STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

## 2017 847361

2017 JUL 31 PM 1:22

MICHAEL B. BROWN RECORDER

#101408638

TO:

Return To:

Jawon Jones

CLERK\_\_\_

265281

Hodges & Davis, P.C.

## 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Jawon Jones	Attorney:	
	4224 E 7th Ave		
	Gary, IN 46403	<del></del>	
	Lake County, Indiana		na Department of Insurance
	Government Center		Washington Street
2293 North Main Street Suite 300			
Crown Point	, Indiana 46307	Indian	apolis, Indiana 46204
IN 46402,	intends to hold a Ho	spital Lien for all r	ITALS, INC., 600 Grant Street, Gary, easonable and necessary charges for isted patient as follows:
1.	The patient was admi	tted to the hospital of	on July 11 , 2017
and was dis	charged from the hosp	ital on July 11 ()	2017
<ol> <li>The amount due for hospital care, treatment or maintenance during the</li> </ol>			
above hospitalization is Tight Thousand Fight Hundred Seventy Three and 06/100  (\$ 8,873.06 ) Dollars. This amount is subject to reduction for any benefits to which the patient is entitled under the terms of any contract, health plan, or medical			
(\$ 8,	8/3.06	e Lake County Rec	ubject to reduction for any benefits
to which th	e patient is entitled	arider the terms of a	ny contract, health plan, or medical
insurance, and credits for all payments, contractual adjustments, write-offs, and any other benefit.			
3.		lospital's knowledge, t	the patient or the patient's
legal repre			d individuals and/or entities are
			ess or injury causing the hospital
stay:	3		and the same of th
-			
This	Lien is being filed p	oursuant to the Hospit	al 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 cully 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 METHODIS	T HOSPITALS, INC.
		THE PROPERTY OF THE PARTY OF TH	linge by use let
CONTR OF IN	DIANA	(1) SYDIANA LITT	Project Privile als
STATE OF IN	) ss:		Amie Djukich
COUNTY OF LAKE )			
	•		
	ie Djukich		a <u>Patient Representative</u> for The
Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the			
foregoing are true and correct.			
		(2)	ingu Bjustich
			Angle Djukich,
() Subsc	ribed and sworn to be	fore me, a Notary Publ	ic, this // day of
July	, 2017.	D.~	00 66.20
			11/1501U
My Commissi	on Expires:		Notary Public
Muss	21/ 21/10	A Resident o	f <u>Lake</u> County
<u> </u>	724,2019		
I affirm. ı	under the nenalties t	for periury, that I ha	ave taken reasonable care to redact
each social	security number in t	his document, unless r	equired by law.
This Instru	ment Prepared By:		
		Earle F. Hites, Attorn	
	75 -	8700 Broadway, Merrill	ville, IN 46410
A	AMOUNT \$		
C	CASHCHARGE		politica state maine and another the state of
	CHECK # 2/796_	<b>∽</b>	Official Seal
	OVERAGE	E	SEAL) Resident of Lake County. IN
	COPY		My commission expires
	NON-COMA_		March 24, 2019