## 2019-086341

2019 Dec 13

9:42 AM

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

101641415

Return To: Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN TO: Donte L Madry Patient: Donte L Madry Attorney: 4388 Masschusetts St Gary, IN 46409 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 on October 04 , 2019 and was discharged from the hospital on 2. The amount due for hospital e above hospitalization is 151x Thousand Seven Hundred Fighty-Two and 04/100
(\$ 6,782.04 Dollars. This amount is subject to reduction for any benefits (\$ 6,782.04 ) Dollars. This amount is subject to reduction for any penerits to which the patient is entitled under the terms because the t 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. correct. THE METHODIST HOSPITALS, INC. mgil Sive wh STATE OF INDIANA SS: COUNTY OF LAKE , being a <u>Patient Representative</u> for The I Angie Djukich Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. Mario (2) Subscribed and sworn to before me, a Notary Public, this lovember, 2019. Stone Durg My Commission Expires: Notary Public A Resident of \_\_\_\_Lake \_\_\_\_\_County March 24, 202 \_ ..... 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. Sobkovski, Attorney at Law
8700 Broadway, Merrillville, IN 46410 . . . - - ---

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LISA STONE Notary Public - Seal

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

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