2019-075119

2019 Oct 31

10:12 AM

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

203121689

TO:

Return To:

294539

Anthony V Chico

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient: Anthony V Chico Attor	ney:
1416 N 10000 E Rd	
Momence, IL 60954	
Recorder of Lake County, Indiana	Indiana Department of Insurance
Lake County Government Center 2293 North Main Street	311 W. Washington Street
Crown Point, Indiana 46307	Suite 300 Indianapolis, Indiana 46204
Clown Folint, Indiana 40507	indianapolis, indiana 40204
You are hereby notified that THE METHODIS IN 46402, intends to hold a Hospital Lien for hospital care, treatment or maintenance of the	T HOSPITALS, INC., 600 Grant Street, Gary, all reasonable and necessary charges for above listed patient as follows:
1. The patient was admitted to the hosp	ent is
and was discharged from the hospital of Septer 2. The amount due for hospital care, to	1ber 12 A, T 2019 .
above hospitalization is The United Fighty 150	heart of maintenance during the
above hospitalization is Tribunded Fightwife (\$ 684.78 Dollars. This amount to which the patient is entitled under the University of the Control of the Co	is subject to reduction for any benefits
insurance, and credits for all payments, cont other benefit.	cractual adjustments, write-offs, and any
3. To the best of the Hospital's knowled legal representative claims that the following liable for damages arising from the patient's knowledge arising from the patient are the p	g named individuals and/or entities are
stay:	The state of the s
the Office of the Recorder of the County in who (90) days after the patient was discharged from	
executing this instrument, having been sully s	sworn upon oath, under the penalties of
perjury, hereby states that the Hospital Inten	s to hold the Hospital Lien as described
above and that the facts and matters correct.	the foregoing statement are true and
	THODIST HOSPITALS, INC.
JEAL	
(1) WEIDIAN	myle from who
STATE OF INDIANA	Angie Djukich
COUNTY OF LAKE)	
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)	Amain Now inh
(2)	Angle Djukich -
Subscribed and sworn to before me, a Notary Public, this 215 day of	
(CHO DOL), 2019.	wa Hono
My Commission Expires:	Notary Public
March 24, 2027	dent of <u>Lake</u> County
I affirm, under the penalties for penjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.	
This Instrument Prepared By:	Ut CS
	owski, Attorney at Law Merrillville, IN 46410
AMOUNTS25-	
GASH CHARGE CHI	LISA STONE
3H-0K# 23074	Notary Public - Seal
W AGE	Lake County - State of Indiana Commission Number NP0624707
JOS A Marian	My Commission Expires Mar 24, 207
NON-SON HT3	