STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 058865

2017 AUG 30 PM 1: 12

MICHAEL B. BROWN RECORDER

Acct#101414008

Return To:

Hodges & Davis, P.C.

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

TO:	Kevin Cauley		
Patient:	Kevin Cauley	Attorney:	
•	5434 Clem Rd	-	
	Portage, IN 46368	-	<u> </u>
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	311 W Suite	na Department of Insurance . Washington Street 300 napolis, 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. and was disc	The patient was admitt charged from the hospit The amount due for hos	ed to the hospital of the second seco	on July 20 , 2017
above hospitalization is Thire thousand two hundred seventy five dollars and 39/100 (\$ 9,275.39) Dollars. This amount is subject to reduction for any benefits			
	e patient is entitued and credits for all	under the weigs los ca	ny contract, health plan, or medical adjustments, write-offs, and any
	sentative claims that	the following name	the patient or the patient's and individuals and/or entities are ness or injury causing the hospital
the Office (90)days aftexecuting to perjury, he	of the Recorder of the ter the patient was di his instrument, havin reby states that the R	County in which the scharged from the H g been ally sworn Hospital intends to ters set forth in the THE METHODIS	e Hospital is located, within ninety ospital. The undersigned individual upon oath, under the penalties of hold the Hospital Lien as described the foregoing statement are true and ST HOSPITALS, INC.
STATE OF INI	DIANA)	(1) CORNAL STA	MILACA DAMJANOVIA
COUNTY OF LAKE)			
IHospitals, i	Inc., being duly sworn		Representative for The Methodist at the facts stated in the foregoing MILICA DAMJAMOVIC
Subsci	ribed and sworn to before, 2017.	ore me, a Notary Bubl	lic, this <u>22 no</u> day of
My Commissio	on Expires:		Notary Public
Menco	1 34,2019	A Resident o	of Sane 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.			
	25- 87	arle F. Hites, Attorn	-
(CAMOUNI DE CHARGE CHECK # 2/8/00 COPY COPY CONTRACTOR COM	E	Official Seal LISA M. STONE Resident of Lake County. IN My. commission expires March 24, 2019

266606

NON-COM_ CLERK.___