## NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL RECORDER

2022-024806

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2022 Aug 2 8:43 AM

102126311

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN Raymond Hunter Patient: Raymond Hunter Attorney:

113 Overlook Dr Vicksburg, MS 39180

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:

The patient was admitted to the hospital on June 27 , 2022
and was discharged from the hospital on June 27 , 2022
2. The amount due for hospital care, treatment or maintenance during the above hospitalization is One Thousand Nine Hundred Seventy-Six and 75/100

(\$ 1,976.75 ) #Ollars. This amount is subject to reduction for any benefits

(\$ 1,976.75 ) Wollars. This amount is subject to reduction for any benefits to which the patient is entitled under the terms of any contract, health plan, or medical insurance, and credits for all payments, contractual adjustments, write-offs, and any other benefit.

To the best of the Hospital's knowledge, the patient or the patient's 3. 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

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 ) ss: COUNTY OF LAKE Angie Djukich being a Patient

sentative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. male

scribed and sworn to before me, a Notary Public,

, 2022.

this

Resident of My Commission No:

DERDA A POSE

Law County - State of Indiana Law County - State of Indiana Commission Number MP0533049

Commission Number MP0533049

Commission Pairs MP2 12 (MMD01) ties for perjury, that I have taken reasonable care to redact commission of the 12 (MMD01) ties for perjury, that I have taken reasonable care to redact commission of the 12 (MMD01) ties for perjury, that I have taken reasonable care to redact commission of the 12 (MMD01) ties for perjury, that I have taken reasonable care to redact commission of the 12 (MMD01) ties for perjury, that I have taken reasonable care to redact commission of the 12 (MMD01) ties for perjury, that I have taken reasonable care to redact commission of the 12 (MMD01) ties for perjury, that I have taken reasonable care to redact commission of the 12 (MMD01) ties for perjury, that I have taken reasonable care to redact commission of the 12 (MMD01) ties for perjury, that I have taken reasonable care to redact commission of the 12 (MMD01) ties for perjury, that I have taken reasonable care to redact commission of the 12 (MMD01) ties for perjury, that I have taken reasonable care to redact commission of the 12 (MMD01) ties for perjury, that I have taken reasonable care to redact commission of the 12 (MMD01) ties for perjury, that I have taken reasonable care to redact commission of the 12 (MMD01) ties for perjury the 12 (MMD01) ties for the 12 (MMD01) ties for

This Instrument Prepared By:

But aura Laura B. Frost, Attorney at Law 8700 Broadway, Merrillville, IN 46410

> CHECK # OVERAGE, COPY NON-COM CLERK

AMOUNT. CASH

Public

County

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