NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL RECORDER STATE OF INDIANA

2023-033269

LAKE COUNTY
RECORDED AS PRESENTED

1:32 PM 2023 Dec 6

REGORDED AS PRESENTED
102375296 Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410
SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN
TO: Maria T Rios Patient: Maria T Rios Attorney: 4152 Grant Street Gary, IN 46408
Recorder of Lake County, Indiana Indiana Department of Insurance Lake County Government Center 311 W. Washington Street 2029 North Main Street Suite 300 Crown Point Indiana 46307 Indianapolis, Indiana 46204
You are negaby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, Intends to hold a Hospital Lien for all reasonable and necessary charges for nospital care, treatment or maintenance of the above listed patient as follows:
1. The patient was admitted to the hospital on October 07 , 2023 and was discharged from the hospital on October 08 , 2023 . 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is One Thousand One Hundred dollars 00/100 (\$ 1,100.00) 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 gatlent'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 sworm upon oath, under the penalties of bedove and that the facts and matters set forth in the foregoing statement are true and above and that the facts and matters set forth in the foregoing statement are true and
THE METHODIST HOSPITALS, INC.
STATE OF INDIANA) ss:
I Thomas E Tadros , being a <u>Patient Representative</u> for The Methodist dospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) Manual C. Jadrus
Subservibed and sworn to before me, a Notary Public, this of day of
My Commission Expires: Resident of County Public County My Commission No: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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: Taura Short Laura B. Frost, Attorney at Law 8700 Broadway, Merrillville, IN 46410