## NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL RECORDER STATE OF INDIANA 2023-005632

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LAKE COUNTY FILED FOR RECORD 3:22 PM 2023 Feb 15

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

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO: Patient:

Steve McAlister Steve McAlister 407 E Center St Glenwood, IL 60425

Attorney:

Friedman & Solmor 200 N LaSalle St #2750 Chicago, IL 60601

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 December 22 \_ , 2022 and was discharged from the hospital on December 22 , 2022

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Three Thousand One Hundred Ninety-Three (\$ 3,193.00 ) Dollars. This amount is subject to re 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

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.

THE METHODIST HOSPITALS, INC. ngde Djukig STATE OF INDIANA ss: COUNTY OF LAKE Angie Djukich Representative for The being a Patient

Methodist Hospitals, Inc., being duly sworn upon oath says that the facts stated in the foregoing are true and correct. (2) Angle Djuk

Subscribed and sworn to before me, a Wotary Public, M1 , 2023.

mission Expires:

ske County - State of Indiana mmission Number NP0653049

Notary Public Resident of County My Commission No:

on Expires Apr 23, 2030 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. S' Free

This Instrument Prepared By:

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

AMOUNT. CASH CHECK # OVERAGE COPY NON-COM CLERK