## NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL RECORDER

2024-005062

STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED

10:22 AM 2024 Feb 1

CLERK

| 1024   | 13285   | Return T  | o: Hodg  |   |  | TN 4641   | •   |
|--|---|---|--|---|--|---|---|
| <u>s</u>   | WORN STATEM   | ENT & NOTICE  |  | dway, Merril<br>ON TO HOLD  |  |   | 0   |
| TO:<br>Patient:  | Timothy Hai<br>Timothy Hai<br>8821 Hemloo<br>Gary, IN 46  | nes<br>k Lane   | Attorney:  |   |  |   |   |
| Lake Count<br>2293 North   | f Lake County,<br>y Government C<br>Main Street<br>t, Indiana 463   | enter   | 311<br>Suit  | ana Departmen<br>W. Washington<br>e 300<br>anapolis, Ind  | Street   |   |   |
| IN 46402,  | intends to ho   | ified that THE<br>ld a Hospital<br>or maintenance   | Lien for all   | reasonable a  | ind nece   | ssary cha   | et, Gary,<br>rges for                           |
| 2. above hosp (\$ 1 to which t insurance, other bene 3. legal repr | scharged from The amount d italization is .100.00 he patient is and credits fit. To the best resentative cl                 | was admitted to<br>the hospital on<br>ue for hospital<br>one Thousand<br>) Dollars. T<br>entitled under<br>for all payme<br>of the Hospital<br>aims that the<br>sing from the | n <u>December 1</u> care, treatm <u>One Hundred d</u> his amount is the terms of nts, contract s knowledge, following na | 5 , 2023 ent or mainte ollars 00/ subject to r any contract ual adjustme: the patient med individ | enance du<br>100<br>eduction<br>, health<br>nts, wr:<br>or the p | n for any plan, or ite-offs, patient's  | medical and any                                 |
| the Office<br>(90)days a<br>executing<br>perjury, h                | of the Record<br>fter the patie<br>this instrume<br>mereby states   | filed pursuan<br>der of the Cour<br>ent was dischar<br>ent, having be<br>that the Hospi<br>s and matters  | nty in which to<br>ged from the<br>en duly sworn<br>tal intends to   | the Hospital Hospital. To upon oath, hold the Ho  | is locat<br>he under<br>under<br>ospital                         | ed, withing signed in the pena Lien as the control of the control | in ninety<br>ndividual<br>lties of<br>described |
|  |   |   | THE METHOD   | IST HOSPITALS   |  | ,   |   |
| STATE OF I   | NDIANA  | (1)   | BY:  | mas .   | Saa  | res   |   |
| COUNTY OF  |   | ) ss:<br>)  |  | `   | 0  | ~   |   |
| Subs   | Inc., being ond correct.  | adros duly sworn upor (2) orn to before me  | oath, says t   | hat the fact  | Jada<br>Jada<br>Do L<br>Notar                                    | for The lain the say of   | Methodist<br>Foregoing                          |
| Lake<br>Comm<br>My Comm<br>I affirm,<br>each socia                 | Notary Public - Seal<br>County - State of Indiana<br>ission Number NP065304<br>mission Expires Apr 23, 20<br>under the per- | alties for per<br>ber in this do  | My Commiss   | have taken in required by   | PDG  | 5309  |   |
|  | -   | Laura   | 3. Frost, Attoroadway, Merri   | rney at Law<br>llville, IN 4  | 16410  | AMOUNT<br>CASH<br>CHECK #_2   | J5/<br>CHARGE<br>VQLI                           |
|  |   |   |  |   | 9  | OVERAGE<br>COPY   |   |
|  |   |   |  |   |  | NON-COM   | <b>A</b>  |