## 2019 043913

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 JUL 18 PM 1:29

MICHAEL B. BROWN RECORDER

203055614

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Jennifer Sliwa  Jennifer Sliwa	Attorney:	
	759 E 92nd Ave Merrillville, IN 46410		
Recorder of Lake County, Indiana Indiana Department of Insurance Lake County Government Center 311 W. Washington Street			
2293 North Main Street Suite 300			
Crown Point	, Indiana 46307	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:			
1. The patient was admitted to the hospital on May 13 , 2019 and was discharged from the hospital on May 13 , 2019  2. The amount due for hospital care, treatment or maintenance during the			
above hospitalization is The Thousand Nine divided Fighty Senen and 92/100			
to which th	ne patient is entit <b>ies and</b> and credits for all pay	This amount is subject to reduction for any benefice the transfer any dentract, health plan, or mediuments, contractual adjustments, write-offs, and tal's knowledge, the patient or the patient's	ical
<pre>legal repre liable for stay:</pre>	esentative claims that t damages arising from th	he following named individuals and/or entities e patient's illness or injury causing the hosp:	ital
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 dally 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.  THE METHODIST HOSPITALS, INC.			
STATE OF INDIANA )  ss: (1) Angie Djukich			
COUNTY OF I	AKE )		
	ngie Djukich	, being a <u>Patient Representative</u> for	
Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.			
(2) Emque Studich			
Subscribed and sworn to before me, a Notary Public, this			
your		Susa Stone	
- 4	on Expires:	Notary Public A Resident of Lake County	
March 24, 2027			
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this decument, unless required by law.			
	nment Prepared By:	dry A. Sobkowski, Attorney at Law Broadway, Merrillville, IN 46410	
288416	AMOUNT \$CHANCHECK #CHANCHECK #CHANCHECK #CHANCHECK #COPYNON-GOM	LISA STONE Notary Public - Seal Lake County - State of Indiana Commission Number NP0624702 My Commission Expires Mar 24, 2027	

NON-GOM