2019-075122

2019 Oct 31

10:12 AM

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

#203121540

TO:

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Return To:

JACQUELINE GOMEZ

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Patient:	JACQUELINE GOMEZ	Attorney:	
	11225 S AVENUE O		
	CHICAGO, IL 60617		
	Lake County, Indiana		Department of Insurance
2293 North I	Government Center		shington Street
		Suite 300	
Crown Point	, Indiana 46307	Indianapo	olis, Indiana 46204
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, IN 46402, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows:			
1.		Document 1s ed to the hospital on s	
and was disc	charged from the hospit The amount due for hos	al on <u>SEPTEMBER 11, 20</u> pital care, treatment o	r maintenance during the
above hospi	talization is ThiNIN	E HUNDRED EIGHTY SIX	12/1 20 of
to which the	e patient is entitle	Lake County Recor	ect to reduction for any benefits contract, health plan, or medical
insurance, and credits for all payments, contractual adjustments, write-offs, and any other benefit.			
3.		pital's knowledge, the	patient or the patient's
			individuals and/or entities are
			or injury causing the hospital
stay:			
			Lien Law, I.C. Section 32-33-4 in
			ospital is located, within ninety
(90) days after the patient was discharged from the Hospital. The undersigned individual			
			on oath, under the penalties of
perjury, he	reby states that the H	ospital intends to hol	d the Hospital Lien as described
above and that the facts and matters set forth in the foregoing statement are true and			
COTTECT. THE METHODIST HOSPITALS, INC.			
		THE METHODEST H	IOSPITALS, INC.
		(1) BYDAN SELL	usa lama
STATE OF IN	DIANA	MEL/ISSA V	74 80 LE 7
STATE OF IN) ss:	\ Indiana \	
COUNTY OF LA	* 1		
COONII OF III	ARG /		
I	MELISSA VASQUEZ ,	being a Patient Re	presentative for The Methodist
Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing			
are true and correct.			
		(2) Hells	ssa laseres
		MELISSA V	ASQUEZ INTO
/ Subsc:	ribed and sworn to befo	re me, a Notary Public,	this day of
Octobin	, 2019.	Luna 1	nnn
My Commissi	on Expires:	(1) W(9 1)	Notary Public
March	1 2 V. 20 27	A Resident of _	County
I affirm, u	inder the penalties for	perjuly, that I have	taken reasonable care to redact
each social	security number in thi	s document, unless reach	ired by law.
This Instru	mont Propored By:	15 Um or	
This instru	ment Prepared By:	egory A. Sobkovski, Att	orney at Law
8700 Broadway, Merrillville, IN 46410			
AMOUNT 9 25-			
	CHARGE .	9	
	23840	,	LISA STONE
	ON AGE	į.	Notary Public - Seal Lake County - State of Indiana
	OF THE PARTY OF TH	· .	Commission Number NP0624702
	GOP / was	9	My Commission Expires Mar 24, 2027

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