HOSPITAL LIEN

that SHE Alabama,	LBY MEDICAL claims a li	CENTER whose ien for reas	e address onab le ch	isl000 Firs		, Alabaster,
who will appears	sometimes l	nereinafter of said	be called Hospital	is Route 1	whose address, Box 307C	as it
_	.		עם זייטי	•	eet number and	•
upon any accruing furnishe all judg thereof suits, c	and all cauged, to the saided, or accruing ements, settents on account callings, count	uses of action of Patient to ing to the latest the latest to the latest the latest terclaims, descriptions, descriptions, descriptions.	ons, suit whom suit egal reprint the grands and settler giving riemands,	ts, claims, che care, treates on tative of ment agreement is such continuity, a fudgements, a	State and ounterclaims, thent or maint of said patient of said patient in ause or causes and settlement maintenance.	and demands enance was , and upon to by virtue of actions,
(a) The	date of admi	ission of sa	id patier	at to said Ho	spital being:J	une 2 1984
					Hospital being	- · · · · · · · · · · · · · · · · · · ·
(c) The main (d) The	account clai tenance beir date said pa	imed to be d Sixteen to ng:fifty throatient recei	ne for sand to the second the sec		care, treatmen lars(\$16 253 0 h necessitated	
(e) The	County in wh	hich said pa	tient's :	alleged cause	of action arc	se is
Said g for	d patient, or	r the legal sing from su	represent	tative of sai	orporations clad patient, to the best of cla	be liable
∃ ,	ames Larry Y	/orborough		102 Bosses	C	29651
 X002	(Name		·• · · ·		Greer S.C. Full Address)	<u> </u>
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	(Name)	,		· · · · · · · · · · · · · · · · · · ·	Full Address)	
	STATE OF ALA. SHELL I CERTIFY TH INSTRUMENT WAS 1984 OCT 30 PH	FILED Be-	250 100 350	SHELBY MEDICA county own	Full Address) AL CENTER ed hospital	
	JUDGE OF FROSA	ME.		BY:	COLLECTION CO of said hospi	ORDINATOR
				•	or sard nospi	Lai
first di is the knowledg	uly sworn, do	oth depose a ection Coord cts set fort	nd say:	that SHELBY MEDICA	for said count who, be Susan Haves L CENTER and hat atement, and t	as personal
			· :	Quan	(AFFIANT)	· <u>·</u> ·
Subscrib	bed and swor	n to before	me on th	is the <u>26th</u>	day of _Octo	ober,
	ما مناه کارو ورو	^{			_	
2	RIVE	Shelby		Dell	ie Spean.	<u>/</u>
	11: 10 1 2	Shelby Medical		www. Commission Eve	Season DIRITA	_
	1000 First Street	Center		Dec. 17, 1935	SHELBY COU	_