

NOTICE OF HOSPITAL LIEN

STATE OF ALABAMA )

COUNTY OF SHELBY )

Under the provisions of Title 35, Chapter 11, Division 15, Code of Alabama, 1975, notice is hereby given that the UNIVERSITY OF SOUTH ALABAMA HOSPITALS, a public body corporate, whose address is 2451 Fillingim Street, Mobile, Alabama, 36617, operating the UNIVERSITY OF SOUTH ALABAMA HOSPITALS at 2451 Fillingim Street, Mobile, Alabama, 36617, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

William A. Simmons  
(NAME OF INJURED PERSON)

Rt. 1 Box 238, Red Level, AL 36474  
(ADDRESS)

DATE OF INJURY: 02/15/2001

DATE OF ADMISSION: 02/15/2001

DATE OF DISCHARGE: 02/16/2001

TOTAL CHARGES: \$24,404.75

upon any and all actions, claims, counterclaims and demands accruing to said injured person or accruing to the legal representative of said injured person, and upon all judgments, settlements and settlement agreements entered into by virtue thereof on account of injuries giving rise to such actions, claims, counterclaims, demands, judgments, settlements or settlement agreements and which necessitated such hospital care.

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

Injury

Account No: [REDACTED]

UNIVERSITY OF SOUTH ALABAMA HOSPITALS,  
a public body corporate, Claimant

BY: Teresa M. Englestead

Its Agent

STATE OF ALABAMA )  
COUNTY OF MOBILE )

Personally appeared before me, the undersigned authority in and for said County in said State, Teresa M. Englestead, who is known to me and who, being first by me duly sworn, on oath, deposes and says that she is Agent for the claimant and that she is informed and believes and on such information and belief she avers that the facts set out in the foregoing Notice of Hospital Lien are true and correct as therein set out.

Teresa M. Englestead  
AFFIANT

Subscribed and sworn to before me on this 22nd day of February, 2001.

Shirley A Bru  
NOTARY PUBLIC

DATE FILED: \_\_\_\_\_

HOUR FILED: \_\_\_\_\_

Prepared By: Shirley Bru  
P. O. Box 40010  
Mobile, Alabama 36640

Inst # 2001-06503

02/26/2001-06503  
11:05 AM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE

002 MMB 14.00

UNIVERSITY OF SOUTH ALABAMA  
HOSPITALS

MEDICAL CENTER  
BUSINESS SERVICES



TELEPHONE: (334) 434-3505  
2451 FILLINGIM STREET  
MOBILE, ALABAMA 36617-2293  
FAX: (334) 434-3564

Mail Remittance to:

P.O. Box 40010  
Mobile, AL 36640

STATEMENT of ACCOUNT

Patient : William A. Simmons

Account No :



Admission Date : 02/15/2001

Discharge Date : 02/16/2001

Rt. 1 Box 238  
Red Level, AL 36474

Statement  
Date

Total  
Charges

February 22, 2001

\$24,404.75

Charges for :

William A. Simmons  
on 02/15/2001 thru 02/16/2001

\$24,404.75

Pay last amount  
in this column

Inst # 2001-06503

02/26/2001-06503  
11:05 AM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
002 HMB 14.00