

NOTICE OF HOSPITAL LIEN ST CLAIR REGIONAL HOSPTIAL 2805 Dr. John Haynes Dr. Pell City, AL 35125

STATE OF ALABAMA SHELBY COUNTY

Notice is hereby given, as provided by the I HOSPITAL whose address is 2805 Dr. John	aws of the State of Alabama that ST CLAIR REGIONAL n Haynes Dr.; Pell City, Alabama, which operates a
	ess, claims a lien for the reasonable charges of hospital care,
treatment and maintenance received by 30	requeline 6. Perkins of P.O. Box 76
Haroersville, AL 35078	against all causes of action, suits, claims, counter claims
and demands accruing to the said Jacan	eline 6. Perkins or his legal representative, and against
	greements entered into by virtue thereof and on account of
-	ction, suits, claims counter claims, demands, judgments,
settlements or settlement agreements and w	
100928	
Amount claimed: \$675.00	Date of admission: 3\24\2003
Date of injury: 32412003	Date of discharge: 3 24 1 200 3
The names and addresses of all persons, firm	ns or corporations claimed by such injured person, or the
	able for damages arising from such injuries are, to the best
of the claimant's knowledge, as follows:	
Name: Progressive Insurance Chn# 030400420	Name:
Cm # 030400420	· · · · · · · · · · · · · · · · · · ·
Address: 2122 Columbiana Rd. Vestavia Al 35216	Address:
Vestavia AL 35216	· · · · · · · · · · · · · · · · · · ·
Name:	Name:
Address:	Address:
	ST. CLAIR REGIONAL HOSPTIAL
	By: <u>una McCa aran</u>
)	Tina McClaran
	Support Services Manager
Visit Nouth	
Before me Thum I would be the second of the	a Notary Public in and for the County of Jefferson, State of
Alabama, personally appeared Tina McClara	an, who being by me first duly sworn, doth depose and say
that she is the authorized representative for the claimant, and as such has personal knowledge of the	
facts set forth in the foregoing statement of lien, and that the same are true and correct.	
Subscribed and sworn to before me this the day of 1000, 2005.	
	I JURILLE MILLE I
	Notary Public