2019 064364

STATE OF INC.

LAKE CHEEL

FILED FOR ASSIS

2019 SEP 19 PH 3:31

MICHAEL SWN RECOVERS

101629485

TO:

290394

Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Damon Alexander		
Patient:	Damon Alexander	Attorney:	
	5515 W 41st Ave	_	
	Gary, IN 46408	<u> </u>	
	Lake County, Indiana Government Center		nna Department of Insurance 7. Washington Street
2293 North		Suite	
	, Indiana 46307		napolis, Indiana 46204
You a IN 46402, it hospital ca 1. and was dis 2. above hospi (\$ benefits to or medical and any oth 3. legal repreliable for stay: This the Office (90)days af executing t perjury, he	re hereby notified the intends to hold a Ho re, treatment or main. The patient was admit charged from the hope The amount due for he talization is rufftee 15,605.75 which the patient insurance, and credit er benefit. To the best of the Hesentative claims the damages arising from the Recorder of the ter the patient was this instrument, have reby states that the	nat THE METHODIST HOS spital Lien for all tenance of the above tted to the hospital ital on August 1/2 ospital care, treatment Thousand Stx Hundrent Thousand Stx Hundrent Thousand Stx Hundrent Thousand Stx Hundrent Stx for all payments, ospital's knowledge, at the following nament to the Hospital The County in which the discharged from the Hospital Intends to	PITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for listed patient as follows: On August 12, 2019 Int or maintenance during the ad Five and 75/100 unt is subject to reduction for any Contractual adjustments, write-offs, the patient or the patient's ed individuals and/or entities are ness or injury causing the hospital tal Lien Law, I.C. Section 32-33-4 in the Hospital is located, within ninety Hospital. The undersigned individual upon oath, under the penalties of hold the Hospital Lien as described
above and tocorrect. STATE OF INCOUNTY OF L	DIANA)) ss:		STHOSPITALS, INC. Angle Djukich
T An	gie Djukich	heina	a Patient Representative for The
Methodist H			th, says that the facts stated in the
		(2)	Aggie Djykich
Cucyest	ribed and sworn to be 	fore me, a Notary Pub	olic, this <u>Alono</u> day of
My Commissi	on Expires:	- () 1 40,714	Notary Public
March	24,2027	A Resident	of Lake County
		for perjury, that I has document, unless	have taken reasonable care to redact required by law.
This Instru		Gregory A. Sobkowski, 8700 Broadway, Merril	
CA CH O' CH N	NOUNT \$ 25 - NOUNT	E	LISA STONE Notary Public - Seal Lake County - State of Indiana Commission Number NP0624702 My Commission Expires Mar 24, 2027