2019-080963

2019 Nov 22 1:11 PM

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

#101646749

Return To: Hodges & Davis, P.C.
8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: TEIARA WINSTON
Patient: TEIARA WINSTON
1051 HANLEY ST
GARY, IN 46404

Attorney:

Recorder of Lake County, Indiana
Lake County Government Center
2293 North Main Street
Crown Point, Indiana 46307

Indiana Department of Insurance
311 W. Washington Street
Suite 300
Indianapolis, 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. The patient was admitted to the hospital on OCTOBER 29, 2019 and was discharged from the hospital on OCTOBER 29, 2019.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is THREE THOUSAND FIVE HUNDRED FIFTY-NINE 11/100 ($ 3,559.11) Dollars. This amount is subject to reduction for any benefits to which the patient is entitled under the terms of any contract, health plan, or medical insurance, and credits for all payments, contractual adjustments, write-offs, and any other benefit.

3. To the best of the Hospital's knowledge, the patient or the patient's legal representative claims that the following named individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay:

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 Hospital is located, within ninety (90)days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been duly 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.

(1) BY: Melissa Vasquez
MELISSA VASQUEZ

STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

I MELISSA VASQUEZ, 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) Melissa Vasquez
MELISSA VASQUEZ

Subscribed and sworn to before me, a Notary Public, this 6th day of November, 2019.

Lisa Stone
Notary Public
A Resident of Lake County

My Commission Expires:
March 24, 2027

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.

This Instrument Prepared By: Gregory A. Sobkowski
Gregory A. Sobkowski, Attorney at Law
8700 Broadway, Merrillville, IN 46410

AMOUNT $ 25-
CASH CHARGE
CHECK # 23896
OVERAGE
COPY
NON-COM
CLERK

E

LISA STONE
Notary Public - Seal
Lake County - State of Indiana
Commission Number NP0624702
My Commission Expires Mar 24, 2027

295235

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