2019 043907

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 JUL 18 PM 1:29

MICHAEL B. BROWN RECORDER

203051351

Return To:

Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Trey D Green		
Patient:	Trey D Green	Attorney:	
	Po Box 641244		
	Gary, IN 46401		
	Lake County, Indiana	Indian	a Department of Insurance
	Government Center		Washington Street
	Main Street	Suite	300
Crown Point	, Indiana 46307	Indian	apolis, Indiana 46204
Vou a	re hereby notified th	at THE METHODICE HOCK	EMAIG TNG COOK
TN 46402	intends to hold a Hos	at the Methodist Hospi	TTALS, 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:			
nospicai ca	ic, cleatment of main	Document 1	Istad patient as follows:
1.	The patient was admi	tted to the hospital of	n May 06 , 2019
and was dis	charged from the hosp.	ital on May 06	A 2019 .
2.	The amount due for he	ospital care, treatmen	t or maintenance during the
above hospi	talization is rone Th	usand Five Hundred Si	xtx-Five and 91/100
(\$ 1,	565.91 Toolia	irs. This amount is su	ubject to reduction for any benefits
to which th	e patient is entitued	the the treating recar	rdentract, health plan, or medical
other benef		payments, contractua	l adjustments, write-offs, and any
3.		agnital/a knowledge ti	he patient or the patient's
	esentative claims that	t the following name	d individuals and/or entities are
liable for	damages arising from	the patient's illn	ess or injury causing the hospital
stay:	damages arrising than	Cite pacient 5 IIIII	ess of injury causing the hospital
1.			
This	Lien is being filed p	ursuant to the Hospita	al Lien Law, I.C. Section 32-33-4 in
the Office	of the Recorder of the	ne County in which the	Hospital is located, within ninety
(90) days af	ter the patient was o	discharged from the Ho	spital. The undersigned individual upon oath, under the penalties of
executing t	this instrument, havi	ing been dily sworn	upon oath, under the penalties of
perjury, he	ereby states that the	Hospital intends to h	hold the Hospital Lien as described
	that the facts and ma	itters set forth in th	ne foregoing statement are true and
correct.		THE METHODIS	T HOSPITAKS, INC.
		JEAL SEAL	
		(1) BYDIANA JULI	Conque Just ich
STATE OF IN	DIANA)		Angie Djukich
) ss:		
COUNTY OF L	AKE)		
T 750	ria Diukiah	haina	a Datient Depresentative for The
	rie Djukich Kosnitals Inc. being		a <u>Patient Representative</u> for The pays that the facts stated in the
	re true and correct.	dary swern apon oden	// pays that the races stated in the
		(2)	maio AND ich
		, ,	Angie Djukich 7
Subsc	ribed and sworn to be:	fore me, a Notary Publ.	
June	, 2019.		0/-
		Tupes	Stone
My Commissi	on Expires:		Notary Public
March	24,2027	A Resident o	f <u>Lake</u> County
" www	4,000		
I affirm, u	under the penalties f	or perjury, that I ha	ave taken reasonable care to redact
		his document, unless r	
		1240	
This Instru	ment Prepared By:	Kluxh 90	
Gregory A) Sobkowski, Attorney at Law			
8700 Broadway, Merrillville, IN 46410			
	AMOUNT \$		LISA STONE
	CASH_UNANUE		Notary Public - Seal
	CHECK# 23567	۲	Lake County - State of Indiana Commission Number NP0624702
	OVERAGE	E	My Commission Expires Mar 24, 2027
	COPY		brown

NON-COM_CLERK_____