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Shelby Cnty Judge of Probate, AL
05/21/2010 10:34:58 AM FILED/CERT

STATE OF ALABAMA HOSPITAL LIEN

To: Honorable Patricia Fuhrmeister
Recording Office
Shelby County Judge of Probate
PO Box 825
Columbiana AL 35051

Dear Sir/Madam:

Please be advised that Baptist Health Systems Hospital claims a lien upon any funds recoverable or to be recovered by verdict, judgment, award, settlement or compromise secured by or on behalf of the injured person on his or her claim or right of action pursuant to the Code of Alabama (Title 35, Chapter 11, Sec. 370)with reference to the following matter:

1.	Name of injured person: Address:	**Antonio Gonzalez** 245 Woodward Estates, Bessemer, AL 35022
2.	Name of Hospital: Address:	Shelby Baptist Medical 833 Princeton Av SW Birmingham AL 35211
3.	Name of Hospital Operator: Address:	The Outsource Group 7 Audubon Rd., Wakefield MA 01880
4.	Date of Admission of Patient: Date of Discharge	05/01/10_____ 05/01/10_____
5.	Amount due for hospital care:	$2,318.00_____
6.	Name of Party alleged liable for damages to said injured person: Address:	**Responsible Insurance** Date of accident, 05/01/2010

In accordance with the provision of the Code of Alabama, 35-11-371(a), a copy of this statement of lien has been or will be forwarded by certified mail to each person, firm or corporation alleged to be liable for the patient's injuries, and to the patient or personal representative at the address given at the time of admission.

Prepared by: Tien Nguyen _____ File# 2563783
Lawful agent of Shelby Baptist Hospital
7 Audubon Rd, Wakefield, MA 01880