NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED

2024-005060

10:22 AM

2024 Feb 1

205315175

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Hodges & Davis, P.C.

NON-COM_ CLERK___

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

	TO: Patient:	Denzel McGriggs Denzel McGriggs 7330 Marshall St	Attor	rney:			
		Merrillville, IN	46410				
	Lake County 2293 North	Lake County, Indian Government Center Main Street , Indiana 46307	a	311 W. Wash Suite 300	artment of In ington Street s, Indiana 46		
You are hereby notified that THE METHODIST HOSPITALS, INC., 600 Grant Street IN 46402, intends to hold a Hospital Lien for all reasonable and necessary char hospital care, treatment or maintenance of the above listed patient as follows:							
	above hospi (\$ 2, to which the	The patient was admicharged from the hos The amount due for talization is	pital on <u>Decem</u> hospital care, t housand Seven Hu lars. This amoun d under the term	ber 31 , 2 reatment or ndred thirty nt is subject as of any con	023 . maintenance d -two dollars t to reductiontract, healt	during the 25/100 on for any h plan, c	y benefits
	3. legal repre	To the best of the esentative claims the damages arising from	nat the followin	g named in	ndividuals ar	nd/or ent	ities ar
	the Office (90)days af executing to perjury, he	Lien is being filed of the Recorder of ter the patient was this instrument, ha ereby states that the that the facts and that	the County in wh discharged from ving been duly e Hospital inter matters set fort	the Hospita sworn upon ds to hold	pital is loca il. The under oath, under the Hospital regoing state	ted, with rsigned if the pen Lien as	nin ninety individual alties of described
			(1) BY:	Thomas	10. Ju	dras)	
	STATE OF IN	DIANA)	(1) B1: _	July Man	C	Val	-
	COUNTY OF L) ss: AKE)			0,		
	I	Thomas E Tadros	heina	a Datient D	epresentative	for The	Methodis
	Hospitals,	Inc., being duly sw		ays that the	facts state		
	are true an	d correct.	(2)	Shomes	. C. Indr	سه	_
	FINU,	ribed and sworn to b 2024. on Expires:	pefore me, a Nota	ry Public, t	l'Hox	day of	_
	Lake (DEBRA A ROSE NOTATY Public - Seel County - State of Indiana sidon Number NP0653049 ission Expires Apr 23, 2030		ent of <u>L</u> mmission No:	NPO	County US3	049
I arram the popultes for perjury, that I have taken reasonable careach social security number in this document, unless required by law.							to redac
		ment Prepared By:		5 Freu	-		
			Laura B. Frost,				25 -
			8700 Broadway,	Merrillville	, IN 46410	AMOUNT_	CHAPCE.
						CASH	2986
					C	CHECK #_ OVERAGE_	A-1-41
					7	COPY	