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

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

(SEAL)

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

| TO: LEBRITTNEY M SCOTT Patient: LEBRITTNEY M SCOTT 847 S. LAKE PARK AVE #E32 HOBART, IN 46342 |
|--|
| Recorder of Lake County, Indiana Indiana Department of Insurance Lake County Government Center 311 W. Washington Street 2293 North Main Street Suite 300 Crown Point, Indiana 46307 Indianapolis, 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 29 and was discharged from the hospital on July 29 2017 |
| 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Two thousand thirty three dollars & 45 100 (\$ 2033.45) Dollars. This amount is subject to reduction for any benefits to which the patient is entitled under trace terms not large contract, health plan, or medical insurance, and credits for all payments, contractual adjustments, write-offs, and any other benefit. |
| 3. To the best of the Mospital's knowledge, the patient or the patient's legal representative claims that the following named individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay: |
| This Lien is being filed pursuant to the Hospital 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 METHODIST HOSPITALS, INC. |
| STATE OF INDIANA) SS: COUNTY OF LAKE) |
| I Dian Hall, being 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) Dian Hall |
| Subscribed and sworn to before me, a Notary Public, this 15th day of Lugust, 2017. |
| My Commission Expires: Notary Public A Resident of Jane County |
| I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this decument, unless required by law. This Instrument Prepared By: |
| Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410 AMOUNI \$ |

266375

CASH____ CHECK#_

OVERAGE.

COPY____ NON-COM_ CLERK___