

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

JT Ste 720, 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, JT 720, 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: <u>Uriel Hernandez</u> of <u>HWY 31 Oliver Street Lot 126-A, Pelham, AL 35124</u>, against all causes of action, suits, claims, counter claims and demands accruing to the said <u>Uriel Hernandez</u> or his/hers 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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reements and which	ch necessitated such hospital	l care.
5413,492.54	Date of Admission:	04/23/2011
04/23/2011	Date of Discharge:	05/25/2011
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	Name:	
· · · · · · · · · · · · · · · · · · ·	Address:	
	Name:	
	Address:	
ed, Thomas Elme of the claimant, and that the same fore me this Nota	resentative, UAB/PFS a Notary Public in and forms who being by me first duly and as such has personal known are true and correct. day of	y sworn, doth depose and say that she is nowledge of the facts set forth in the
	IVERSITY OF A Set of the claimant, and that the same fore me this Nota	Date of Admission: Date of Discharge: Call persons, firms or corporations claimed by n, to be liable for damages arising from such i Name: Name:

BONDED THRU NOTARY PUBLIC UNDERWANT

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