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RECORDER STATE OF INDIANA LAKE COUNTY

2022-039464

FILED FOR RECORD

2022 Nov 22 1:38 PM

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Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient: Erick Gonzalez Erick Gonzalez

5241 Washington St Merrillville, IN 46410

Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307

Attorney: Chepov & Scott

1700 W Higgins Rd #430 Chicago, IL 60018

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 August 28 and was discharged from the hospital on August 28 2022.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is One Thousand Six.

(\$ 1,006.00 | Dollars. 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. 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

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 Angie Djukich SS: COUNTY OF LAKE Representative for The I_Angie Djukich being a Patient Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. war wh (2) Angie Dukic ubscribed and sworn to before me, a Notary Public. this day of Why 2022. Commission Expires: Notary Public Resident of Lake County

My Commission No: DEBRA A ROSE Notary Public - Seal

ake County - State of Indiana ommission Number NP065304 Ay Commission Expires Apr 23, 2030

alties 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:

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

> CHARGE CASH CHECK # OVERAGE COPY NON-COM CLERK

AMOUNT

325223