## 2019-075116

2019 Oct 31

10:12 AM

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

101636988

294536

Richard Spencer

TO:

Return To: Hodg

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

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

	A 18 (18 (18 (18 (18 (18 (18 (18 (18 (18	orney:
- 4	4761 Jefferson St	
(	Gary, IN 46408	
A .		
	Lake County, Indiana	Indiana Department of Insurance
-	Government Center	311 W. Washington Street
2293 North Ma		Suite 300
Crown Point,	Indiana 46307	Indianapolis, Indiana 46204
You are IN 46402, in	e hereby notified that THE METHOD! tends to hold a Hospital Lien fo	IST HOSPITALS, INC., 600 Grant Street, Gary, or all reasonable and necessary charges for
hospital care, treatment or maintenance of the above listed patient as follows:		
	Docum	ent is
1. The patient was admitted to the hospital on September 15 , 2019 and was discharged from the hospital on September 15 , 2019		
and was discharged from the hospital on September 15 . 12019.  2. The amount due for hospital care, treatment or maintenance during the		
above hospitalization is rix Thousand Five Hundred Twenty-Seven and 36/100		
(\$ 6,52	27.36 Dollars. This amou	unt is subject to reduction for any benefits
to which the insurance, as other benefit	nd credits for all payments, co	Recordent ract, health plan, or medical ntractual adjustments, write-offs, and any
3. I	To the best of the Hospital's know	ledge, the patient or the patient's
legal represe	entative claims that the followi	ng named individuals and/or entities are t's illness or injury causing the hospital
This Li	ien is being filed pursuant to the	Hospital Lien Law, I.C. Section 32-33-4 in
the Office of	f the Recorder of the County in w	hich the Hospital is located, within ninety
(90) days after the patient was discharged from the Hospital. The undersigned individual		
(90) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been that 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 set forth in the foregoing statement are true and		
correct.		
	THE	METHODIST HOSPITALS, INC.
	J. SEA	diameter and the second
	(1) SEA	Marie Angle & we wh
STATE OF INDI	AINA	Angle Djukich
COUNTY OF LAK	) ss:	
	Le Djukich ,	being a <u>Patient Representative</u> for The
Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the		
foregoing are	e true and correct. (2)	Charle Level ich
	(2)	Angle Djukich of
( i Subscri	bed and sworn to before me, a Not	
October	, 2019.	O. A.
7000		was Stone
My Commission	0 - A 1 - C	Notary Public
March	24,2027	sident of Lake County
I affirm, und	der the penalties for permury, the	hat I have taken reasonable care to redact
each social s	ecurity number in this document,	unless required by law.
This Instrume	ent Prepared By:	h
		kowski, Attorney at Law
	AMOUNT \$ 8700 Broadway	Merrillville, IN 46410
	CHARGE CHARGE	
	Dy-AGEE	LISA STONE
	The second secon	Notary Public - Soul
	SC P CONTRACTOR	Lake County - State of Indiana Commission Number NP0624702
	NON-DUN di3	My Commission Expires Mar 24, 2027
	A STATE OF THE STA	