

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

LNB Ste 450, 619 19th ST. S., Birmingham, AL 35249-6510 1-888-309-8435 or 934-6405

STATE OF ALABAMA SHELBY COUNTY

Notice is hereby given, as provided by the laws of the State of Alabama that UNIVERSITY OF ALABAMA HOSPITAL whose address is, LNB 450, 619 19th ST. S., Birmingham, AL 35249-6510, which operates a hospital of the same name, at the same address, claims a lien for the reasonable charges of hospital care, treatment and maintenance received by: Vincente Hernandez of 7244 Orland Station Rd, Montevallo, AL 35115, against all causes of action, suits, claims, counter claims and demands accruing to the said Vincente Hernandez or his legal representative, and against all judgments, settlements and settlement agreements entered into by virtue thereof and on account of such injuries giving rise to such causes of action, suits, claims, counter claims, demands, judgments, settlements or settlement agreements and which necessitated such hospital care.

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representative, and against all judgments, settlements and settlement agreements entered into by virtue thereof and			
on account of such injuries giving rise to such causes of action, suits, claims, counter claims, demands, judgments,			
settlements or settlement agreements and which necessitated such hospital care.			
064477883 8265			
Amount Claimed:	\$25,252.94	Date of Admission:	09/21/2008
Date of Injury:	09/21/2008	Date of Discharge:	09/22/2008
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 the claimant's knowledge, as follows:			
Name:		Name:	
Address:		Address:	
Name:		Name:	
Address:		Address:	
UNIVERSITY OF ALABAMA HOSPITAL By: Duly Authorized Representative, UAB/PFS Before me, Noselfa Lien Prepared by: Nikisha Loftin L450, 619 19th Street South Birmingham, AL 35249 Before me, Noselfa Labama, personally appeared, Barbara Donahoo 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 Labama Loftin Hospital Lien Prepared by: Nikisha Loftin L450, 619 19th Street South Birmingham, AL 35249 Hospital Lien Prepared by: Nikisha Loftin L450, 619 19th Street South Birmingham, AL 35249			
NOTARY PURISC SCATE OF ALARAMA AT LARGE			

NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Jan 22, 2012 BONDED THRU NOTARY PUBLIC UNDERWRITERS

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