2019-075113

2019 Oct 31

10:12 AM

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD MICHAEL B BROWN RECORDER

101637860

TO:

1

Return To:

Lateasha Reed

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Lateasha Reed	Attorney:	
	4405 W 23rd Ct		
	Gary, IN 46404		
Lake County	f Lake County, Indiar y Government Center Main Street		na Department of Insurance . Washington Street
	t, Indiana 46307		napolis, Indiana 46204
You a	are hereby notified	that THE METHODIST HOSE	PITALS, INC., 600 Grant Street, Gary, reasonable and necessary charges for
hospital ca	are, treatment or mai	intenance of the above intenance of the above intenance of the above in the above i	isted patient as follows:
and was dis	scharged from the hos The amount due for	pital on September 1 hospital care, treatmen	nt or maintenance during the
above hospi	italization is The J	housand Nine Hundrad E	ighty Four and 90/100
insurance, other benef	and credits for al	l payments, contractua	subject to reduction for any benefits of contract, health plan, or medical adjustments, write-offs, and any
3. legal repr liable for stay:	esentative claims the	hat the following name	the patient or the patient's ed individuals and/or entities are ness or injury causing the hospital
the Office (90)days at executing perjury, he	of the Recorder of fter the patient was this instrument, ha ereby states that th	the County in which the discharged from the H ving been call sworn to Hospital intends to matters set forth in t	al Lien Law, I.C. Section 32-33-4 in e Hospital is located, within ninety ospital. The undersigned individual upon oath, under the penalties of hold the Hospital Lien as described he foregoing statement are true and ST HOSPITALS, INC.
		THE METAODIS	HOSPITALS, INC.
STATE OF IN	NDIANA)	(1) CIANALULE /	may Aux Ch Angje Djykich
COUNTY OF I) ss: Lake)		
Methodist H	ngie Djukich Hospitals, Inc., bein are true and correct.	ng duly sworn upon oat	a <u>Patient Representative</u> for The says that the facts stated in the
October Subsc	cribed and sworn to b	pefore me, a Notary Publ	Angle Djukich 57 day of
My Commissi	ion Expires:	Durg s	Notary Public
na .	24, 2027	A Resident o	-
		for perjury, that I h this document, unless	ave taken reasonable care to redact
This Instru	ument Prepared By:		Attorney at Law
	AMOUNT \$ 25 -	8700 Broadwdy, Merrill	7
	CASHCHECK#	E	LISA STONE Notary Public - Seal Lake County - State of Indiana Commission Number NP0624702
	NON-DOM 13		My Commission Expires Mar 24, 2027

294533