

STATE OF ALABAMA

COUNTY OF Shelby

2693

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 Jessica L. Carroll of 5256 Cahaba Valley Rd. Birmingham
(name of patient) (street) (city or town)

Alabama against all causes of action, suits, claims, counter claims and demands accruing to the said
(state)
Jessica L. Carroll 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.

(\$13,131.08)

Amount claimed: Thirteen Thousand One Hundred Thirty One Dollars and Eight Cents

Date injury received: October 28, 1983

Date of admission into hospital: October 28, 1983

Date patient discharged from hospital: November 18, 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:

Tiny S. Thompson, 431 Parkway Dr., SW, Leeds, AL 35094

American Liberty Insurance, 105 Vulcan Rd., Birmingham, AL 35209

Holmon Ferrell Carroll, 5256 Cahaba Valley Road, Birmingham, AL 35234

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 Wm. A. Radney, Jr., who being by me first duly sworn, doth depose and say: That
he (she) is the claimant or Asst. 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.

William A. Radney, Jr.
(Affiant)

SUBSCRIBED and sworn to before me on this the 23rd day of November, 19 83
by said affiant.

Jo Ann Hudspeth
(Notary Public)

Date Filed: _____

Hour Filed: _____

Hospital Lien Law Form 01

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

HOSPITAL LIEN BOOK 1 PAGE 116

REPORT NO ARO 18000-0
PAGE NO 001

DATE & TIME ADMITTED 10/28/83 1616	DATE & TIME DISCHARGED 11/18/83 1015	ATTENDING PHYSICIAN LANGFORD KEITH H
ADMITTING DIAGNOSIS CHI AND SKULL FRACTU		PHYS PROVIDER NO. 000003524 MOST COMMON SEMI PRIVATE ACCOMMODATION IS 298.00

FINAL DIAGNOSIS

SURGICAL PROCEDURE

STATE OF ALA. SHELBY CO. *Rec 3.00*
 I OFFER THIS *Ind 1.00*
 ... 4.00
 EARLY NOV 22 PM 1 07

1983 NOV 29 PM 1: 27

John P. Landon, Jr.
JUDGE OF PROBATE

RULES & BOARD CHARGES

ROOM	TYPE	NO.	BEGIN	END	DAILY
ACCOM		DAYS	DATE	DATE	RATE
0420	S/P	9	10/28/83	11/05/83	\$10.00
0403	S/P	12	11/06/83	11/17/83	29.00
TOTAL		21			

2,535.00
3,528.00
6,363.00

SUMMARY OF CHARGES BY DEPARTMENT

DEPARTMENT NAME	DEPT. #	TOTAL CHARGES
CLINICAL LABORATORIES	3030	1,814.00
PHARMACY	3110	636.05
CENTRAL SERVICES	3120	672.00
EMERGENCY DEPARTMENT	3258	48.03
RADIOLOGY	3050	1,367.00
ANESTHESIA	3010	490.00
OPERATING ROOM	3140	1,397.00
RESPIRATORY THERAPY	3130	298.00
DEPARTMENTAL CHARGES		6,768.08
ROOM & BOARD CHARGES		6,363.00
TOTAL ALL CHARGES		13,131.08

PAYMENT SHOULD BE MADE TO ABOVE NAMED HOSPITAL
SIGNED: _____ DATE: _____

INSURANCE CLERK IR5#