2019-086323

2019 Dec 13

9:42 AM

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

LISA STONE

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

#101645608

Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: MILISSA O'HERN Patient: MILISSA O'HERN	Attorney:
56 STRAWHAT	
LAFAYETTE, IN 47909	
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:	
and was discharged from the hosp 2. The amount due for above hospitalization is Sixth	ital on October 24 2019 ital on October 24 2019 spital care, treatment of maintenance during the outside eight hundred thirty nine dollars & 57/100 toes rsubjects to reduction for fany benefits to which the
and credits for all payments, to 3. To the best of the H legal representative claims the	erms of any contract, health plan, or medical insurance, heractual adjustments, write-offs, and any other benefit. ospital's knowledge, the patient or the patient's the following named individuals and/or entities are the patient's illness or injury causing the hospital
the Office of the Recorder of t. (90) days after the patient was executing this instrument, have perjury, hereby states that the	ursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the County in which the Hospital is located, within ninety discharged from the Hospital. The undersigned individual ling been duly sworn upon oath, under the penalties of Hospital intends to hold the Hospital Lien as described atters set forth in the foregoing statement are true and
STATE OF INDIANA) COUNTY OF LAKE)	DIAN HALL
	tient Representative for The Methodist Hospitals, Inc., ys that the facts stated in the foregoing are true and (2) DIAN HALL
Subscribed and sworn to be 2019.	fore me, a Notary Public, this 1910 day of
My Commission Expires: Mush 24,2027	A Resident of Salvo County
each social security number in t This Instrument Prepared By:	Gregory A.Sobkovski, Attorney at Law 8700 Broadway, Merrillville, IN 46410

295689

AMOUNTS. CASH

OHEGK #. OVERAGE. COPY NON-LUDE

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