2019 043916

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 JUL 18 PM 1:29

MICHAEL B. BROWN RECORDER

101611196

TO:

288419

Return To:

Malik Morgan

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

Patient:	Malik Morgan	Attorney:	
	1608 Marcella Ave		
	Joliet, IL 60435		
Lake County 2293 North	Lake County, Indian Government Center Main Street , Indiana 46307	311 W. Suite	na Department of Insurance . Washington Street 300 napolis, Indiana 46204
IN 46402,	intends to hold a Hore, treatment or main	ospital Lien for all rentenance of the above l	TTALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows:
	charged from the hos	itted OCHE hospital d	12019
(\$ benefits to	talization is Twent 25,392.24 which the patient insurance, and credit er benefit.	believe Thousand Three Formula Three Formula Country Receits for all payments,	dundred Ninety-Two and 24/100  MP is subject to reduction for any terms of any contract, health plan, contractual adjustments, write-offs,
3. legal repre liable for stay:	esentative claims th	at the following name	the patient or the patient's d individuals and/or entities are ness or injury causing the hospital
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 delly 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 act forth in the foregoing statement are true and correct.			
		(1) Byonala Jill	mail AUP ich
STATE OF INDIANA ) Angle Djukich			
COUNTY OF LAKE )			
		ec. 1	
I Angie 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)  Angie Djukich  Angie Djukich			
Subsc	ribed and sworn to be, 2019.	efore me, a Notary Publ	lic, this 1910 day of
My Commissi	on Evniros:	_O'W)q	Notary Public
20	24, 2627	A Resident o	
11 (00 (00)	04/2001		
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this dodument, unless required by law.			
This Instru	ment Prepared By:	Gregory A. Bobkowski, 8700 Broadway, Merrill	
A.	MOUNT & OLARGE	•	
(	ASH 235 77 CHECK# 235 77 OVERAGE	E	LISA STONE  Notary Public - Seal  Lake County - State of Indiana  Commission Number NP0624702  My Commission Expires Mar 24, 2027
	NON-GOMCLERK		