NOT AN OFFICIAL DOCUMENT

RECORDER STATE OF INDIANA LAKE COUNTY

2024-005058

RECORDED AS PRESENTED

10:22 AM 2024 Feb 1

Hodges & Davis, P.C. 205324433 Return To: 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN TO: Joseph B Porter Patient: Joseph B Porter Attorney: 5907 Vermont Street Merrillville, IN 46410 Indiana Department of Insurance Recorder of Lake County, Indiana Lake County Government Center 311 W. Washington Street Suite 300 2293 North Main Street 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 January 05 , 2024 and was discharged from the hospital on <u>January 05</u>, <u>2024</u>.

2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Three Thousand One Hundred and three dollars 25/100 (§) 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. 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. STATE OF INDIANA ss: COUNTY OF LAKE Thomas E Tadros , being a Patient Representative for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. (2) and sworn to before me, a Notary Public, 72024. otary Public Resident of My Commission No DEBRA A ROSE y - State of Indiana Number NP065304 ssion Expires Apr 23, 2030 lties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. Laura 15. Fr. 1 This Instrument Prepared By: Laura B. Frost, Attorney at Law 8700 Broadway, Merrillville, IN 46410

AMOUNT

CASH CHECK # OVERAGE COPY NON-COM CLERK

CHARGE