NOT AN OFFICIAL DOCUMENT

2

GINA PIMENTEL RECORDER

2023-033263

STATE OF INDIANA
LAKE COUNTY 1:32 PM
RECORDED AS PRESENTED

2023 Dec 6

102370496 Return To:	Hodges & Davis, P.C.
SWORN STATEMENT & NOTICE OF	8700 Broadway, Merrillville, IN 46410 INTENTION TO HOLD HOSPITAL LIEN
TO: Mary McGee Patient: Mary McGee	Attorney:
1972 Williams Street	Accorney:
Gary, IN 46404	
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
IN 46402, intends to hold a Hospital Lie hospital care, treatment or maintenance of 1. The patient was admitted to the and was discharged from the hospital on 2. The amount due for hospital on some hospitalization is one Thousand one (\$ 1,100.00) Dellars. This to which the patient is entitled under the insurance, and credits for all payments other benefit. 3. To the best of the Hospital's legal representative claims that the folliable for damages arising from the pastay: This Lien is being filed pursuant to the Office of the Recorder of the County (90) days after the patient was discharged executing this instrument, having been perjury, hereby states that the Hospital	e hospital on <u>September 28 , 2023</u> <u>September 28 , 2023</u> re, treatment or maintenance during the
correct.	
	THE METHODIST HOSPITALS, INC.
	BY: Shames Jadres
STATE OF INDIANA) ss:	
COUNTY OF LAKE)	
I Thomas E Tadros , b	eing a Patient Representative for The Methodis
	th, says that the facts stated in the foregoing
are true and correct. (2)	Thomas C. Jadros
Subscribed and sworn to before me, a	Notary Public, this day of
My Commission Expires:	Notary Public
	Resident of County My Commission No. 24 County
Notary Public - Seal Lake County - State of Indiana Commission Number NP0653049	
each social security number in this docume	y, that I have taken reasonable care to redact
This Instrument Prepared By:	See attacker
Laura B. Frost, Attorney at Law 8700 Broadway, Merrillville, IN 46410	

25.

CHARGE,

AMOUNT

CASH

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL RECORDER 2023-033263

STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED

1:32 PM 2023 Dec 6

102370496

Mary McGee

TO:

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIKN

Mary McGee Patient: Attorney: 1972 Williams Street Gary, IN 46404 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: The patient was admitted to the hospital on September 28 , 2023 and was discharged from the hospital on September 28 , 2023 The amount due for hospital care, treatment or maintenance during the above hospitalization is One Thousand one hundred dollars 00/100

(§ 1,100.00) Pollars. 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.

I Thomas E Tadros , being a Fatient Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct.

(2) James Jacks J

Resident of My Commission No:

My Commission Expires:

89:

DERRA ROSE
Notary Public - Seal
Lake County - State of Indiana

| Neary Public - Seal | Labe County - State of Indiana | Labe County - Indiana | Labe - Indian

This Instrument Prepared By:

STATE OF INDIANA

COUNTY OF TAKE

Laura B. Frost, Attorney at Law

8700 Broadway, Merrillville, IN 46410

CMSH CHARGE
CHECK # 326 45