NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL RECORDER STATE OF INDIANA 2024-030800

LAKE COUNTY RECORDED AS PRESENTED

2024 Oct 28 2:40 PM

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TO.

Return To:

Elvis Ouintero Meza

Hodges & Davis, P.C.

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

Patient:	Elvis Quintero Meza	Attorney:		
	534 E 37th Avenue Lot 437	_		
	Hobart, IN 46342	_		
	HODAIL, IN 46342	_		
Recorder of	Lake County, Indiana		Department of Insuran	ice
Lake County	Government Center		Washington Street	
2293 North	Main Street	Suite 3	300	
Crown Point	, Indiana 46307	Indiana	apolis, Indiana 46204	
You a	re hereby notified that THE ME intends to hold a Hospital Lie	THODIST HOSPI	TALS, INC., 600 Grant	Street, Gary,
hospital ca	re, treatment or maintenance of	the above li	sted patient as follow	is:
1.	The patient was admitted to the	ne hospital on	September 25 , 2024	
and was dis	charged from the hospital on _	September 25	_, 2024	19
2.	The amount due for hospital ca	re, treatment	or maintenance during	the
Above hospi	talization is Five Thousand Sev	en Hundred &	ninety-six dollars_00/	100
(\$ 5,	796.00 _) Dollars. This	amount is su	bject to reduction for	any benefits
to which th	ne patient is entitled under the	e terms of any	y contract, health pla	n, or medical
insurance.	and credits for all payments	, contractual	adjustments, write-c	offs, and any
other benef			•	
3.	To the best of the Hospital's	knowledge, th	ne patient or the patie	ent's
	esentative claims that the fol	hemen primolf	individuals and/or	entities are
regar repre	damages arising from the pa	tiontic illne	ee or injury causing	the hospital
	damages arising from the pa	rienc a line	sas or injury causing	one nobpatta
stay:				
This	Lien is being filed pursuant t	o the Hospita	l Lien Law, I.C. Secti	on 32-33-4 in
the Office	of the Recorder of the County	in which the	Hospital is located,	within ninety
(90) days af	ter the patient was discharged	from the Hor	spital. The undersign	ed individual
evecuting	this instrument, having been	duly sworn r	upon oath, under the	penalties of
parium he	ereby states that the Hospital	intends to h	old the Hospital Lien	as described
perjury, ne	steby states that the hospital	THECHAS CO. I	ord the hoppidar bron	ab deberabes

correct. THE METHODIST HOSPITALS, STATE OF INDIANA ss: COUNTY OF LAKE for The Methodist , being a Patient Representative Thomas E Tadros 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, 1060, 2024.

above and that the facts and matters set forth in the foregoing statement are true and

My Commission Expires: ench

Notary Public Resident of My Commission No:

LISA STONE ptary Public - Seal Lake County - State of Indiana Commission Number NP9624702 Commission State of Page 124 Corre I affirm, under the penalties for perjury, that I have redact to each social security number in this document, unless requ 5.7

This Instrument Prepared By:

Laura B. Frost, Attorney at Law 8700 Broadway, Merrillville, IN 46410

AMOUN CASH CHECK # OVERAGE COPY NON-COM CLERK

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