

STATE OF ALABAMA

COUNTY OF Shelby

Notice is hereby given, as provided by the laws of the State of Alabama, that the Board of Trustees, University of Alabama, whose address is University of Alabama, University, Alabama operating University Hospital & Hillman Clinic at 619 South 19th St., Birmingham 3, Ala., claims a Lien for reasonable charges for hospital care, treatment and maintenance

necessitated by injuries received by Kim Latham of 2011 Tallwoods Lane Hueytown
(name of patient) (street) (city or town)

AL 35023 against all causes of action, suits, claims, counter claims and demands accruing to the said
(state)

Kim Latham or his or her legal representative, and against all judgments, settlements, and settle-
(name of patient)

ment agreements entered into by virtue thereof and on account of such injuries giving rise to such causes of action, suits, claims, counter claims, demands, judgments, settlements or settlement agreements and which necessitated such hospital care.

(\$1,470.19)

Amount claimed: One Thousand Four Hundred Seventy Dollars and Nineteen Cents

Date injury received: April 4, 1983

Date of admission into hospital: April 4, 1983

Date patient discharged from hospital: April 6, 1983

The names and address of all persons, firms or corporations claimed by such injured person, or the legal representa-
tive of such person, to be liable for damages arising from such injuries are, to the best of claimant's knowledge, as follows:

Kim Latham, 2011 Tallwoods Lane, Hueytown, AL 35023

Steven Brian Machen, 1005 Inveness Lane, Birmingham, AL 35243

Allstate Insurance Company, P.O. Box 2445, Birmingham, AL 35201

State Farm Insurance Company, P.O. Box 36948, Birmingham, Alabama 35236

UNIVERSITY OF ALABAMA HOSPITALS
(Claimant)

Before me, Jo Ann Hudspeth, a Notary Public in and for the County of Jefferson

State of Alabama, personally appeared Leo E. Butler, who being by me first duly sworn, doth depose and say: That
he (she) is the claimant or Director, Credit & Collections for the claimant, and as such has personal knowledge
(official capacity)

of the facts set forth in the foregoing statement of Lien, and that the same are true and correct.

SUBSCRIBED and sworn to before me on this the 11th day of April, 1983
by said affiant.

Date Filed:

Hour Filed:

Hospital Lien Law Form 01

Leo E. Butler, SW (1023C)

UAB

The University of Alabama in Birmingham
University of Alabama Hospitals
Department of Credit and Collections
619 South 19th Street / Birmingham, Alabama 35233

THE UNIVERSITY OF ALABAMA HOSPITALS
619 SOUTH NINETEENTH STREET
BIRMINGHAM ALABAMA 35233
COMMERCIAL INSURANCE STATEMENT
04/10/83

REPORT NO ARO180
PAGE NO 001

ACCT # 33557040483
PATIENTS NAME
LATHAM KIM

HOSPITAL # 0721986
STREET ADDRESS
* 2011 TARWOOD LANE
CITY & STATE ZIP
HUEYTOW AL

CLASS PAY
AGE
020

RESP PARTY NAME
LATHAM ROBERT

2011 TARWOOD LANE
HUEYTOWN AL

INSURANCE COMPANY
NO INSURANCE AVAILABLE

CONTRACT # TYPE

DATE & TIME ADMITTED 04/04/83 0756
DATE & TIME DISCHARGED 04/06/83 1526

ATTENDING PHYSICIAN 097
LANGFORD KEITH H
PHYS PROVIDER NO. 000003
MOST COMMON SEMI PRIVATE
ACCOMMODATION IS 298.00

ADMITTING DIAGNOSIS
BLUNT ABDOMINAL

FINAL DIAGNOSIS

SURGICAL PROCEDURE

ROOM & BOARD CHARGES

TYPE	NO.	BEGIN	END	DAILY	TOTAL
ROOM	ACCOM	DAYS	DATE	DATE	RATE
1235	S/P	2	04/04/83	04/05/83	296.00
TOTAL		2			592.00

SUMMARY OF CHARGES BY DEPARTMENT

DEPARTMENT NAME	DEPT. #	TOTAL CHARGES
CLINICAL LABORATORIES	3030	262.50
CENTRAL SERVICES	3120	58.05
RADIOLOGY	3050	354.00
PHARMACY	3110	6.90
RESPIRATORY THERAPY	3130	7.50
EMERGENCY DEPARTMENT	3258	189.24
DEPARTMENTAL CHARGES		878.19
ROOM & BOARD CHARGES		592.00
TOTAL ALL CHARGES		1,470.19

PAYMENT SHOULD BE MADE TO ABOVE NAMED HOSPITAL
SIGNED DATE

INSURANCE CLERK IRS#

STATE OF ALA. SHELBY CO.
I CERTIFY THIS
INSTRUMENT WAS FILED

1983 APR 15 AM 11:39

Thomas A. Snowden, Jr.
JUDGE OF PROBATE

Rec
Jud