STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 058866

2017 AUG 30 PM 1: 12

MICHAEL B. BROWN RECORDER

Acct#101417199

266607 CLERK_

Return To:

Hodges & Davis, P.C.

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

Patient: Molly Perez Attorney: 727 N. Lindberg Griffith, IN 46319	
Recorder of Lake County, Indiana Indiana Department of Ins Lake County Government Center 311 W. Washington Street 2293 North Main Street Suite 300 Crown Point, Indiana 46307 Indianapolis, Indiana 462	
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant IN 46402, intends to hold a Hospital Lien for all reasonable and necesshospital care, treatment or maintenance of the above listed patient as for	ssary charges for ollows:
1. The patient was admitted to the hospital on July 27, 2017 and was discharged from the hospital on July 27, 2017. 2. The amount due for hospital eare, treatment or maintenance du above hospitalization is rifteen thousand two hundred fifty seven dollar (\$ 15,257.74) Dollars. This amount is subject to represent to which the patienthis ankit led uniter the oterns of any contract or medical insurance, and credits for all payments, contractual adjustment and any other benefit. 3. To the best of the Hospital's knowledge, the patient or the period representative claims that the following named individuals and liable for damages arising from the patient's illness or injury causestay:	aring the sea and 74/100 reduction for any act, health plan, hents, write-offs, patient's d/or entities are sing the hospital
This Lien is being filed pursuant to the Hospital Lien Law, I.C. So the Office of the Recorder of the County in which the Hospital is located (90) days after the patient was discharged from the Hospital. The under executing this instrument, having been duly sworn upon oath, under perjury, hereby states that the Hospital intends to hold the Hospital I above and that the facts and matters set forth in the foregoing statem correct. THE METHODIST HOSPITALS, INC.	ed, within ninety ssigned individual the penalties of Lien as described
STATE OF INDIANA) MILICA DAMJANOVIC COUNTY OF LAKE)	
I MILICA DAMJANOVIC , being a <u>Patient Representative</u> for Hospitals, Inc., being duly sworn upon oath, says that the facts stated are true and correct. (2) MILICA DAMJANOVIC	or The Methodist in the foregoing
Subscribed and sworn to before me, a Notary Public, this 22nd da My Commission Expires: A Resident of Manl	
I affirm, under the penalties for perjury, that I have taken reasonable each social security number in this document, unless required by law.	le care to redact
This Instrument Prepared By: Earle flites, Attorney at Law 8700 Broadway, Merrillville, IN 46410 AMOUNT\$ CASH CHARGE CHECK# 2/300 OVERAGE COPY COPY	te County, IN