

**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, AL 35401-2029, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: Amy May  
Address: 1800 Links Blvd Apt 1407  
Tuscaloosa, AL 35405  
  
Admit Date: Feb 15, 2012  
Discharge Date: Feb 15, 2012  
Amount Due: \$108.00

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:

ALFA  
V04-3068  
3544 US Hwy 280 431 N Ste.B

Phoenix City, AL 36867

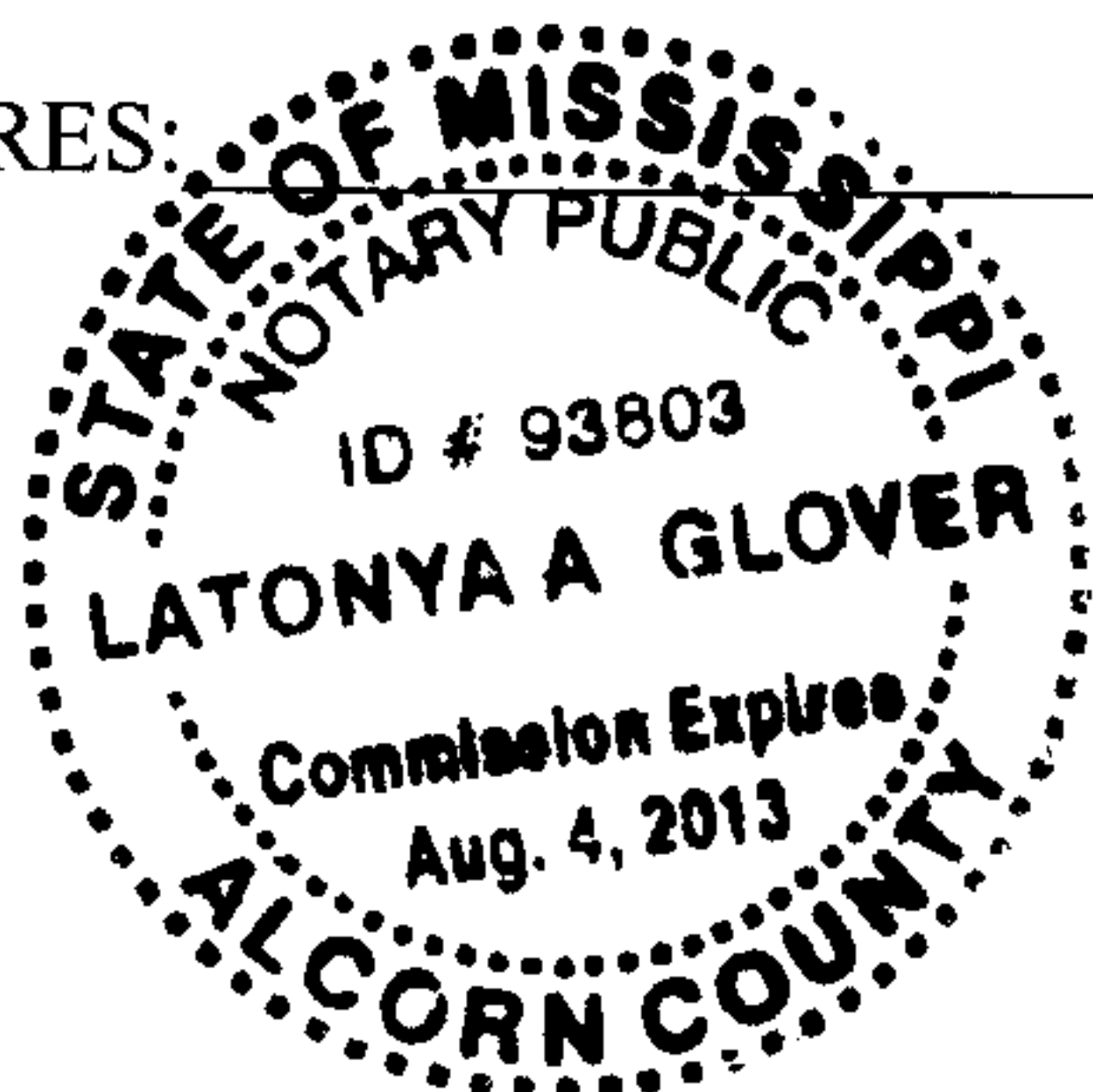
  
BY: \_\_\_\_\_  
Agent

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 7<sup>th</sup> day of Mar., 2012, by Kim Fair the duly authorized DCH Regional Medical Center of the above named health care provider for and on behalf of said hospital.

  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_



Prepared By: Kimberlee M. Fair  
MedPay Assurance, LLC  
P.O Box 1465  
Corinth, MS 38834



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Shelby Cnty Judge of Probate, AL  
03/23/2012 02:34:24 PM FILED/CERT