

ACCIDENT BENEFIT ASSIGNMENT

STATE OF ALABAMA
COUNTY OF SHELBY

Notice is hereby given, as provided by the laws of the State of Alabama, that DCH REGIONAL MEDICAL CENTER, whose address is 809 University Boulevard East, Tuscaloosa, Alabama, claims a lien for reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

GEORGE LOCKETT of Route 2 Box 89 Centreville
(patient) (street) (city)
Alabama 35042, against all causes of action suits, claims, counter
(state)
claims and demands accruing to the said GEORGE LOCKETT or his or her legal representative, and against all judgements, settlements, and settlement agreements entered into by virtue thereof and on account of such injuries giving rise to such cause of action, suite, claims, counter claims, demands, judgements, settlements, or settlement agreements and which necessitated such hospital care.

Amount claimed: \$9,569.50 (Nine Thousand, Nine Hundred Sixty-Nine and 50/100 Dollars)

An itemized statement of this account is hereto attached and made a part hereof.

Date injury received: 07/25/92

Date admitted: 08/10/92 (Previously treated at Shelby Med. Center)

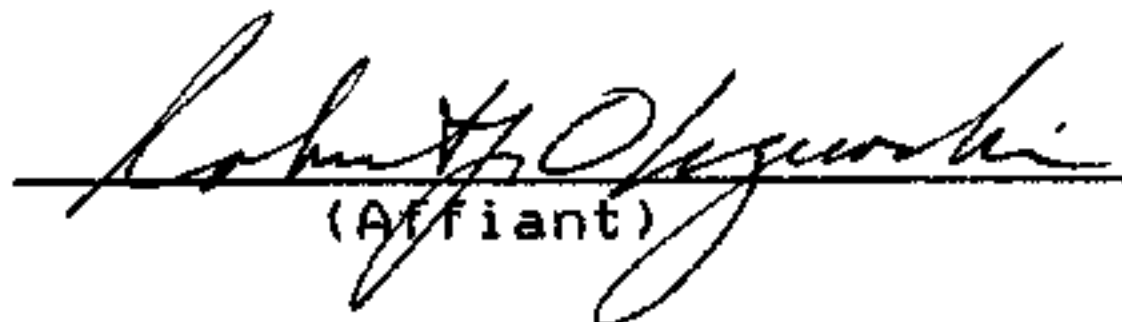
Date of discharge: 08/18/92

The names and addresses of all persons, firms or corporations claimed by such injured person, or the legal representative of such person to be liable for damages arising from such injuries are, to the best of claimant's knowledge as follows:

Sandra Johnson P O Box 116 Wilton AL 35187

DCH HEALTHCARE AUTHORITY

Before me, SHARON COLBURN, a Notary Public in and for the County of TUSCALOOSA & STATE AT LARGE, State of Alabama, personally appeared ROBERT J. OLSZEWSKI who is being by me first duly sworn, doth depose and say: That he (she) is the claimant or PATIENT ACCOUNTS DIRECTOR, for the claimant, (official capacity) and as such has personal knowledge of facts set forth in the foregoing statement of lien and that the same are true and correct.


(Affiant)

SUBSCRIBED and sworn to before me on this the 24th day of August, 1992


(Notary Public)

STATEMENT

George Lockett

Route 2 Box 89

Centreville AL 35042

DCH REGIONAL MEDICAL CENTER
809 UNIVERSITY BLVD EAST
TUSCALOOSA, AL 35403
759-7307

Admitted: 08/10/92

Discharged: 08/18/92

Patient: George Lockett

Date: August 24, 1992

Case No.	Description	Amount
2342562	Operating Room	\$.00
	Emergency Room	265.00
	Recovery Room	.00
	EKG/EEG/EMG/NCV	.00
	Laboratory	951.50
	Radiology	105.00
	Anesthesia	.00
	Drugs	3,521.00
	I.V. Solution	159.00
	Central Supply	1,352.00
	Physical Therapy	896.00
	Respiratory Care	.00
	Miscellaneous	.00
	Room and Care 8 Days	2,320.00
	Total Charges	\$ 9,569.50

Inst # 1992-18208
08/26/1992-18208
03:57 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
D02 MCD 9.00

**BILL NOT TO BE USED
FOR INSURANCE PURPOSES
DRUID CITY HOSPITAL**