## NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED

2024-005063

10:22 AM 2024 Feb 1

Return To: Hodges & Davis, P.C. 102415842 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN TO: Narkeatar T Cook Narkeatar T Cook Patient: Attorney: 545 W 67th Pl Merrillville, IN 46410 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: 1. The patient was admitted to the hospital on  $\underline{\text{December 19}}$  ,  $\underline{\text{2023}}$  and was discharged from the hospital on  $\underline{\text{December 19}}$  ,  $\underline{\text{2023}}$  . 2. The amount due for hospital care, treatment or maintenance during the above hospitalization is Fourt Thousand Five Hundred thirteen dollars 57/10

(\$ 4,513.57 \_\_\_\_\_ ) 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 patient's illness or injury causing the hospital stav: 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 (39) days after the patient was discharged from the Assistal. 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 , being a <u>Patient Representative</u> for The Methodist I <u>Thomas E Tadros</u>, being a <u>Patient Representative</u> for The Methodist Hospitals, Inc., being duly sworn upon oath, says that the facts stated in the foregoing are true and correct. Subscribed and sworn to before me, a Notary Public, War 2024. Resident of My Commission otary Public - Seal Anotary Public - Seal
Lake County - State of Indiana Commission I mmission Expires Apr 23, 2030 my commission that it is a model the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. Jaura S. Frise This Instrument Prepared By: Laura B. Frost, Attorney at Law 8700 Broadway, Merrillville, IN 46410 AMOUNT

CHARGE

CASH\_\_\_\_ CHECK #\_ OVERAGE\_ COPY\_\_\_ NON-COM CLERK\_\_