## NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL RECORDER

2024-030802

STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED

2:40 PM 2024 Oct 28

102562026

Lisa N Hardy Patient: Lisa N Hardy

TO:

24364681

Return To:

Hodges & Davis, P.C.

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

Attorney:

3849 Jefferson Str	eet
Gary, IN 46408	
Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307	Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, Indiana 46204
v. •	
IN 46402, intends to hold a Ho hospital care, treatment or main	hat THE METHODIST HOSPITALS, INC., 600 Grant Street, Gary, spital Lien for all reasonable and necessary charges for thenance of the above listed patient as follows:
and was discharged from the hosp  2. The amount due for labove hospitalization is Twent:  (\$ 26,083.02 benefits to which the patient	tited to the hospital on September 13 , 2024 vital on _September 13 , 2024 vital on _September 13 , 2024 vital oare, treatment or maintenance during the v-six Thousand & eighty-three dollars 02/100 Dollars. This amount is subject to reduction for any sentitled under the terms of any contract, health plan, ts for all payments, contractual adjustments, write-offs,
3. To the best of the legal representative claims th	ospital's knowledge, the patient or the patient's at the following named individuals and/or entities are m the patient's illness or injury causing the hospital
stay:	
the Office of the Recorder of (90) days after the patient was executing this instrument, has perjury, hereby states that the	pursuant to the Hospital Lien Law, I.C. Section 32-33-4 in the County in which the Hospital is located, within ninety discharged from the Hospital. The undersigned individual ing been duly sworn upon oath, under the penalties of Hospital intends to hold the Hospital Lien as described atters set forth in the foregoing statement are true and
	THE METHODIST HOSPITALS, INC.
	(1) BY: Jamas C. Jadres
STATE OF INDIANA )	(1) BY: SAMMAN GARREN
COUNTY OF LAKE )	
I Thomas E Tadros Hospitals, Inc., being duly swo	, being a <u>Patient Representative</u> for The Methodist rn upon oath, says that the facts stated in the foregoing
are true and correct.	(2) Shomas C. Jadran
A Subscribed and sworn to b	efore me, a Notary Public, this TM day of
Uctobut , 2024.	Musa Store
My Commission Expires:	A: Notary Public
March 24, 7027	Resident of MUNQ County
The state of the	My Commission No: JVP 062 4702
	My Commission Mo: NPD62 4702  LSASTONE  NAME OF THE PROPERTY Public Sends  Lake Columnission Number NPD624702
I affirm, under the penalties	My Commission No: NP 062 4702  NSASTONE NOTIFY Public - Seal Lake County - State of Indiana
I affirm, under the penalties	My Commission No: NP062 4702  State Courty - State of Indiana Commission Number NP0624702 to the Property of the Alex Courty - State of Indiana Commission Number NP0624702 to the document, unless required by Taw.  January B. Thur
I affirm, under the penalties each social security number in	My Commission Mo: NP062 4702  Notarible for Notarible for large the form perjury, that I have taken formers benefits and this document, unless required by Faw.  Laura B. Frost, Attorney at Law
I affirm, under the penalties each social security number in	My Commission Mo: NP062 4702  USASTONE  NEW YORK: Sed Lake Cleary Public: Sed
I affirm, under the penalties each social security number in	My Commission No: NP062 4702  USASTONE  Notary Public Seal  Lake County State of Indiana  Lake County Public Seal  Lake C
I affirm, under the penalties each social security number in	My Commission No: NJ 062 4702  Star Duble: Seal Lake Courty - State of Indiana Commission Number Windows Windows American Court of the American Charles of the American Charles of the American Charles of the American Charles of the Court of the American Charles of the Charles of
I affirm, under the penalties each social security number in	My Commission Mo: NP062 4702  USASTONE  NR NP062 4702  Lake County Assirt of Indiana Lake County

CLERK\_