STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 063332

2019 SEP 18 PM 1:15

MICHAEL B. BROWN RECORDER

101625827

TO:

289983

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Return To:

Lacy Johnson

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Lacy Johnson	Attorney:	
	3666 Van Buren		
	Gary, IN 46408		
Lake County 2293 North	Lake County, Indiana Government Center Main Street , Indiana 46307	311 W. Suite	na Department of Insurance Washington Street 300 napolis, 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 July 27 , 2019 and was discharged from the hospital on July 27 , 2017 . 2. The amount due for hospital care, treatment or maintenance during the			
above hospitalization is Twent 10 Six Thousands Fifty Nine and 28 (20) (\$ 26,059.28) Dollars. This amount is subject to reduction for any benefits to which the patient he lance to under the patient he patien			
or medical and any other		ts for all payments,	contractual adjustments, write-offs,
3. legal repre	To the best of the Hesentative claims that	at the following name	the patient or the patient's d individuals and/or entities are ness or injury causing the hospital
the Office (90) days af executing to perjury, he	of the Recorder of the ter the patient was this instrument, have reby states that the	he County in which the discharged from the Ho ing been cult sworn Hospital Intends to atters sat forth in the	al Lien Law, I.C. Section 32-33-4 in the Hospital is located, within ninety ospital. The undersigned individual upon oath, under the penalties of hold the Hospital Lien as described the foregoing statement are true and ST HOSPITALS, INC.
STATE OF IN		(1) MUIANA MILITARY	Angre Djukigh
COUNTY OF LA) ss: Ake)		
Methodist H	ie Djukich ospitals, Inc., being re true and correct.	duly sworn upon oath	a Patient Representative for The a, says that the facts stated in the
	pibed and sworn to be , 2019.	fore me, a Notary Publ	Angie Djukie day of
My Commission	on Expires:	· sacce	Notary Public
AS	11/23,200	A Resident o	
	under the penalties f		ave taken reasonable care to redact
	ment Prepared By:	Gregory A. Spikhwski,	8
Notary		8700 Broadway, Merrill	
4 12	ke County n Expires Apr 23, 2022		AMOUNT \$25 CASHCHARGE
			CHECK# 23742 OVERAGE

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CLERK___