

NOTICE OF HOSPITAL LIEN UAB HIGHLANDS

1201 11th Avenue. S., Birmingham, AL 35205 1-888-309-8435 or 934-6405

STATE OF ALABAMA SHELBY COUNTY

Notice is hereby given, as provided by the laws of the State of Alabama that UNIVERSITY OF ALABAMA HOSPITAL whose address is, LNB 450, 619 19th ST. S., Birmingham, AL 35249-6510, which operates a hospital of the same name, at the same address, claims a lien for the reasonable charges of hospital care, treatment and maintenance received by: Reginald Ward of 18172 Hwy 139, Brierfield, AL 35035, against all causes of action, suits, claims, counter claims and demands accruing to the said Reginald Ward or his legal representative, and against all judgments, settlements and settlement 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.

064455552-8189,8213,8214,8228

004455552-0105,0215,02	214,0220		
Amount Claimed:	\$25,530.55	Date of Admission:	7/08/2008, 08/01/2008,08/04/2008, 08/18/2008
Date of Injury:	06/23/2008	Date of Discharge:	7/08/2008, 08/01/2008,08/04/2008, 08/18/2008
	-	-	nimed by such injured person, or the legal om such injuries are, to the best of the claimant's
Name:		Name:	
Address:		Address:	
Name:		Name:	
Address:		Address:	
UAB HIGHLANDS By: Santara South Duly Authorized Representative, UAB/PFS Hospital Lien Prepared by: Nikisha Loftin L450, 619 19 th Street South Birmingham, AL 35249			
Alabama, personally appe	ared, <u>Barbara Do</u> tative for the claim	nahoo who being by ant, and as such has pare true and correct day of	
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NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Sept 12, 2011 DONDED THRU NOTARY PUBLIC UNDERWRITERS

Notary Public

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