STATE OF INDIANA
LAKE COUNTY
FILED FOR RESORD

2017 AUG 25 AM 10: 32

- MICHAEL B. BROWK RECORDER

2017 057696

101415716

Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Jeremy Case	Attorney:
	1919 W 64th Pl Merrillville, IN 46410	
Lake County 2293 North 1	Lake County, Indiana Government Center Main Street , Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
IN 46402, i	intends to hold a Hospital I re, treatment or maintenance	METHODIST HOSPITALS, INC., 600 Grant Street, Gary, Lien for all reasonable and necessary charges for of the above listed patient as follows:
above hospi (\$ 3, to which th insurance, other benef	talization is Three Thousand 067.81 bollars. The patient is entitled Indee and credits for all paymen it.	Care, treatment or maintenance during the d Sixty-Seven and 81/100 his amount is subject to reduction for any benefits the terms Reconstruct, health plan, or medical hits, contractual adjustments, write-offs, and any
	esentative claims that the	's knowledge, the patient or the patient's following named individuals and/or entities are patient's illness or injury causing the hospital
the Office (90)days af executing to perjury, he	of the Recorder of the Count ter the patient was discharg this instrument, having been ereby states that the Hospits	to the Hospital Lien Law, I.C. Section 32-33-4 in ty in which the Hospital is located, within ninety ged from the Hospital. The undersigned individual an Outr sworn upon oath, under the penalties of interes to hold the Hospital Lien as described set forth in the foregoing statement are true and THE METHODIST ROSPITALS, INC.
STATE OF IN) ss:	Angie Djukich
I Angie Djukich , being a Patient Representative for The Methodist Hospitals, Inc., being duly sworn upon oath says that the facts stated in the foregoing are true and correct. (2) Angle Djukidy Angle Djukidy Angle Djukidy Angle Djukidy Angle Djukidy Angle Djukidy		
	<u>+</u> , 2017.	Bing M. Store
My Commissi	QY, 2019	Notary Public A Resident ofLake County
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:		
AMOL	Earle F. 8700 Bro	F. Hites, Attorney at Law roadway, Merrillville, IN 46410
CASH CHEC OVER	CK#_2/845 RAGEE	Official Seal LISA M. STONE Resident of Lake County, IN My commission expires March 24, 2019

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