

D055227326

TO: Shelby County Probate Office
P.O. Box 825
Columbiana, AL 35051

NOTICE OF HOSPITAL LIEN

Under the provisions of Title 35, Chapter 11, Division 15, Code of Alabama, 1975, notice is hereby given that **DCH Health Care Authority**, whose address is 809 University Boulevard E, Tuscaloosa, Alabama 35401-2029, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Ronald Mize**
Address: **5 Oakdale Drive**
Montevallo, AL 35115

Admit Date: **April 10, 2011**
Discharge Date: **April 12, 2011**

Amount Due: **\$ 16,233.74**

To the best of the claimant's knowledge, the names and addresses of all persons, firms or corporations claimed by said injured person, or legal representative of said person, to be liable for damages arising from such injuries are as follows:

Geico Insurance Company
Tonya Stafford/Claim No. 0400880800101017
One Geico Center
Macon, GA 31296

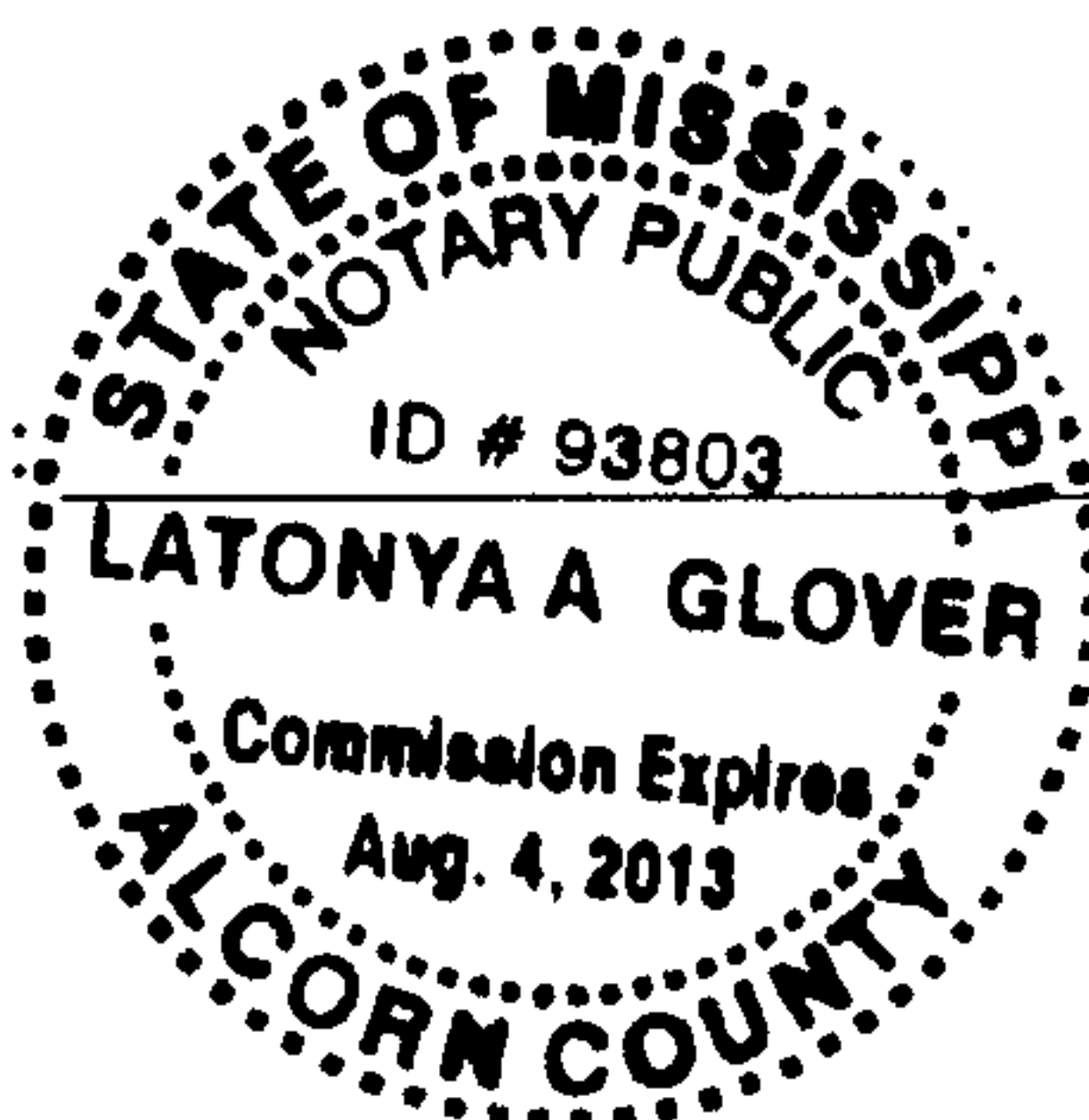
BY: 
DCH Health Care Authority


STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 24th day of May, 2011, by Edward Stark the duly authorized agent/operator of the above named health care provider for and on behalf of said hospital.


NOTARY PUBLIC

MY COMMISSION EXPIRES:




20110527000158340 1/1 \$12.00
Shelby Cnty Judge of Probate, AL
05/27/2011 03:43:47 PM FILED/CERT