NOT AN OFFICIAL DOCUMENT

RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2024-019893

12:27 PM 2024 Jul 26

102523791

Ebony Covington

Recorder of Lake County, Indiana Lake County Government Center

Ebony Covington
3601 Main Street C

East Chicago, IN 46312

CLERK

TO:

359601

Patient:

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

Indiana Department of Insurance 311 W. Washington Street

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Attorney:

2293 North Main Street Crown Point, Indiana 46307	Suite 300 Indianapolis, Indiana 46204
You are hereby notified that THE M IN 46402, intends to hold a Hospital Li hospital care, treatment or maintenance of	ETHODIST HOSPITALS, INC., 600 Grant Street, Gary, len for all reasonable and necessary charges for of the above listed patient as follows:
and was discharged from the hospital on 2. The amount due for hospital of	care, treatment or maintenance during the
(\$ 24,396.05) Dollars benefits to which the patient is entitle	ousand Three Hundred & ninety-six dollars 05/100 to This amount is subject to reduction for any ed under the terms of any contract, health plan.
and any other benefit. 3. To the best of the Hospital's	ll payments, contractual adjustments, write-offs,
legal representative claims that the fliable for damages arising from the p stay:	ollowing named individuals and/or entities are atlent's illness or injury causing the hospital
the Office of the Recorder of the County (90)days after the patient was discharge executing this instrument, having been perjury, hereby states that the Hospital	to the Hospital Lien Law, I.C. Section 32-33-4 ir / in which the Hospital is located, within ninety of from the Hospital. The undersigned individual duly sworn upon cath, under the penalties of l intends to hold the Hospital Lien as described that for the Hospital Lien as described that the foregoing statement are true and
correct.	THE METHODIST HOSPITALS,, INC.
STATE OF INDIANA)	BY:
COUNTY OF LAKE)	
Hospitals, Inc., being duly sworn upon care true and correct.	being a <u>Patient Representative</u> for The Methodist oath, says that the facts stated in the foregoing
(2)	Sylmas - Sidson
Subscribed and sworn to before me, 2024.	a Notary Public, this // day of
My Commission Expires:	Resident of Aug County
<u>Mareh 24, 2027</u>	My Commission No: 10P062U 702
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.	
AMOUNT ASTON Bros	Frost, Attorney at Law adway, Merrillville, IN 46410
CASHCHARGECHECK#29>07 OVERAGE	LISA STONE Contary Public - Seal
COPYNON-COM	Lake County - State of Indiana Commission Number NP0624702 My Commission Expires Mar 24, 2077