

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: Jimmy Thompson of 600 Co Rd 772, Montevallo, AL 35115, against all causes of action, suits, claims, counter claims and demands accruing to the said Jimmy Thompson 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.	
064603565.0030		
Amount Claimed: \$28,891.90	Date of Admission:	01/30/2010
Date of Injury: 01/30/2010	Date of Discharge:	01/30/2010
The names and addresses of all persons, firms representative of such person, to be liable for knowledge, as follows:		
Name:	Name:	
Address:	Address:	
Name:	Name:	
Address:	Address:	
By:	resentative, UAB/PFS a Notary Public in and for the being by me first duly so	Hospital Lien Prepared by:Colundra McLeoc L450, 619 19 th Street South Birmingham, AL 35249 or the County of Jefferson, State of
authorized representative for the claimant, and	<u> </u>	
foregoing statement of lien, and that the same Subscribed and sworn to before me this	-	
	Indra Mary Public	lead

