2019-086318

2019 Dec 13

9:38 AM

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

101646052

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Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN
Patient: Brandi N Peterson Patient: Brandi N Peterson 2920 W 7th 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
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 of october 25 , 2019 and was discharged from the hospital of october 25 , 2019 2. The amount due for hospital ears, treatment of maintenance during the above hospitalization is roughly found that the patient is entitled for Hundred Forty Three and 24/100 (§ 9,443.24
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. (2)
AMOUNT 5 CASH CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE COmmission Number NP0624702 COMMISSION Sumber NP0624702