2017 043366

2017 JUL 14 PM 1: 13

MICHAEL B. BROWN RECORDER

Acct#202565416

NON-COM_ CLERK_

264807

Chase Gentry

TO:

Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Chase Gentry	Attorney	· • · · · · · · · · · · · · · · · · · ·	<u> </u>
	5915 E. 107th Pla			
	Crown Point, IN 4	16307		
Recorder of	Lake County, India	na Ind	liana Department of	Insurance
	Government Center		. W. Washington Str	
_	Main Street		te 300	
	, Indiana 46307	Ind	lianapolis, Indiana	46204
IN 46402, in hospital ca	intends to hold a Fre, treatment or ma	Hospital Lien for all intenance of the abov	l reasonable and re listed patient a	
1.	The patient was add			2017
2.	The amount due for	hospital care, treat	ment or maintenance	e during the
above hospi	talization is reve	Document is the plans. This amount	Fight & 20/100 Dioberty of s subject to reduce	tion for any benefits
				write-offs, and any
other benef	it.			
3.		Hospital's knowledge		
				and/or entities are causing the hospital
This	Lien is being filed	purguant to the Hos	nital Lien Law. T	C. Section 32-33-4 in
				cated, within ninety
(90) days af	ter the nationt was	discharged from the	Hospital The	ndersigned individual
executing t	this instrument ha	aving been duly evo	rn upon oath umo	er the penalties of
perjury he	reby states that the	he Hospital intends	to hold the Hospid	ndersigned individual der the penalties of al Lien as described
perjury, ne	that the facts and	matters set forth in	the foregoing st	atement are true and
correct.	that the rades and	Maccers &	E the foregoing so	acement are true and
correct.			DIST HOSPITALS, IN	
		E JEAN METHO	DIST HOSPITALS, IN	
		(1) EULANA LLEY	VI. O.CO. Day	myn Mit IC.
STATE OF IN	IDIANA)	127	MILICA DAMJANOV	IC/
) SS:		/	
COUNTY OF L	AKE)			
I_ Hospitals, are true an				e for The Methodist ated in the foregoing
0.00		before we a Nahama F	20	/
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ribed and sworn to . 2017.	before me, a Notary	5 1	_ day of
	/ ,	_ <i>(/</i> 30	Mg McSton	
My Commisši	on Expires:			tary Public
Mana	h 24, 2019	A Residen	it of Made	County
		for perjury, that I this document, unles		onable care to redact
This Instru	ment Prepared By:	2		
	50	Earle F. Hites, Att		
AMOUNT S	25-	8700 Broadway, Merr	cillville, IN 46410	The state of the s
CASH	CHARGE		LISA M. S	*3
CHECK#.	_2//58			of Lake County, IN
OVERAGE			March 24	