STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 047368

2017 JUL 31 PM 1:22

#101408836

TO:

MICHAEL B. BROWN RECORDER

Return To:

JOE C HARBOUR

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	JOE C HARBOUR	Attorney:	Hupy & Abraham, SC	
	P.O. BOX 10281	-	6952 Rote Rd Ste 200	
	GARY, IN 46410	-	Rockford, IL 61107	
		•		
	Lake County, Indiana		ana Department of Insurance	
	Government Center Main Street		W. Washington Street	
	Main Street , Indiana 46307		e 300	
CIOWII POIIIC	, indiana 46307	India	anapolis, Indiana 46204	
IN 46402, i	<mark>intends t</mark> o hold a Hosp	tal Lien for all	PITALS, INC., 600 Grant Street, Gary reasonable and necessary charges follows:	
1.	The patient was admitt	ed to the hospital	onJULY 11 , 2017	
	charged from the hospit	al on July 11	1 12017	
2.	The amount due for hos	spital care, treatme	ent or maintenance during the	
above hospi	talization is THREE THE	OUSAND FOUR HUNDRE	SEVENTY-EIGHT 67/100	
(\$ 3,	478.67) Dollar	s. This amount is	subject to reduction for any benefit	s
to which th	e patient is entitled	ander the terms of	Cany Contract, health plan, or medica	ıl
		payments, contracti	ual adjustments, write-offs, and an	ıy
other benef		mital/a knowlodge	the patient or the patient's	
			med individuals and/or entities ar	
			lness or injury causing the hospita	
stay:			of injury oddoring the hospital	
-				
			tal Lien Law, I.C. Section 32-33-4 i	
			he Hospital is located, within ninet	
(90)days ar	ter the patient was di	scharged from the	Hospital. The undersigned individua upon oath, under the penalties o) F
periury, he	reby states that the l	lospita Dintends to	hold the Hospital Lien as describe	эЧ ,т
			the foregoing statement are true an	
correct.				
		THE METHOD	IST HOSPITALS, INC.	
		LA LAND AND AND AND AND AND AND AND AND AND	la Carlo Varanza	
CENTER OF THE	DIAMA	(1) YOUAN AND AND AND AND AND AND AND AND AND A	lucilla assarius	
STATE OF IN		MELLI	SSA VASQUEZ	
COUNTY OF L) SS: AKE)			
	,			
			Representative for The Methodis	
_		upon oath, says the	hat the facts stated in the foregoin	ıg
are true and	d correct.	Ω	REALL VARANCE	
		(2)	SSA VASQUEZ _/-HA	
Subsc	ribed and sworn to befo	1/		
<i>(\ // // .</i>	, 2017.			
		Dung	1115tork	
My Commissi	on Expires:		Motary Public of Jair County	
1020 /-	21/ 2019	A Resident	of <u>Jaro</u> County	
-	24, 2019	•		
I affirm. n	inder the penalties fo	r perjury, that I	have taken reasonable care to redact	:t
	security number in thi			-
			¬	
This Instru	ment Prepared By:	wla P Hitas Detail	anau ah Tau	
	Ea	rle F. Hites, Attor	rnevat Law	

8700 Broadway, Merrillville, IN 46410

Official Seal

(SEAL)

LISA M. STONE
Resident of Lake County. IN
My commission expires
March 24, 2019

263717,003

AMOUNT &

CHECK #_ OVERAGE

COPY____NON-COM_ CLERK___