## NOT AN C DOCUMENT

RECORDER STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED

2024-019904 12:27 PM 2024 Jul 26

Indiana Department of Insurance

311 W. Washington Street

Indianapolis, Indiana 46204

102510855

Vanessa D Dean Vanessa D Dean

266 Taft Street Gary, IN 46406

Recorder of Lake County, Indiana

Lake County Government Center 2293 North Main Street

Crown Point, Indiana 46307

TO:

Patient:

Return To:

Hodges & Davis, P.C.

Suite 300

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

Attorney:

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 <u>June 10</u>, <u>2024</u> and was discharged from the hospital on <u>June 10</u>, <u>2024</u>.

2. The amount due for hospital care, treatment or maintenance during the

above hospitalization is Nine Thousand Nine Hundred & thirty-one dollars 51/100  (§ 9,931.51 ) 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 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 (30) 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 )  COUNTY OF LAKE )
I 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) Hornes C. Julius
Subscribed and sworn to before me, a Notary Public, this 15 day of July , 2024.  My Commission Expires:  My Commission Expires:  My Commission No: Notary Public County My Commission No: Notary My Commission No: Notary Public County My Commission No: Notary My Commiss
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.  This Instrument Prepared By:  AMOUNT STORE CASH CHARGE OVERAGE O