2019-075121

2019 Oct 31

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 10:12 AM MICHAEL B BROWN RECORDER

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TO:

Return To:

Russell Johnson

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient: Russell Johnson	Attorney:
2930 W 2nd Ave	
Gary, IN 46404	
-	
Recorder of Lake County, Indiana	Indiana Department of Insurance
Lake County Government Center	311 W. Washington Street
2293 North Main Street	Suite 300
Crown Point, Indiana 46307	Indianapolis, Indiana 46204
	•
IN 46402, intends to hold a Hospit	THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, al Lien for all reasonable and necessary charges for ance of the above listed patient as follows:
1	Jocument 1s
1. The patient was admitted	
and was discharged from the hospita	on September 11 , 12019
2. The amount due for hospi	ttal eare, treatment or maintenance during the
above hospitalization is reventeen	Thousand Fight Hundred Nine Wine and 93/100
(\$ 17,899.93 /) Do	llars. This amount is subject to reduction for any
or medical insurance, and credits and any other benefit.	for all payments, contractual adjustments, write-offs,
3. To the best of the Hospi	tal's knowledge, the patient or the patient's
legal representative claims that t	the following named individuals and/or entities are patient's illness or injury causing the hospital
This lies is being filed sure	want to the Wearital Lies I.v. I C. Castian 20 22 A in
the Office of the Boardon of the	uant to the Hospital Lien Law, I.C. Section 32-33-4 in
(00) dans after the Recorder of the C	County in which the Hospital is located, within ninety
(90) days after the patient was disc	charged from the Hospital. The undersigned individual
executing this instrument, having	been duly sworn upon oath, under the penalties of spital intends to hold the Hospital Lien as described
perjury, hereby states that the Hos	spital intends to hold the Hospital Lien as described
	rs set forth in the foregoing statement are true and
correct.	
	THE METHODIST HOSPITALS, INC.
	11) I Acoust March 10 to the
CEASE OF INDIANA	(1) MOIANA MICH MIGGO DE WIN
STATE OF INDIANA	Angie Djukich
) ss:	
COUNTY OF LAKE)	
T America Division	being a Debient Demonstration for Min
I Angie Djukich	, being a <u>Patient Representative</u> for The
	ly sworn upon oath, says that the facts stated in the
foregoing are true and correct.	A si A sa
	(2) Ingle HUR UN
	Andra Davide ah
A .	Angle Djuklich
Subscribed and sworn to before	e me, a Notary Public, this 215 day of
Subscribed and sworn to before , 2019.	4 7 7 7
<u>C 70 001</u> , 2019.	me, a Notary Public, this <u>215</u> day of way
Subscribed and sworn to before , 2019. My Commission Expires:	me, a Notary Public, this 215 day of Notary Public Notary Public
<u>C 70 001</u> , 2019.	me, a Notary Public, this <u>215</u> day of way
My Commission Expires: March 24, 2027	ne, a Notary Public, this 215 day of Notary Public A Resident of Lake County
My Commission Expires: March 34, 2027 I affirm, under the penalties for	Notary Public, this 215 day of Notary Public A Resident of Lake County Parjury, that I have taken reasonable care to redact
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My Commission Expires: Mouth JU, 2027 I affirm, under the penalties for each social security number in this This Instrument Prepared By: Greg	Notary Public, this Als day of Notary Public A Resident of Lake County Perjury, that I have taken reasonable care to redact dorument, unless required by law. Fory A. Sobkowski, Attorney at Law
My Commission Expires: Mach 34, 2027 I affirm, under the penalties for each social security number in this This Instrument Prepared By: Greg 8700	Notary Public, this 215 day of Notary Public A Resident of Lake County Perjury, that I have taken reasonable care to redact document, unless required by law.
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