2019-086326

2019 Dec 13

9:42 AM

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

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Return To: Hodges & Da

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Phillis P Hall		
Patient:	Phillis P Hall	Attorney:	
	618 Pierce St		
	Gary, IN 46402		
Recorder of	Lake County, Indiana	Indiana De	epartment of Insurance
	Government Center		shington Street
	Main Street , Indiana 46307	Suite 300	lia Taliana ACOOA
Crown Point	, indiana 46307	Indianapol	lis, Indiana 46204
IN 46402,	intends to hold a Hosp;	tal Lien for all reaso	S, INC., 600 Grant Street, Gary, chable and necessary charges for
nospital ca		nance of the above liste	
1.	The patient was admitt	ed to the hospital on Oc	ctober 08 , 2019
	charged from the hospit	alon October 08T A	2019
2. above bospi		pital care, treatment of ousand Three Mundred Thi	maintenance during the
			ect to reduction for any benefits
			ontract, health plan, or medical
insurance, other benef		ayments, contractual a	djustments, write-offs, and any
3.		oital's knowledge, the r	patient or the patient's
	esentative claims that	the following named	individuals and/or entities are
	damages arising from	the patient's illness	or injury causing the hospital
stay:			
			ien Law, I.C. Section 32-33-4 in
			spital is located, within ninety
executing 1	this instrument, having	been duly sworn upor	tal. The undersigned individual oath, under the penalties of
perjury, he	reby states that the H	ospital intends to hold	the Hospital Lien as described
above and t			foregoing statement are true and
correct.		THE METHODIST HO	ORTHAZ C. TNC
		THE METHOSIST HO	
		(1) WANA THE	Engle Will wh
STATE OF IN	DIANA) ss:	P	ingid Djukich
COUNTY OF L	•		
	gie Djukich		Patient Representative for The
Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.			
3 3		$(2) \qquad \qquad (mq)$	ie grod kh
A Gubaa	wihad and allow to befo	Angi	te Djuffich Today of
Ylovenil	\mathcal{M} , 2019.	re me, a Notary Public,	this <u>20</u> day of
	·	Ouro Of	000
My Commissi	on Expires:	7 7 - 1 1 - 1 - 5	Notary Public
VVIOLOS	24, 2027	A Resident of	Lake County
, , , , , , , , , , , , , , , , , , ,			
		perjury, that I have s document, unless requi	taken reasonable care to redact ired by law.
This Instrument Prepared By:			
Gregory A. Bobkowski, Attorney at Law 8700 Broadway, Merrillville, IN 46410			
6700 Bloadway, Merrilliville, IN 46410			
	AMOUNT \$_25-		
	CASH_CHANGE OF A		LISA STONE SAME SAME SAME SAME SAME SAME SAME SAM
	CHRISTIN # 23770	E	Lake County - State of Indiana
	OVERAGE	~	Commission Number NP0624702 My Commission Expires Mar 24, 2027
	COPY		