2019-075120

2019 Oct 31

10:12 AM

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

101636796

TO:

Return To:

Claudette Johnson

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	Claudette Johnson	[15]	
	1441 W Lockwood A	lve	
	Chicago, IL 60651	-	
D 1			
	Lake County, Indian		Department of Insurance
-	Government Center Main Street	Suite 30	ashington Street
	Indiana 46307		
CIOWII FOIIIC	, indiana 40307	Indianap	olis, Indiana 46204
IN 46402,	intends to hold a H	lospital Lien for all rea	ALS, INC., 600 Grant Street, Gary, sonable and necessary charges for
		ntenance of the above lis	
1.	The patient was add		September 14 , 2019
and was dis	The amount due for	oftal on September 14	2019
			or Maintenance during the
(\$ 26,2		Dix Theysand Two Hundry Dollars. This amount	is subject to reduction for any
henefits to	which the patient	he Lake County Recor	first of any contract, health plan,
or medical	insurance, and cred	lits for all navments con	ntractual adjustments, write-offs,
and any oth	mer benefit.	ares for all paymenes, con	ittactual augustments, write-orrs,
3.		Hospital's knowledge, the	patient or the patient's
	esentative claims t	hat the following named	individuals and/or entities are
liable for	damages arising fr	om the patient's illnes	s or injury causing the hospital
stay:	Marin 1800-1900 200 100 100 100 100 100 100 100 100 1	1	and any and masprour
This	Lien is being filed	pursuant to the Hospital	Lien Law, I.C. Section 32-33-4 in
the Office	of the Recorder of	the County in which the H	Hospital is located, within ninety
(90) days af	fter the patient was	discharged from the Hosp	oital. The undersigned individual
executing t	this instrument, ha	ving been duly (sworn up	on oath, under the penalties of
perjury, he	ereby states that th	ne Hospita l intends t o ho	ld the Hospital Lien as described
above and t	that the facts and	matters set forth in the	foregoing statement are true and
correct.			
		THE METHODIST	HOSPITALS, INC.
		(1) The Parish will be	gue Aux who
STATE OF IN	DIANA	(1) WENDIANA WE OW	ngie Djukich
SIAIE OF IN) ss:	- Ax	ngie Djakich
COUNTY OF L	g 00000000		
	*		
I_ An	gie 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) Umq	a pur ch
95.7 50			gie Djykich
Subsc		pefore me, a Notary Public	, this all day of
UCHESET	, 2019.	1 7.	Lava.
			1011 <u>1</u>
My Commissi	on Expires:	2.2	Notary Public
1000000	11 2027	A Resident of	Lake County
VV(WCLT O	4,2001		
I affirm. w	under the penalties	for permury, that I have	taken reasonable care to redact
each social	security number in	this document, unless requ	aired by law.
		PILLA	
This Instrument Prepared By:			
	-	Gregory A. Søbkowski, At	
	25-	8700 Broadway, Merrillvi	lle, IN 46410
1	AMOUNI \$	-	
	3ASH 738410		
	SPIFUR #	~	LISA STON:
	TYPIAGE	E	Notary Public - Seal Lake County - State of Indiana
	JUE V		Commission Number NP0624707
	NON-GUIV		My Commission Expires Mar 24, 2027

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