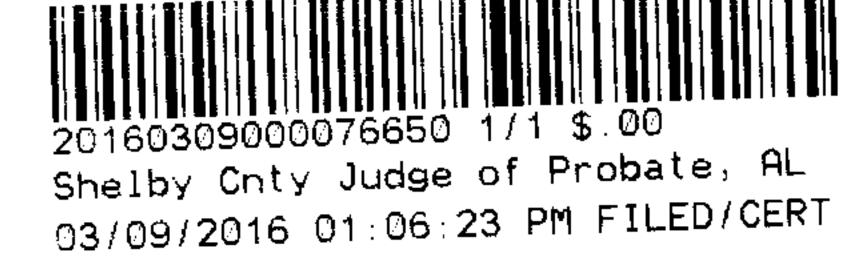
## NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

POB 308, 619 19<sup>th</sup> ST. S., Birmingham, AL 35249-6510 1-888-309-8435 or 205-934-6400

## THIS IS NOT A BILL



## 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 POB 308, 619 19<sup>th</sup> 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: Michael Greene of 230 Kiowa Street, Montevallo, Alabama 35115 against all causes of action, suits, claims, counter claims and demands accruing to the said Michael Greene 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.

065211296-6050				
Amount Claimed:	\$43,807.45	Date of	Admission:	02/19/2016
Date of Injury:	02/19/2016	Date of	Discharge:	02/22/2016
The names and addresses of representative of such perso knowledge, as follows:	<b>A</b>	_ ·		
Name:		Name:		
Address:		Address:	· · · · · · · · · · · · · · · · · · ·	
	IMERSITY OF AI : UU()() ly Authorized Repres	ABAMA HOSPITAL  Centative, UAB/PFS	POB	ien Prepared by: Brandy Lewis 308, 619 19 <sup>th</sup> Street South rmingham, AL 35249
Before me, Byandy Malabama, personally appear is the authorized representate foregoing statement of lien, Subscribed and sworn to be	tive for the claimant, and that the same an	eod, who being by me first of and as such has personal kine true and correct.	duly sworn, denowledge of t	oth depose and say that she
	Motary	May Micoll Public	M	

