2019-086311

2019 Dec 13

9:38 AM

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

101644507

Return To:

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:	Jody M King Valerie Stutesman 1657 E Rand St Hobart, IN 46342	Attorney:	
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			7. Washington Street e 300
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 18 , 2019 and was discharged from the hospital on october 18 , 2019 2. The amount due for hospital care, treatment or maintenance during the			
above hosp: (\$ 3 to which the	talization is Three Thre	nousand Six Hundred S. This amount is Lundre Cheuterws Roscopayments, contractu	Eighty-Nine and 24/100 subject to reduction for any benefits anyleontract, health plan, or medical al adjustments, write-offs, and any the patient or the patient's
legal repr	esentative claims that	the following nam	ed individuals and/or entities are causing the hospital
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.			
STATE OF INDIANA) Argig Djukich) ss:			
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.			
Subscribed and sworn to before me, a Notary Public, this day of			
My Commiss	ion Expires: h 24, 2027		Notary Public of Lake County
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. Jobkowski, Attorney at Law 8700 Broadway, Merrillville, IN 46410			
(AMOUNT \$ 25- CASH CHANGE CHECK # 23737 OVERAGE E NON-COM CLERK 43		LISA STONE Notary Public - Seal Lake County - State of Indiana Commission Number NP0624702 My Commission Expires Mar 24, 2027