## STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 043927

2019 JUL 18 PM 1:30

MICHAEL B. BROWN RECORDER

101613024

TO:

288431

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

| TO:<br>Patient:  | Alexus Thompson Alexus Thompson   | - Attorney:   |  |   |
|--|---|---|--|---|
|  | 15131 Paulina St  | _ Accorney.   |  |   |
|  | Harvey, IL 60426  | _   | -  | <del></del>   |
| Lake County<br>2293 North 1  | Lake County, Indiana<br>Government Center<br>Main Street<br>, Indiana 46307   | 311<br>Suit   | ana Department of Ins<br>W. Washington Street<br>e 300<br>anapolis, Indiana 462            |   |
| 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 bisted patient as follows:   |   |   |  |   |
| 1. and was disc  | The patient was admit<br>charged from the hospi<br>The amount due for ho  | ted to the hospital   | on May 29 ,  | 2019  |
| 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is the stream feet to stream of the stream of t |   |   |  |   |
| (\$\frac{1,086.75}{1,086.75}\$) Dollars. This amount is subject to reduction for any benefits to which the patient is entitled under the terms of any contract, health plan, or medical insurance, and credits for all payments, contractual adjustments, write-offs, and any other benefit.   |   |   |  |   |
| 3.<br>legal repre<br>liable for<br>stay:   | To the best of the Ho<br>sentative claims that<br>damages arising from  | the following name  | med individuals and  | l/or entities are   |
| the Office (90) days affecting to perjury, her   | Lien is being filed purof the Recorder of the ter the patient was did his instrument, having reby states that the hat the facts and mat | e County in which to ischarged from the age of the second to the second | he Hospital is locate<br>Hospital. The under<br>upon oath, under to<br>hold the Hospital I | ed, within ninety signed individual the penalties of Lien as described ent are true and |
| STATE OF IN  |   | (1)   | Migie Djykich  | <i>a</i> 0  |
| COUNTY OF LA   | ) ss:<br>AKE )  |   |  |   |
| 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) Myl Lill  Angie Djukich,  |   |   |  |   |
| Subscribed and sworn to before me, a Notary Public, this/S/M day of  |   |   |  |   |
| My Commissio   | on Expires:   |   | Notary   | Public  |
| March  | 24,2027   | A Resident  | of <u>Lake</u>   | County  |
| I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.   |   |   |  |   |
| This Instrument Prepared By:   |   |   |  |   |
| AMOUNI<br>CASH<br>CHEUKI<br>CVERAG<br>COPY_<br>NON-GO<br>CLERK   | 25-<br>CHARGE<br>23577<br>GE E  | regory A. (Sbbkowski,<br>700 Broadway, Merril   |  | 702 🖟   |