STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 072771

2017 OCT 27 PM 12: 09

MICHAEL B. BROWN RECORDER

#202606150

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient: THEODORE A JOHNSON III

THEODORE A JOHNSON III

5712 JACKSON ST

MERRILLVILLE, IN 46410

Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307

Attorney: Sarkisian & Sarkisian

6165 Central Ave Portage, IN 46368

Indiana Department of Insurance 311 W. Washington Street

Suite 300

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:

The patient was admitted to the hospital on AUGUST 01 and was discharged from the hospital on

treatment or maintenance during the

above hospitalization is FIVE THOUSAND FIVE HUNDRED SIXTY 08/100
(\$ 5.560.08) Dollars. This amount is subject to reduction for any benefits (\$ 5,560.08) Dollars. This amount is subject to reduction for any benefits to which the patient is entitled links the transformation, health plan, or medical insurance, and credits for all payments, contractual adjustments, write-offs, and any other benefit.

3. To the best of the Hospital'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. correct.

THE METHODIST HOSPITALS, INC.

STATE OF INDIANA

SS:

COUNTY OF LAKE

I MELISSA VASQUEZ , being a <u>Patient Representative</u> for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing Representative for The Methodist are true and correct.

(2)

Public, this Subscribed and sworn to before me, a Notary

HODEM, 2017.

Notary Public

My Commission Expires:

1911/1 24, 2019

A Resident of

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:

Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410

AMOUNT \$ CASH-CHECK #

OVERAGE

COPY_ NON-COM

CLERK.

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

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