## STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 019820

2017 HAR 28 PM 1: 12

MICHAEL B. BROWN RECORDER

#202439427

260605

TO:

Return To:

SEAN OCONNELL

Patient: SEAN OCONNELL

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

Attorney:

SAINT JOHN, IN 46373	
<del></del>	
Lake County Government Center 3 2293 North Main Street S	Indiana Department of Insurance Bll W. Washington Street Guite 300
crown Forne, indiana 46307	Indianapolis, Indiana 46204
You are hereby notified that THE METHODIST IN 46402, intends to hold a Hospital Lien for a hospital care, treatment or maintenance of the ab	all reasonable and necessary charges for pove listed patient as follows:
1. The patient was admitted to the hospi	tal on February 20 2017
and was discharged from the hospital on Februar	20 1201.71
<ol> <li>The amount due for hospital care, tre above hospitalization is Fighteen thousand one h</li> </ol>	eatment or maintenance during the
(\$ 18,163.10 ) Dollars. This	amount is subject to reduction for any
benefits to which the patienths lake County	of any contract, health plan,
or medical insurance, and credits for all paymer and any other benefit.	nts, contractual adjustments, write-offs,
3. To the best of the Hospital's knowled	dge, 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 Ho	ospital Lien Law, I.C. Section 32-33-4 in
the Office of the Recorder of the County in which	
(90) days after the patient was discharged from t	the Hospital. The undersigned individual
executing this instrument, having been duly soperjury, hereby states that the Hospital intendent	forn upon oath, under the penalties of
above and that the facts and matters set forth	in the foregoing statement are true and
correct.	
THE MET	HODIST HOSPITALS, INC.
(1) ADIANA	The call of the state of the st
STATE OF INDIANA	DIAN HALL
COUNTY OF LAKE )	
COUNTY OF BARE	
- ·	tative for The Methodist Hospitals, Inc.,
being duly sworn upon oath, says that the fact correct.	is stated in the foregoing are true and
(2)	sulfall us
	DIAN HALL 1—TM
M Subscribed and sworn to before me, a Notary	Public, this // / day of
	à Mictoria
My Commission Expires:	Notary Public
A Resid	. //
March 24, 2019	
I affirm, under the penalties for perjury, that each social security number in this document, unl	
This Instrument Prepared By:	<del>_</del>
Earle F. Hites, A	
AMOUNT\$ 8700 Broadway, Me	errillville, IN 46410
CASHCHARGE	
CHECK#	Official Seal
OVERAGEE	LISA M. STONE
NON-COM	My commission expression
CLERK_CIP	March 24, 2019