

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

LNB Ste 450, 619 19th ST. S., Birmingham, AL 35249-6510

STATE OF ALABAMA SHELBY COUNTY

Notice is	hereby given, as provided by the l	laws of the State of Alabai	ma that UNIVERSITY OF ALABAMA
HOSPITA	L whose address is, LNB 450, 619	9 19 th ST. S., Birmingham,	AL 35249-6510, which operates a hospital
of the san	ne name at the same address, clain	ns a lien for the reasonable	e charges of hospital care, treatment and
maintenar	nce received by:Kathy Tur	ner of	161 Meadow Dr. Vincent, Al 35178
against al	l causes of action, suits, claims, co	ounter claims and demand	s accruing to the said Kathy Turner
or his lega	al representative, and against all ju	udgments, settlements and	settlement agreements entered into by
virtue the	reof and on account of such injurie	es giving rise to such caus	ses of action, suits, claims, counter claims,
lemands,	judgments, settlements or settlem	ent agreements and which	necessitated such hospital care.
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Aı	mount Claimed: \$102,968.55	Date of Admiss	sion: <u>05/24/2005</u>
Da	ate of Injury: 05/23/2005	Date of Dischar	rge: 06/07/2005
Vame:	Progressive	Name:	
Name:	Progressive	Name:	
	Clm/055944951		
Address:	2100 Riverchase Ctr, Bldg 100, Ste 110	Address:	
	Birmingham, Al 35244		
Vame:		Name:	
Address:		Address:	
	By: //w/	ALABAMA HOSPITA epresentative, UAB/PFS	L Hospital Lien Prepared by: Tomekia Wilso LNB 450, 619 19th Street South Birmingham, Alabama 35249-6510
Refore me	Shein Dinne	a Notary Public in and for	the County of Jefferson, State of
	personally appeared, Mark D		by me first duly sworn, doth depose and
			ch has personal knowledge of the facts set
	e foregoing statement of lien, and d and sworn to before me this		
		Relia J. Kanier	MY COMMISSION
		tary Public	FEB 2 7 2008