STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 043903

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MICHAEL B. BROWN RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Rujhay Gearon	
Patient:		Attorney:
19	1701 W 55th Ave Merrillville, IN 46410	
	Lake County, Indiana Government Center	Indiana Department of Insurance 311 W. Washington Street
2293 North Main Street Suite 300		
	, Indiana 46307	Indianapolis, Indiana 46204
You a:	re hereby notified that THE MET	HODIST HOSPITALS, INC., 600 Grant Street, Gary,
IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for		
hospital car		the above listed patient as follows:
1.	The patient was admitted to the	e hospital on May 01 , 2019
	charged from the hospital on i	1av 01 C 1 A 1 2019 .
2.	The amount due for hospital car	re, treatment or maintenance during the
(\$ 4,	talization is Truit Thousand Fig. 081.60 Dollars. This	amount is subject to reduction for any benefits
to which the	e patient is entitled indee the	amount is subject to reduction for any benefits that is subject to reduction for any benefits
insurance, other benef:	and credits for all payments,	contractual adjustments, write-offs, and any
3.		knowledge, the patient or the patient's
	esentative claims that the fol	lowing named individuals and/or entities are
	damages arising from the pat	cient'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 will severn 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 the foregoing statement are true and correct.		
THE METHODIST HOSPITALS, INC.		
		SEAL SEAL SEAL SEAL SEAL SEAL SEAL SEAL
STATE OF IN	DIANA (1)	Ange Djukich
) ss:		
COUNTY OF LAKE)		
I Ang	ie Djukich	, being a Patient Representative for The
Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the		
foregoing are true and correct. (2) (2) (2)		
	(2)	Angie Djukien M
	ribed and sworn to before me, a	Notary Public, this day of
June		Sugar Stone
My Commission	on Expires:	Notary Public
March	24, 2027	A Resident of Lake County
I affirm, u	under the penalties for perjury	, that I have taken reasonable care to redact
each social	security number in this documen	nt, unless regulared by law.
This Instrument Prepared By:		
		Sobkowski, Attorney at Law
A 5.1	MOUNTS 25- 8700 Broads	way, Merrillville, IN 46410
	ASHCHARGE	
Ch	4FOK# 23567_	LISA STONE
	VERAGEE	Notary Public - Seal Lake County - State of Indiana
	DPY	Commission Number NP0624702
IV.	ON-COM	My Commission Expires Mar 24, 2027