

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: Arthur Moore of P.O.Box 685 #554, Moody, AL 35004, against all causes of action, suits, claims, counter claims and demands accruing to the said Arthur Moore 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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Amount Claimed:	\$40,638.30	Date of Admission:	01/05/2010
Date of Injury:	01/05/2010	Date of Discharge:	01/12/2010
	-	•	such injured person, or the legal njuries are, to the best of the claimant's
Name:		Name:	
Address:	·	Address:	
Name:		Name:	
Address:		Address:	
Before me, <u>UUU</u> Alabama, personally appeauthorized representative	ared, Gail Tarver version, and that the same perfore me this	who being by me first duly s	

