2019 043901

2019 JUL 18 PM 1:28

MICHAEL B. BROWN RECORDER

101613376

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Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

ro:	Eddie Mayo			
Patient:	Eddie Mayo	Attorney:	Hensley Legal	Group
	748 Maryland St	•	117 E Washing	ton St #200
	Gary, IN 46402		Indianapolis,	
	2 2	•		
	Lake County, Indiana		ana Department of	
	Government Center		W. Washington Str	eet
	Main Street		e 300	46304
crown Point	, Indiana 46307	Indi	anapolis, Indiana	46204
IN 46402,	re hereby notified that intends to hold a Hosp re, treatment or mainte	xtal Lien for all	reasonable and n	ecessary charges for
		Document	15	
1.	The patient was admitt	ed to the hospital	on May 30 ,	2019
and was dis	charged from the haspit	all on May 30	2019	during the
2.	talization is Three Di	pricar care, treatm	cocamanty-Nine an	d 72/100
(\$ 3.	479.72) Dollar	s. This amount is	subject to reduce	tion for any benefits
to which th	479.72) Dollar patient is entitled	Lake County Re	corder ract, he	alth plan, or medical
insurance,	and credits for all	payments, contract	ual adjustments,	write-offs, and any
other benef	it.			5000
3.	To the best of the Hos			
legal repre	esentative claims that	the following name	med individuals	and/or entities are
stay:	damages arising from	the pattern s II	iness of injury	causing the hospital
scay.				
	Lien is being filed pu			
	of the Recorder of the			
	ter the patient was di			
executing t	this instrument, havin	g been dilly sworr	upon oath, und	er the penalties of
perjury, ne	ereby states that the I	tors est forth in	the foregoing st	atement are true and
above and that the facts and matters set forth in the foregoing statement are true and correct.				
correct.		THE METHOD	IST HOSPITALS, IN	C.
		E A CANAL TIES		
		(1) WAS DIANAME	mge 14	if were
STATE OF IN) ss:		Angie Djukic	11
COUNTY OF L	33300000			
0001111 01 1	,			
I_Ang	gie Djukich			presentative for The
Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the				
foregoing are true and correct.				
		(2)	Angie Djukich	
_ Subsc	ribed and sworn to before	ore me, a Notary Pu		day of
	, 2019.		16	
	B		Sq JTONE No	tary Public
My Commissi	on Expires:	A Resident		County
March à	24, 2027	n Rediaene	01	
	7		1	mahla sama ta madast
I affirm,	under the penalties fo security number in the	r perjury, that I	required by law	mable care to redact
each social	. Security number in the		The sy iam.	
This Instrument Prepared By:				
		regory A. Sobkowski		
8700 Broadway, Merrillville, IN 46410				
	AMOUNT & 25-			
	CASHCHARGE		7	LICA STONE
	CHECK#_ 23567			LISA STONE rry Public - Seal
	OVERAGE	F	Lake Cour	nty - State of Indiana n Number NP0624702
	COPY	_	My Commission	on Expires Mar 24, 2027
				b