

11/02/2018 08:56:09 AM FILED/CERT

PO

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL POB 308, 619 19th ST. S., Birmingham, AL 35249-6510

308, 619 19 S1. S., Birmingnam, AL 35249-1-888-309-8435 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 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: Diego Velazquez of 2155 Centennial Dr, Birmingham, AL 35216 against all causes of action, suits, claims, counter claims and demands accruing to the said Diego Velazquez or his/ her 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.

| on accoun | nt of such injuries givi | ng rise to such c | auses of action | n, suits, claims, counte | er claims, dema | ands, judgments, |
|---------------------|--------------------------|---|---|--|-----------------|-------------------|
| settlement | ts or settlement agreer | ments and which | necessitated | such hospital care. | | |
| 06561841 | 3.8283 | | | | | |
| | Amount Claimed: | \$40,367.00 | | Date of Admission: | 10/10/18 | |
| | Date of Injury: | 10/10/18 | | Date of Discharge: | 10/11/18 | |
| representa | | | | s claimed by such injurg from such injuries are | | |
| Name: | Dairyland Sentry Ins. | | Name: | | | |
| | Policy#614626379 | | | | | |
| Address: | P.O. Box 8020 | | Address: | | | |
| | Stevens Point, WI 544 | 181 | | | | |
| Alabama, the author | personally appeared, | By: Duly Author Thomas Elmes or the claimant, a | rized Represe , a Notary Pond as such ha | ntative, UAB/PFS ablic in and for the Couy me first duly sworn, a personal knowledge of the course. | doth depose ar | nd say that he is |
| Subscribe | | me this from | / _ | Munt | | |

Hospital Lien Prepared by: Marco Passarello Patient Financial Services

A TIPO

AVBC 720 39th St N

Birmingham, AL 35222-1112

