recorder of Lake County, Indiana

2293 North Main Street Crown Point, Indiana 46307

Lake County Government Center

Attorney: Alexander Lopez

8935 Broadway

Merrillville, IN 46410

Indiana Department of Insurance 311 W. Washington Street

Suite 300

Indianapolis, 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:

The patient was admitted to the hospital in NOVEMBER 27 and was discharged from the hospital on 2. The amount due for hospital

NOVEMBER 28 , 2016 care, treatment or maintenance during the

above hospitalization is FOUR THOUSAND FOUR HUNDRED TWENTY-ONE 86/100 (\$ 4,421.86) Dollars. This amount is subject to reduction for any benefits 4,421.86 to which the patient is entitled Indee the treins Reconstruct, health plan, or medical insurance, and credits for all payments, contractual adjustments, write-offs, and any other benefit.

3. To the best of the Mospital's knowledge, the patient or the patient's legal representative claims that the following named individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay:

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 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 correct.

METHODIST HOSPITALS, INC.

STATE OF INDIANA

SS:

COUNTY OF LAKE

Representative for The Methodist VASQUEZ being a Patient MELISSA Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing Subscribed and sworn to before me, a Notary Public, this mission 7 are true and correct.

Nuisa M. Stone

ebruany, 2017.

My Commission Expires:

A Resident of Mane

Notary Public County

Mareh 24,2019

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:

AMOUNT \$.

Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410

CASH.

CHECK#

OVERAGE COPY_

NON-COM_ CLERK_

Official Seal CISA M. STONE
Resident of Lake Constituted
My commission exteres SEAL March 24, 2019

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