STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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MICHAEL B. BROWN RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Riley Kelly		
Patient:	Riley Kelly	Attorney:	
	601 Washington St	_	
	Gary, IN 46402	-	
			
Recorder of	Lake County, Indiana	India	ana Department of Insurance
			V. Washington Street
2293 North Main Street Suite 300			
Crown Point	, Indiana 46307	India	anapolis, Indiana 46204
-			
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for			
hospital care, treatment or maintenance of the above listed patient as follows:			
1. The patient was admitted to the hospital on July 05 , 2017			
and was discharged from the haspital on July 05 1 12017.			
2. The amount due for hospital care, treatment or maintenance during the			
above hospitalization is Three Thousand One Hundred Sixty-Five and 32/100 (\$ 3,165.32) Dollars. This amount is subject to reduction for any benefits			
(\$\frac{3,165.32}{to which the patient is entitled under the Utarys of Cary Contract, health plan, or medical			
to which th	e patient is entitued	under the Uternys 1620	any contract, health plan, or medical
other benef		payments, contracti	ual adjustments, write-offs, and any
3.			the patient or the patient's
legal repre	esentative claims that	the following nam	ed individuals and/or entities are
	damages arising from	the patient's ill	lness or injury causing the hospital
stay:			
m)!			
This	Lien is being filed pu	rsuant to the Hospi	tal 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 duly 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 METHOD	IST HOSPITALS, INC.
		E A CANAL LIE	Maria Maria La Andrea
		(1) WANALUE	Ungue by we like
STATE OF IN			Angle Djukikh
COUNTRY OF T) SS:		
COUNTY OF L	AKE)		
I Angio Diukich boing a Dationt Depresentative for The			
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) <u>Ungue Hub (CN</u>			
Cubaa	wihad and aroun to hat	ana ma a Natarra Duk	Migie Djykich, day of
Subscribed and sworn to before me, a Notary Public, this 15/1 day of			
CM Sus!	, 2017.		m. stone
Mar Carry day	an Barriana	(/)1009	Note we Dublic
My Commissi	on Expires:	B B ! 1 !	Notary Public
1000000	711 1119	A Resident	of Lake County
- March 24, 2019			
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 Instru	ment Prepared By:	2	
Earle F. Hites, Attorney at Law			
8700 Broadway, Merrillville, IN 46410			
AMOUNIS 35 -			
	CASHCHARGE		Chical Coal
	CHECK# 21.045		Official Seal
,	OVERAGE	_	(Sonat S) Resident of Lake County, IN 19
	COPY	_	My commission expires March 24, 2019
	- GI I		With the second

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